	Form 5500-SF			ort of Small Employee			
	Department of the Treasury Internal Revenue Service		Benefit	ctions 104 and 4065 of the Employee 2009			
Department of Labor Retirement Income Security A				1974 (ERISA), and section 6058(a) of the This Form is Open to Public			
P	ension Benefit Guaranty Corporation	Complete all entries in accord	the instructions to the Form 55	00-SF.	Inspection		
		entification Information			40/04/	2000	
	calendar plan year 2009 or fisca			and ending	12/31/		
				mployer plan (not multiemployer)		one-participant plan	
В -	This return/report is for:	first return/report	final retur	•			
-		an amended return/report	•	year return/report (less than 12 m	onths)		
C	Check box if filing under:	Form 5558		extension		DFVC program	
		special extension (enter descriptio					
-	IT II Basic Plan Inform	nation—enter all requested informa	ation		1h	Three-digit	
	HOR BAY INSURANCE MANAG	GERS. INC. 401(K) PLAN				plan number	
						(PN) • 001	
					1c	Effective date of plan 05/01/2002	
	Plan sponsor's name and addre	ess (employer, if for single-employer SERS, INC.	plan)		2b	Employer Identification Number (EIN) 91-2048606	
1004	9 KITSAP MALL BLVD., SUITE	303			2c	Plan sponsor's telephone number 360-613-5455	
	ERDALE, WA 98383				2d	Business code (see instructions) 524210	
	Plan administrator's name and HOR BAY INSURANCE MANAG	address (if same as Plan sponsor, er GERS, INC. 10049 KITSA		e") LVD., SUITE 303	3b	Administrator's EIN 91-2048606	
		SILVERDALE			3c	Administrator's telephone number 360-613-5455	
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN	
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN	
5a	Total number of participants at	the beginning of the plan year			-	36	
b		the end of the plan year			5b	17	
	Total number of participants wi	th account balances as of the end of	the plan y	ear (defined benefit plans do not			
60					5c	17 X Yes No	
		uring the plan year invested in eligibl e annual examination and report of a)PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)	· · · · · · · · · · · · · · · · · · ·	X Yes No	
Do	If you answered "No" to eith rt III Financial Informa	er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.		
<u>га</u> 7	Plan Assets and Liabilities			(a) Baginging of Veer		(h) End of Yoor	
'a			7a	(a) Beginning of Year 25318	8	(b) End of Year 210122	
b	•		7a 7b				
c	•	b from line 7a)	7c	25318	8	210122	
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or recei					<u>_</u>	
			8a(1)		_		
			8a(2)	3564	4		
h	., ,	l	8a(3)	755			
b		$P_{\alpha}(2), P_{\alpha}(2), and P_{\alpha}(2)$	8b	7559	2	111236	
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c		_	111230	
ŭ			8d	15430	2		
е	Certain deemed and/or correct	ive distributions (see instructions)	8e				
f	Administrative service provider	s (salaries, fees, commissions)	8f				
g	Other expenses		8g				
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h			154302	
i		8h from line 8c)	8i			-43066	
j	Transfers to (from) the plan (se	e instructions)	8j				

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

Page 2-1

Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2G 3D 2T
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No	A	mount		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			х				
С							200000	00
d								
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		х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х				108	58
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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 com 5500))					Ye	s 🗌 N	٩٥
b c d e Part	Has a resolution to terminate the plan been adopted during the plan year or any prior year?	ctions, th of a	and e	nter th Day 12b 12c 12d	e date of the		uling	10 A 10
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
	 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
1	3c(1) Name of plan(s):		130	c (2) El	N(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	09/30/2010	SALLY R. CABBELL
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

b Total number of participants at the end of the plan year. 5b 177 c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 177 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes Nu b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes Nu under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes Nu Yes Nu If you answerd "Wo" to either B ao r 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Yes Nu 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan iabilities 7a 253188 210122 b Total plan lassets (subtract line 7b from line 7a) 7c 253188 210122 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 210122 8 (a) Other income (loss) 8a(3) 8d 154302 111236 9 Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 15430			Short Form Annual Return/Report of Small Emplo						
Despense at Laos Reliement Income Security Act of 1294 (ER164), and section 60.848(a) of the improcession of the improvement of the impreverse of the improvement of the imprevent of the improvement of						2009			
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j Transfers to (from) the plan (see instructions)	8 a b c d f g	 Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses 	8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8c 8d 8c 8d 8c 8d 8e 8d 8e 8f 8g 8h	(a) Amount 35644 75592		(b) Total			

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

a)

Form 5500-SF 2009

Part IV **Plan Characteristics** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2J 2K 2G 3D 2T 2E If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b Part V Compliance Questions 10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) Х 10a h Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)..... Х 10b Was the plan covered by a fidelity bond?..... С 10c Х 2000000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Х 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, е insurance service or other organization that provides some or all of the benefits under the plan? (See Х instructions.) 100 Has the plan failed to provide any benefit when due under the plan? f Х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... X 10q 10858 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) X 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the î. exceptions to providing the notice applied under 29 CFR 2520.101-3..... 101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... Yes No 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... Yes (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a 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 letter ruling Dav Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year..... 12b c Enter the amount contributed by the employer to the plan for this plan year..... 12c Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a d 12d negative amount) e 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 No If "Yes," enter the amount of any plan assets that reverted to the employer this year..... 13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control b of the PBGC?..... Yes X No If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to C which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) 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, if applicable, a Schedule

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SB or Schedule MB completed and signed by an enrolled actuary, 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	x Daun	\$ /28/10	SALLY R. CABBELL
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