## 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.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pa	art I	Annual Report I	ldentification Informa	tion						
For	calend	ar plan year 2009 or fis	cal plan year beginning	01/01/200	)9	and ending	12/31/2	2009		
Α	This ret	turn/report is for:	x single-employer plan		multiple-employer plan (not multiemployer) one-participant plan					
		turn/report is for:	first return/report	X	final retur					
			an amended return/repo	rt 🗀	short plar	year return/report (less than 12 m	onths)			
C	Chack	box if filing under:	Form 5558	-		extension	,	DFVC program		
•	special extension (enter description)							_ 5. vo program		
D	sr4 II	Pacia Blan Infor	<u> </u>							
	art II	of plan	rmation—enter all request	ea inform	nation		1h	Three-digit		
			VICE CORP. 401(K) PROFIT	Γ SHARIN	NG PLAN			plan number		
00.0	Litto	The integral was a series						(PN) • 001		
							1c	Effective date of plan		
								01/01/1997		
		ponsor's name and add	dress (employer, if for single-	employer	r plan)		2b	Employer Identification Number		
COIV	IIVIERU	IAL INSURANCE SERV	VICE CORP.				20	(EIN) 61-0652557 Plan sponsor's telephone number		
176 I	PASAD	ENA DRIVE BLDG. 2					-	859-278-0349		
LEXI	NGTO	N, KY 40544					2d	Business code (see instructions)		
					. "0		21-	524210		
		idministrator's name and IAL INSURANCE SER\	d address (if same as Plan s		enter "Same ENA DRIVI	,	30	Administrator's EIN 61-0652557		
					N, KY 4054		3c	Administrator's telephone number		
								859-278-0349		
						port filed for this plan, enter the	4b	EIN		
	name, i	EIN, and the plan numb	per from the last return/report	i. Sponso	or's name		4c	PN		
5a	5a Total number of participants at the beginning of the plan year					. 5a	6			
b					0					
С					0.5					
		· · ·					5c	0		
6a	Were	all of the plan's assets	during the plan year investe	d in eligib	ole assets?	(See instructions.)		X Yes  No		
b						ndent qualified public accountant (l		X Yes □ No		
			•			ions.) SF and must instead use Form 5		<u>N</u> 1es   NO		
Pa	rt III	Financial Inform		iot use i	01111 3300	or and must misteau use i orm c	300.			
7		Assets and Liabilities				(a) Beginning of Year		(b) End of Year		
а					. 7a	4560	67	0		
		plan liabilities			. 7b					
С	Net pl	Ian assets (subtract line	7b from line 7a)			4560	67	0		
8	Incom	ne, Expenses, and Trans	sfers for this Plan Year			(a) Amount		(b) Total		
а		ibutions received or rec						( ),		
	(1) E	mployers			. 8a(1)	143	41			
	<b>(2)</b> P	articipants			. 8a(2)	229	18			
	(3) O	thers (including rollover	·s)		. 8a(3)		_			
b	Other income (loss)				68	53				
C		, , ,	, 8a(2), 8a(3), and 8b)		. 8с			44112		
d			t rollovers and insurance pre		8d	5001	79			
е	•	,	ctive distributions (see instru			0001	_			
f			ers (salaries, fees, commissi	,						
g g		·		,						
9 h		•	, 8e, 8f, and 8g)					500179		
i			ne 8h from line 8c)					-456067		
i		` , `	see instructions)							
		,,   / ,			ı XI	1				

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Characi	reristics

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

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

	0	plant provided monard zonome, other the approache monard realist			0.00				
art	٧	Compliance Questions							
0	During the plan year:						No		Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X		
b		e there any nonexempt transactions with any party-in-interest? (Done 10a.)		·	10b		X		
С	Was	the plan covered by a fidelity bond?			10c	X			50000
d		he plan have a loss, whether or not reimbursed by the plan's fidel shonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of the actions.)	e plan? (See	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X		
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10q		X		
h	If this	s is an individual account plan, was there a blackout period? (See	e instructions and 29	9 CFR	10h		X		
i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i				
art	VI	Pension Funding Compliance							
11	Is thi	s a defined benefit plan subject to minimum funding requirements							Yes X No
2		is a defined contribution plan subject to the minimum funding requ							Yes X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						
а		vaiver of the minimum funding standard for a prior year is being ar							
lf v		ompleted line 12a, complete lines 3, 9, and 10 of Schedule ME			:h		Day		Year
		the minimum required contribution for this plan year				Γ	12b		
		r the amount contributed by the employer to the plan for this plan				1	12c		
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the tive amount)	result (enter a minu	us sign to the left of	of a		12d		
е	-	he minimum funding amount reported on line 12d be met by the fu						Yes	No N/A
art		Plan Terminations and Transfers of Assets	Ŭ				J		
3a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					X Yes No
		es," enter the amount of any plan assets that reverted to the emplo					13a		0
b		e all the plan assets distributed to participants or beneficiaries, trar					ntrol	l	
	of th	PBGC?							X Yes No
С		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e pla	n(s) to			<u> </u>
1	13c(1) Name of plan(s):					<b>13c(2)</b> EIN(s)			<b>13c(3)</b> PN(s)
Cauti	on: A	penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	ıse is	establ	ished.	
Jnde SB or	r pena Sche	alties of perjury and other penalties set forth in the instructions, I didule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	ırn/rep	ort, in	cludin	g, if applica	
	Fil		10/06/2010	LESLIE A. O'BRY	ΊΔΝΙ				
SIGN	1	ou with authorized/valid electronic signature.	10/00/2010	LLOLIL A. O DKT	7711				

SIGN	Filed with authorized/valid electronic signature.	10/06/2010	LESLIE A. O'BRYAN					
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

Department of the Treasury internal Revenue Service

Department of Labor Employee Bonefits 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.

OM8 Nos. 1210-0110 1210-0089

2009

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Par								
For ca		1/01/20	09 and ending		12/31/200	9		
A Th	is retum/report is for: 🔯 single-employer plan	multiple-en	nployer plan (not multiemployer)	loyer)				
B Th	s return/report is for:  first return/report  final return/report							
	an amended return/report	short plan	year return/report (less than 12 mo	nths)				
C Ch	neck box if filing under: 🖂 Form 5558	[	DFVC progra	m				
• •	Special extension (enter description							
Pari	<del></del>	<del></del>			<del></del>			
	ame of plan	311011	<del></del>	1b	Three-digit			
	ommercial Insurance Service Corp. 401(k	) Profi	t		plan number			
S	haring Plan				(PN) Þ	001		
-					Effective date o			
	<del></del>	<del></del>			01/01/199			
Za e	lan sponsors name and address (amployer, if for single-employer ommercial insurance Service Corp.	pian)			(EIN) 61-065	fication Number 2557		
						elephone number		
1	76 Pasadena Drive Bldg. 2				(859) 278-	0349		
	·			2d	Business code ( 524210	see instructions)		
	exington	alas *Coma	KY 40544	36	Administrator's	EIN		
Ja P	lan administrator's name and address (if same as Plan sponsor, e	nter Same	,	ا	Administrator 3			
				3c	Administrator's	telephone number		
				<del> </del>				
	he name and/or EIN of the plan sponsor has changed since the la- ime, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN			
116	me, Livi, and the plan number norm the last return eport. Operace			4c	PN			
<b>5</b> a 1	Total number of participants at the beginning of the plan year			5a		6		
<b>b</b> 1	Total number of participants at the end of the plan year			5b		0		
C 1	Total number of participants with account balances as of the end o	f the plan y	ear (defined benefit plans do not					
	complete this item)			5c		<u> </u>		
	Were all of the plan's assets during the plan year invested in eligib					Yes 📗 No		
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes No		
	f you answered "No" to either 6a or 6b, the plan cannot use F							
	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
a ·	Total plan assets	. 7a	456,00	57		0		
Ь.	Total plan liabilities	. 7b						
C	Net plan assets (subtract line 7b from line 7a)	. 7c	456,0	67		0		
8	income, Expenses, and Transfers for this Plan Year		(a) Amount		(b)	Total		
	Contributions received or receivable from:		14.3	.,				
	1) Employers	8a(1)	14,3	-1				
	(2) Participants	82(2)	22,9	18				
	(3) Others (including rollovers)							
	Other income (loss)		6,8	23		44 112		
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		$\dashv$		44,112		
	Benefils paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	500,1	79				
	Certain deemed and/or corrective distributions (see instructions)							
_	Administrative service providers (sataries, fees, commissions)							
	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)					500,179		
_	Net income (loss) (subtract line 8h from line 8c)					(456,067)		
_	Transfers to (from) the plan (see instructions)							

		Form 5500-SF 2009	Pa	ge 2	_	_				
Par	t IV	Plan Characteristics	<del> </del>							
9a	If the	plan provides pension benefits, enter the applicable pension feat 2E 2F 2G 2J 2K 3D	ure codes from the L	ist of Plan Chara	cteris	tic Co	des in t	he instruction	ons:	
b	If the	plan provides welfare benefits, enter the applicable welfare feature.	ire codes from the L	ist of Plan Charac	terist	tic Coc	tes in t	ne instructio	ns:	
Par	t V	Compliance Questions					-			
10	Duri	ng the plan year:				Yes	No	Α	mount	
а		there a failure to transmit to the plan any participant contributions	•							
L		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	-		10a		X		-	
D	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						х	_		
С	Wa	s the plan covered by a fidelity bond?			10c	Х			50	000,
d		the plan have a loss, whether or not reimbursed by the plan's fide			10d		х			
e	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.)						x_			
f	Has	the plan failed to provide any benefit when due under the plan? .			10f		х			
g		the plan have any participant loans? (If "Yes," enter amount as of		1	10a		х			
		is is an individual account plan, was there a blackout period? (Ser			108		<b>-</b>			
	252	0.101-3.)			10h		Х			
ı		Oh was answered "Yes," check the box if you either provided the repetions to providing the notice applied under 29 CFR 2520.101-3.	•		10i					
Part		Pension Funding Compliance					·	_		
11	Is th	is a defined benefit plan subject to minimum funding requirements							Пусь	
		0))							Yes	
12		his a defined contribution plan subject to the minimum funding req		1 412 of the Code	or se	ection	302 of 6	ERISA?	Yes	X] No
2		fes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being a		vear see instruc	tions	and e	enter th	e date of the	e letter culir	าด
	grar	iting the waiver	• • • • • • • • • • • • • • • • • • • •	Mont	h_		Day		ear	
lf	you o	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M	B (Form 5500), and	l skip to line 13.		_				
b	Ente	er the minimum required contribution for this plan year		•••••	· • • • • • • • • • • • • • • • • • • •	ļ	12b			
C	Ente	er the amount contributed by the employer to the plan for this plan	year			L	12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	•	•			12d			
<u>e</u>	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?	<u> </u>	•••••			Yes	No	N/A
Par	t VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	n					X Yes	No
	If "Y	es." enter the amount of any plan assets that reverted to the emp	loyer this year	·····		******	13a			0
b	Wer of ti	e all the plan assets distributed to participants or beneficiaries, trans PBGC?	ansferred to another	plan, or brought	unde	the ca	ontrol		X Yes	No
С		uring this plan year, any assets or liabilities were transferred from th assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	se pla	n(s) to		_		
	13c(1) Name of plan(s):					13	13c(2) EIN(s)		13c(3)	PN(s)
				<del></del>	$\vdash$					
	.41.	A secretaria de la companya del companya del companya de la compan			<u> </u>			lahad	<u> </u>	
		A penalty for the late or incomplete filing of this return/report halties of penury and other penalties set forth in the instructions. I							ale a Sobo	dule
SB	or Šch	natures or perjury and other penalties set forth in the instructions, i ledule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.								
			0/1/0	David P Hu	dso	n				
SIGN David P Hudson HERE Skinature of trian administrator Date Enter name of individual signing as plan administrator										

Date

Date

10///3

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

David P Hudson

Signature of plan administrator

SIGN Signature of employer/plan sponsor