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
CCC GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

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

5797 DIETRICH ROAD
SAN ANTONIO, TX 78219-3507

2b Employer Identification Number (EIN)
74-2391991

2c Sponsor's telephone number
210-661-4251

2d Business code (see instructions)
237990

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.	10/07/2010	RITA K. JORDAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2010	RITA K. JORDAN
	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")

CCC GROUP, INC.

5797 DIETRICH ROAD
SAN ANTONIO, TX 78219-3507

3b Administrator's EIN
74-2391991

3c Administrator's telephone number
210-661-4251

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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	3364
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**	2337
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	39
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2376
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	2376
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	779
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	68
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2J 2F 2G 2K 3F 3H 2T

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	X	**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)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
CCC GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CCC GROUP, INC.

D Employer Identification Number (EIN)
74-2391991

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MORGAN STANLEY INS SERVICES INC

51-0116113

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
59	SHAREHOLDER SERVICE PROVI	0	Yes [X] No [ ]	Yes [ ] No [X]	158327	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
24 52 63	CONTRACT ADMINISTRATOR	5114	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

AIM

13-2576643

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 72	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

ALLIANZ GLOBAL INVESTORS

33-0239892

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 72	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

AMERICAN CENTURY

44-6006315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 72	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

AMERICAN FUNDS

95-6810128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 72	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

FIDELITY ADVISOR

04-3429226

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 72	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

FRANKLIN/TEMPLETON

94-3237550

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 72	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

GOLDMAN SACHS

13-5108880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 72	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

JANUS

84-1458637

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 72	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

MFS INVESTMENT MANAGEMENT

04-3287965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 72	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

NORTHERN FUNDS

39-1882210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 72	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

NUVEEN

20-1732515

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 72	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

PRUDENTIAL

13-3422833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 72	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

WELLS FARGO GALLIARD

94-6751924

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

MORGAN STANLEY DW INC

94-1671384

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55 99	BROKER	0	Yes [X] No [ ]	Yes [ ] No [X]	29009	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

MORGAN STANLEY INS SERVICES INC

51-0116113

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	0	Yes [X] No [ ]	Yes [ ] No [X]	5037	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 64	CONTRACT ADMINISTRATOR	15263	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORGAN STANLEY INS SERVICES INC	59	158327

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	COMMISSIONS AND FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS VALUE FUND 04-3287965	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY ADVISOR SMALL CAP FUND 04-3429226	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JENNISON NATURAL RESOURCES FUND 13-3422833	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GOLDMAN SACHS GR OPPORTUNITIES FD 13-5108880	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NUVEEN TRADEWINDS VALUE OPPORT FD 20-1732515	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TOTAL RETURN FUND PIMCO 33-0239892	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY CAPITAL GROWTH FD 44-6006315	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PERKINS MID CAP VALUE FUND 84-1458637	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY REAL ESTATE FUND 94-3226139	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRANKLIN SMALL CAP VALUE FUND 94-3237550	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WELLS FARGO STBL RTN FD GALLIARD 94-6751924	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMER FUNDS EUROPACIFIC GROWTH FUND 95-6810128	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AIM	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AIM CHARTER FUND 13-2576643	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALLIANZ GLOBAL INVESTORS	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TOTAL RETURN FUND PIMCO 33-0239892	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN CENTURY	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY CAPITAL GROWTH FD 44-6006315	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMER FUNDS EUROPACIFIC GROWTH FUND 95-6810128	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY ADVISOR	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY ADVISOR SMALL CAP FUND 04-3429226	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FRANKLIN/TEMPLETON	72	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN SMALL CAP VALUE FUND 94-3237550	BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GOLDMAN SACHS	72	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GOLDMAN SACHS GR OPPORTUNITIES FD 13-5108880	BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JANUS	72	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PERKINS MID CAP VALUE FUND 84-1458637	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MFS INVESTMENT MANAGEMENT	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS VALUE FUND 04-3287965	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NORTHERN FUNDS	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NORTHERN SMALL CAP INDEX FUND 39-1882210	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NUVEEN	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NUVEEN TRADEWINDS VALUE OPPORT FD 20-1732515	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRUDENTIAL	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JENNISON NATURAL RESOURCES FUND 13-3422833	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
WELLS FARGO GALLIARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WELLS FARGO STBL RTN FD GALLIARD 94-6751924	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORGAN STANLEY DW INC	55 99	29009

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORGAN STANLEY INS SERVICES INC	13	5037
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	PRORATED INCENTIVE, NOT DEDUCTED FROM PLAN	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
CCC GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CCC GROUP, INC.

D Employer Identification Number (EIN)
74-2391991

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MF-R1 WELLS FARGO STBL RTN FD

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0819611-001	C	264547

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE FUND

b Name of sponsor of entity listed in (a): UNION BOND & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274328-001	C	2070956

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
CCC GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CCC GROUP, INC.

D Employer Identification Number (EIN)
74-2391991

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	503230	88750
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	551678	726708
(9) Value of interest in common/collective trusts	1c(9)	2722761	2349498
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10745989	15969245
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	14523658	19134201
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	365638	475917
k	Total liabilities (add all amounts in lines 1g through1j)	1k	365638	475917
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	14158020	18658284

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	88749	
	(B) Participants	2a(1)(B)	3014579	
	(C) Others (including rollovers)	2a(1)(C)	76895	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3180223
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	36759	
	(F) Other	2b(1)(F)	598626	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		635385
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	82561	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		82561
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		205347
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2504895
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		6608411
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1750173	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1750173
f	Corrective distributions (see instructions)	2f		300779
g	Certain deemed distributions of participant loans (see instructions)	2g		36067
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	21118	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	10	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		21128
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2108147
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		4500264
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RINALDO J. GONZALEZ, CPA, P.C. **(2)** EIN: 74-2433094

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		3000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
CCC GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CCC GROUP, INC.

D Employer Identification Number (EIN)
74-2391991

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-1590850 42-0127290

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

RINALDO J. GONZALEZ
A Professional Corporation
CERTIFIED PUBLIC ACCOUNTANT
7800 IH 10 West - Suite 505
San Antonio, Texas 78230
(210) 366-9430 FAX (210) 366-9451

INDEPENDENT AUDITORS' REPORT

To The Board of Directors of
CCC Group, Inc.
P.O. Box 200350
San Antonio, Texas 78220-0350

September 10, 2010

We have audited the accompanying statements of net assets available for benefits of CCC Group, Inc. 401(K) Retirement Savings Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits with fund information for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2009 and 2008, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.



A Name of Plan	B Three-digit Plan Number
CCC Group, Inc. 401(k) Retirement Savings Plan	**001**
C Plan sponsor's name as shown on line 2a of Form 5500	**D Employee Identification Number**
CCC Group, Inc.	**742391991**

Schedule H, line 4j - Schedule of Reportable Transactions

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Outside Funds	2,591,284	0		0	0	0	0
AmerFunds	MF-VB	998,296	0		0	0	0	0
AmerCnt	MF-ZB	1,787,777	0		0	0	0	0
	MF-ZG	4,213,774	0		0	0	0	0
	MF-ZI	2,546,536	0		0	0	0	0
	MF-ZL	1,313,503	0		0	0	0	0
American C	MF-722	794,935	0		0	0	0	0
PIMCO	MF-WZ	1,131,411	0		0	0	0	0

A Name of Plan	B Three-digit plan Number
CCC Group, Inc. 401(k) Retirement Savings Plan	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D Employer Identification Number**
CCC Group, Inc.	742391991

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
AIM	132576643		AIM received estimated Other Fees of 37 basis points * plan assets with respect to AIM Charter Fund (MF-D7).
AIM	132576643		MassMutual provided the Plan with the required written disclosure for Management Fees received by AIM with respect to AIM Charter Fund (MF-D7).
Allianz Global Investors	330239892		Allianz Global Investors received estimated Other Fees of 18 basis points * plan assets with respect to Total Return Fund (PIMCO) (MF-WZ).
Allianz Global Investors	330239892		MassMutual provided the Plan with the required written disclosure for Management Fees received by Allianz Global Investors with respect to Total Return Fund (PIMCO) (MF-WZ).
American Century	446006315		American Century received estimated Other Fees of 1 basis points * plan assets with respect to American Century Capital Growth Fd (MF-722).
American Century	446006315		American Century received estimated Other Fees of 77 basis points * plan assets with respect to Amer Cent LIVESTRONG Incm Prtfl Fd (MF-ZB).
American Century	446006315		American Century received estimated Other Fees of 80 basis points * plan assets with respect to Amer Cent LIVESTRONG 2015 Prtfl Fd (MF-ZF).
American Century	446006315		American Century received estimated Other Fees of 83 basis points * plan assets with respect to Amer Cent LIVESTRONG 2020 Prtfl Fd (MF-ZG).
American Century	446006315		American Century received estimated Other Fees of 86 basis points * plan assets with respect to Amer Cent LIVESTRONG 2025 Prtfl Fd (MF-ZH).
American Century	446006315		American Century received estimated Other Fees of 89 basis points * plan assets with respect to Amer Cent LIVESTRONG 2030 Prtfl Fd (MF-ZI).
American Century	446006315		American Century received estimated Other Fees of 91 basis points * plan assets with respect to Amer Cent LIVESTRONG 2035 Prtfl Fd (MF-ZK).
American Century	446006315		American Century received estimated Other Fees of 94 basis points * plan assets with respect to Amer Cent LIVESTRONG 2040 Prtfl Fd (MF-ZL).
American Century	446006315		American Century received estimated Other Fees of 95 basis points * plan assets with respect to Amer Cent LIVESTRONG 2045 Prtfl Fd (MF-ZQ).
American Century	446006315		American Century received estimated Other Fees of 96 basis points * plan assets with respect to Amer Cent LIVESTRONG 2050 Prtfl Fd (MF-ZR).
American Century	446006315		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Century with respect to Amer Cent LIVESTRONG 2015 Prtfl Fd (MF-ZF).
American Century	446006315		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Century with respect to Amer Cent LIVESTRONG 2020 Prtfl Fd (MF-ZG).
American Century	446006315		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Century with respect to Amer Cent LIVESTRONG 2025 Prtfl Fd (MF-ZH).
American Century	446006315		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Century with respect to Amer Cent LIVESTRONG 2030 Prtfl Fd (MF-ZI).

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American Century	446006315	MassMutual provided the Plan with the required written disclosure for Management Fees received by American Century with respect to Amer Cent LIVESTRONG 2035 Prtfl Fd (MF-ZK).
American Century	446006315	MassMutual provided the Plan with the required written disclosure for Management Fees received by American Century with respect to Amer Cent LIVESTRONG 2040 Prtfl Fd (MF-ZL).
American Century	446006315	MassMutual provided the Plan with the required written disclosure for Management Fees received by American Century with respect to Amer Cent LIVESTRONG 2045 Prtfl Fd (MF-ZQ).
American Century	446006315	MassMutual provided the Plan with the required written disclosure for Management Fees received by American Century with respect to Amer Cent LIVESTRONG 2050 Prtfl Fd (MF-ZR).
American Century	446006315	MassMutual provided the Plan with the required written disclosure for Management Fees received by American Century with respect to Amer Cent LIVESTRONG Incm Prtfl Fd (MF-ZB).
American Century	446006315	MassMutual provided the Plan with the required written disclosure for Management Fees received by American Century with respect to American Century Capital Growth Fd (MF-722).
American Century	943226139	MassMutual provided the Plan with the required written disclosure for Management Fees received by American Century with respect to American Century Real Estate Fund (MF-HR).
American Funds	956810128	American Funds received estimated Other Fees of 18 basis points * plan assets with respect to Amer Funds EuroPacific Growth Fund (MF-VB).
American Funds	956810128	MassMutual provided the Plan with the required written disclosure for Management Fees received by American Funds with respect to Amer Funds EuroPacific Growth Fund (MF-VB).
Fidelity Advisor	043429226	Fidelity Advisor received estimated Other Fees of 35 basis points * plan assets with respect to Fidelity Advisor Small Cap Fund (MF-251).
Fidelity Advisor	043429226	MassMutual provided the Plan with the required written disclosure for Management Fees received by Fidelity Advisor with respect to Fidelity Advisor Small Cap Fund (MF-251).
Franklin/Templeton	943237550	Franklin/Templeton received estimated Other Fees of 36 basis points * plan assets with respect to Franklin Small Cap Value Fund (MF-SF).
Franklin/Templeton	943237550	MassMutual provided the Plan with the required written disclosure for Management Fees received by Franklin/Templeton with respect to Franklin Small Cap Value Fund (MF-SF).
Goldman Sachs	135108880	Goldman Sachs received estimated Other Fees of 25 basis points * plan assets with respect to Goldman Sachs Gr Opportunities Fd (MF-732).
Goldman Sachs	135108880	MassMutual provided the Plan with the required written disclosure for Management Fees received by Goldman Sachs with respect to Goldman Sachs Gr Opportunities Fd (MF-732).
Janus	841458637	Janus received estimated Other Fees of 30 basis points * plan assets with respect to Perkins Mid Cap Value Fund (MF-TIS).
Janus	841458637	MassMutual provided the Plan with the required written disclosure for Management Fees received by Janus with respect to Perkins Mid Cap Value Fund (MF-TIS).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to AIM Charter Fund (MF-D7).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Amer Cent LIVESTRONG 2015 Prtfl Fd (MF-ZF).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Amer Cent LIVESTRONG 2020 Prtfl Fd (MF-ZG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Amer Cent LIVESTRONG 2025 Prtfl Fd (MF-ZH).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Amer Cent LIVESTRONG 2030 Prtfl Fd (MF-ZI).

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Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Amer Cent LIVESTRONG 2035 Prtfl Fd (MF-ZK).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Amer Cent LIVESTRONG 2040 Prtfl Fd (MF-ZL).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Amer Cent LIVESTRONG 2045 Prtfl Fd (MF-ZQ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Amer Cent LIVESTRONG 2050 Prtfl Fd (MF-ZR).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Amer Cent LIVESTRONG Incm Prtfl Fd (MF-ZB).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Amer Funds EuroPacific Growth Fund (MF-VB).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to American Century Capital Growth Fd (MF-722).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to American Century Real Estate Fund (MF-HR).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Fidelity Advisor Small Cap Fund (MF-251).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Franklin Small Cap Value Fund (MF-SF).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Goldman Sachs Gr Opportunities Fd (MF-732).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Jennison Natural Resources Fund (MF-262).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to MFS Value Fund (MF-VV).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Nuveen Tradewinds Value Opport Fd (MF-JZ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Perkins Mid Cap Value Fund (MF-TIS).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Premier Money Market Fd (Babson) (MF-AG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Total Return Fund (PIMCO) (MF-WZ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Premier Money Market Fd (Babson) (MF-AG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Principal Stable Value (OF 40110).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 10 basis points * plan assets with respect to Amer Funds EuroPacific Growth Fund (MF-VB).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to Fidelity Advisor Small Cap Fund (MF-251).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to Franklin Small Cap Value Fund (MF-SF).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to Nuveen Tradewinds Value Opport Fd (MF-JZ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to Total Return Fund (PIMCO) (MF-WZ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to Amer Cent LIVESTRONG 2015 Prtfl Fd (MF-ZF).
Massachusetts Mutual Life Insurance	041590850	MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect

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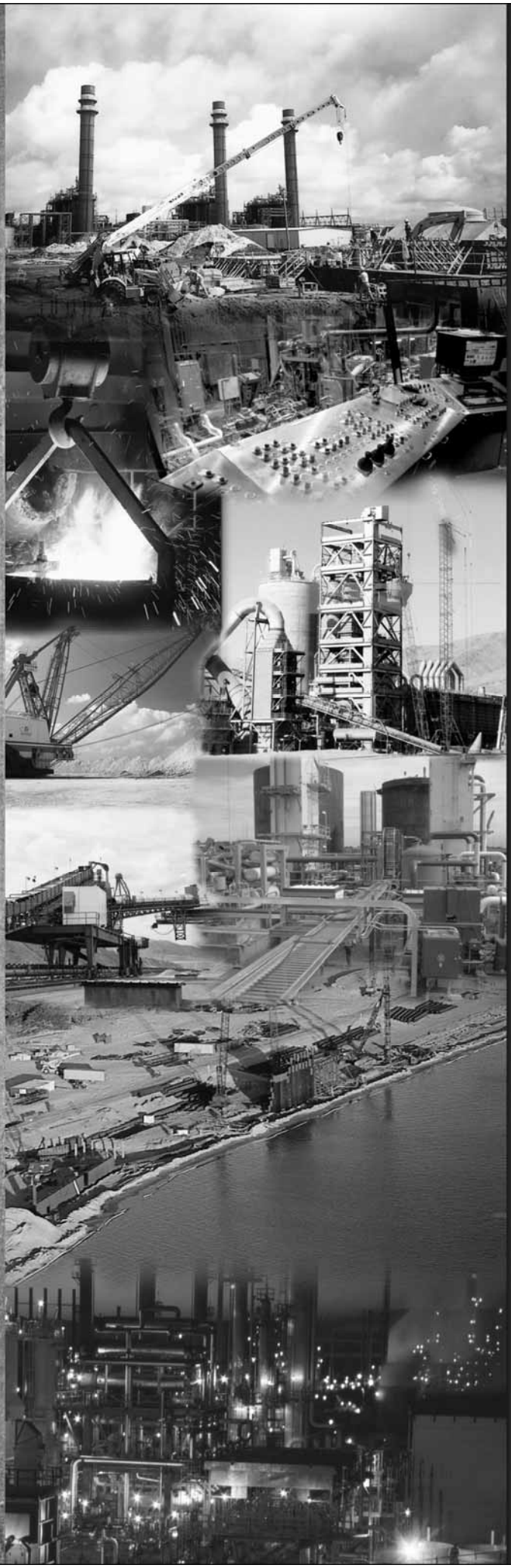
Company		to Amer Cent LIVESTRONG 2020 Prtfl Fd (MF-ZG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to Amer Cent LIVESTRONG 2025 Prtfl Fd (MF-ZH).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to Amer Cent LIVESTRONG 2030 Prtfl Fd (MF-ZI).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to Amer Cent LIVESTRONG 2035 Prtfl Fd (MF-ZK).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to Amer Cent LIVESTRONG 2045 Prtfl Fd (MF-ZQ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to Amer Cent LIVESTRONG 2050 Prtfl Fd (MF-ZR).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to Amer Cent LIVESTRONG Incm Prtfl Fd (MF-ZB).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to American Century Capital Growth Fd (MF-722).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to Goldman Sachs Gr Opportunities Fd (MF-732).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to Jennison Natural Resources Fund (MF-262).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to MFS Value Fund (MF-VV).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to Perkins Mid Cap Value Fund (MF-TIS).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 30 basis points * plan assets with respect to American Century Real Estate Fund (MF-HR).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 35 basis points * plan assets with respect to Amer Cent LIVESTRONG 2040 Prtfl Fd (MF-ZL).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub TA Fees of 52.5 basis points * plan assets with respect to Wells Fargo Stbl Rtn Fd (Galliard) (MF-R1).
MFS Investment Management	043287965	MassMutual provided the Plan with the required written disclosure for Management Fees received by MFS Investment Management with respect to MFS Value Fund (MF-VV).
MFS Investment Management	043287965	MFS Investment Management received estimated Other Fees of 19 basis points * plan assets with respect to MFS Value Fund (MF-VV).
Northern Funds	391882210	MassMutual provided the Plan with the required written disclosure for Management Fees received by Northern Funds with respect to Northern Small Cap Index Fund (MF-QV).
Northern Funds	391882210	Northern Funds received estimated Other Fees of 34 basis points * plan assets with respect to Northern Small Cap Index Fund (MF-QV).
Nuveen	201732515	MassMutual provided the Plan with the required written disclosure for Management Fees received by Nuveen with respect to Nuveen Tradewinds Value Opport Fd (MF-JZ).
Nuveen	201732515	Nuveen received estimated Other Fees of 26 basis points * plan assets with respect to Nuveen Tradewinds Value Opport Fd (MF-JZ).
Prudential	133422833	MassMutual provided the Plan with the required written disclosure for Management Fees received by Prudential with respect to Jennison Natural Resources Fund (MF-262).
Prudential	133422833	Prudential received estimated Other Fees of 19 basis points * plan assets with respect to Jennison Natural Resources Fund (MF-262).
Wells Fargo Galliard	946751924	MassMutual provided the Plan with the required written disclosure for Management Fees received by Wells Fargo Galliard with respect to Wells Fargo Stbl Rtn Fd (Galliard) (MF-R1).
Wells Fargo Galliard	946751924	Wells Fargo Galliard received estimated Management Fees of 60 basis points * plan assets with respect to Wells Fargo Stbl Rtn Fd (Galliard) (MF-R1).

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A Name of Plan	B Three-digit plan Number
CCC Group, Inc. 401(k) Retirement Savings Plan	**001**
C Plan sponsor's name as shown on line 2a of Form 5500	**D Employer Identification Number**
CCC Group, Inc.	**742391991**

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment including maturity date, rate of interest,collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Fidelity Advisor	MF-251	176,652	178,873
*	JennisonDryden	MF-262	134,946	141,019
*	American Century	MF-722	757,846	790,890
*	Goldman Sachs	MF-732	317,290	334,960
*	AIM	MF-D7	285,536	290,810
*	American Century	MF-HR	282,701	301,948
*	Nuveen	MF-JZ	297,635	300,999
*	Northern Funds	MF-QV	211,630	212,105
*	Franklin/Templeton	MF-SF	283,459	276,089
*	Janus	MF-TIS	408,147	412,510
*	American Funds	MF-VB	1,064,272	1,041,016
*	MFS Investment Management	MF-VV	297,356	301,693
*	Allianz Global Investors	MF-WZ	1,171,998	1,159,738
*	American Century	MF-ZB	1,742,612	1,745,903
*	American Century	MF-ZF	385	379
*	American Century	MF-ZG	4,213,476	4,209,604
*	American Century	MF-ZH	66,077	67,657
*	American Century	MF-ZI	2,529,115	2,543,769
*	American Century	MF-ZK	1,188	1,185
*	American Century	MF-ZL	1,248,819	1,262,024
*	American Century	MF-ZQ	1,925	1,916
*	American Century	MF-ZR	388,926	394,160
*	Wells Fargo Bank, N.A.	MF-R1	201,726	264,547
*	Principal Stable Value	Outside Fund	2,060,519	2,070,956
	Participant Loans	4.250000 - 10.250000	0	726,708



CCC GROUP, INC.

401(k)

Retirement Savings Plan

Financial Statements
December 31, 2009 and 2008

(With Independent Auditor's Report Thereon)

RINALDO J. GONZALEZ
A Professional Corporation
CERTIFIED PUBLIC ACCOUNTANT
7800 IH 10 West - Suite 505
San Antonio, Texas 78230
(210) 366-9430 FAX (210) 366-9451

INDEPENDENT AUDITORS' REPORT

To The Board of Directors of
CCC Group, Inc.
P.O. Box 200350
San Antonio, Texas 78220-0350

September 10, 2010

We have audited the accompanying statements of net assets available for benefits of CCC Group, Inc. 401(K) Retirement Savings Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits with fund information for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2009 and 2008, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.



CCC GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

ASSETS	**2009**	**2008**
Investments at fair value:		
Shares of investment portfolios:		
LifeTime Strategic Income R3 Fund	$ -	$ 44,858.81
LifeTime 2010 R3 Fund	0.00	1,517,711.47
LifeTime 2020 R3 Fund	0.00	3,331,373.26
LifeTime 2030 R3 Fund	0.00	1,713,986.33
LifeTime 2040 R3 Fund	0.00	738,315.50
LifeTime 2050 R3 Fund	0.00	279,515.65
ACIM - Large Cap Growth II R3 Fund	0.00	396,346.23
S&P 500 Index R3 Fund	0.00	167,636.47
GS/LACM - MidCap Value I R3 Fund	0.00	277,459.95
MidCap Blend R3 Fund	0.00	184,331.01
Real Estate Securities R3 Fund	0.00	205,174.42
Fidelity International I R3 Fund	0.00	631,462.12
S&P 600 Index R3 Fund	0.00	140,562.38
MFS Stable Value Fund	2,070,956.36	2,856,103.67
PIMCO Total Return R Fund	0.00	460,076.60
MFS Value R3 Fund	0.00	206,786.79
CCI-Midcap Growth R3 Fund	0.00	120,901.67
Fidelity Adv Small Cap T Fund	0.00	128,179.81
Franklin Small Cap Value R Fund	0.00	201,310.67
Wells Fargo Stable Return Fund (Galliard)	264,546.89	0.00
PIMCO Total Return Fund	1,159,737.81	0.00
American Century LIVESTRONG Income Portfolio Fund	1,745,902.94	0.00
American Century LIVESTRONG 2015 Portfolio Fund	379.35	0.00
American Century LIVESTRONG 2020 Portfolio Fund	4,209,603.53	0.00
American Century LIVESTRONG 2025 Portfolio Fund	67,656.65	0.00
American Century LIVESTRONG 2030 Portfolio Fund	2,543,769.34	0.00
American Century LIVESTRONG 2035 Portfolio Fund	1,184.65	0.00
American Century LIVESTRONG 2040 Portfolio Fund	1,262,024.39	0.00
American Century LIVESTRONG 2045 Portfolio Fund	1,916.22	0.00
American Century LIVESTRONG 2050 Portfolio Fund	394,159.63	0.00
MFS Value Fund	301,692.69	0.00
AIM Charter Fund	290,809.52	0.00
American Century Cap Growth Fund	790,889.95	0.00
Perkins Mid Cap Value Fund	412,509.61	0.00
Nuveen Tradewinds Value Opp Fund	300,998.82	0.00
Goldman Sachs Growth Opportunities	334,960.08	0.00
Franklin Small Cap Value Fund	276,088.93	0.00
Northern Small Cap Index Fund	212,104.95	0.00
Fidelity Advisor Small Cap Fund	178,873.26	0.00
AmerFunds EuroPacific Growth Fund	1,041,015.95	0.00
American Century Real Estate Fund	301,948.47	0.00
Prudential Jennison Natural Resources Fund	141,018.87	0.00
Participant Notes Receivable	726,707.96	551,678.04
Total shares of investment portfolios	19,031,456.82	14,153,770.85
Receivables:		
Employer's contribution	88,749.94	503,229.63
Total receivables	88,749.94	503,229.63
Total assets	19,120,206.76	14,657,000.48
LIABILITIES		
Participants' refunds	475,917.10	365,392.56
Prepaid contribution	0.00	245.00
Total liabilities	475,917.10	365,637.56
Net assets available for benefits at fair value	18,644,289.66	14,291,362.92
Adjustment from fair value to contract value for fully benefit responsive investment contracts	13,994.27	(133,342.67)
NET ASSETS AVAILABLE FOR BENEFITS	**$ 18,658,283.93**	**$ 14,158,020.25**

See accompanying notes to financial statements.

CCC GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
Year Ended December 31, 2009 ~ Participant Directed

	LIFETIME STRATEGIC INC R3 FUND	LIFETIME 2010 R3 FUND	LIFETIME 2020 R3 FUND	LIFETIME 2030 R3 FUND	LIFETIME 2040 R3 FUND	LIFETIME 2050 R3 FUND	ACIM-LARGE CAP GROWTH II R3 FUND
ADDITIONS (additions to net assets attributed to):							
Investment income:							
Net realized gain (loss) on sale of assets	$ 9,934.14	$ 271,118.26	$ 748,926.80	$ 437,043.69	$ 237,745.17	$ 60,825.20	$ 114,504.26
Earnings:							
Loan Interest	213.17	1,598.32	6,575.61	7,190.88	2,878.74	646.16	359.09
Dividend Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Interest	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Earnings	213.17	1,598.32	6,575.61	7,190.88	2,878.74	646.16	359.09
Total investment income (loss)	10,147.31	272,716.58	755,502.41	444,234.57	240,623.91	61,471.36	114,863.35
Loan repayments:							
Participant loan payments	1,911.63	14,333.19	58,967.90	64,485.41	25,815.61	5,794.57	3,220.23
Total repayments	1,911.63	14,333.19	58,967.90	64,485.41	25,815.61	5,794.57	3,220.23
Contributions:							
Participants' (Employee Deferred Salary)	7,695.08	224,893.08	455,077.96	340,390.38	199,515.29	105,973.95	65,166.21
Employer's	2,157.10	42,560.28	111,302.96	86,309.67	50,446.53	24,243.57	16,105.62
Rollovers	0.00	0.00	1,731.95	848.19	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total contributions	9,852.18	267,453.36	568,112.87	427,548.24	249,961.82	130,217.52	81,271.83
TOTAL ADDITIONS:	21,911.12	554,503.13	1,382,583.18	936,268.22	516,401.34	197,483.45	199,355.41
DEDUCTIONS (deductions to net assets attributed to):							
Benefits paid to participants	16,187.19	161,530.40	312,521.41	127,879.15	62,642.37	30,829.55	30,119.92
Loans to participants	134.70	7,936.17	106,825.44	84,248.69	28,486.30	17,294.36	14,253.78
Administrative expenses	25.23	291.14	1,445.61	1,756.58	959.81	657.54	767.40
TOTAL DEDUCTIONS:	16,347.12	169,757.71	420,792.46	213,884.42	92,088.48	48,781.45	45,141.10
Net increase (decrease) prior to transfers	5,564.00	384,745.42	961,790.72	722,383.80	424,312.86	148,702.00	154,214.31
Transfers	(50,422.81)	(1,902,456.89)	(4,293,163.98)	(2,436,370.13)	(1,162,628.36)	(428,217.65)	(550,560.54)
Other activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NET INCREASE (DECREASE):	(44,858.81)	(1,517,711.47)	(3,331,373.26)	(1,713,986.33)	(738,315.50)	(279,515.65)	(396,346.23)
NET ASSETS AVAILABLE FOR BENEFITS:							
Beginning of year @ fair value	44,858.81	1,517,711.47	3,331,373.26	1,713,986.33	738,315.50	279,515.65	396,346.23
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adjustment from fair value to contract value for fully benefit responsive investment contracts	-	-	-	-	-	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

See accompanying notes to financial statements

CCC GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
Year Ended December 31, 2009 ~ Participant Directed

	S & P 500 INDEX R3 FUND	GS/LACM MIDCAP VALUE I R3 FUND	MIDCAP BLEND R3 FUND	REAL ESTATE SECURITIES R3 FUND	FIDELITY INTERNATIONAL I R3 FUND	S & P 600 INDEX R3 FUND	MFS STABLE VALUE FUND
ADDITIONS (additions to net assets attributed to):							
Investment income:							
Net realized gain (loss) on sale of assets	$ 39,980.56	$ 55,072.13	$ 42,482.22	$ 28,259.71	$ 150,433.11	$ 25,758.96	$ 56,982.46
Earnings:							
Loan Interest	314.79	296.32	304.48	354.21	713.99	162.18	2,671.71
Dividend Income	0.00	0.00	0.00	3,625.33	0.00	0.00	0.00
Other Interest	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Earnings	314.79	296.32	304.48	3,979.54	713.99	162.18	2,671.71
Total investment income (loss)	40,295.35	55,368.45	42,786.70	32,239.25	151,147.10	25,921.14	59,654.17
Loan repayments:							
Participant loan payments	2,822.91	2,657.36	2,730.50	3,176.43	6,402.83	1,454.41	23,959.00
Total repayments	2,822.91	2,657.36	2,730.50	3,176.43	6,402.83	1,454.41	23,959.00
Contributions:							
Participants' (Employee Deferred Salary)	52,434.06	52,719.86	47,879.23	32,506.79	138,396.58	29,911.79	298,058.25
Employer's	11,123.92	11,572.94	9,122.62	5,046.95	28,368.27	5,093.22	50,711.75
Rollovers	3,621.86	0.00	18.84	0.00	5,423.37	18.84	31,126.29
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total contributions	67,179.84	64,292.80	57,020.69	37,553.74	172,188.22	35,023.85	379,896.29
TOTAL ADDITIONS:	110,298.10	122,318.61	102,537.89	72,969.42	329,738.15	62,399.40	463,509.46
DEDUCTIONS (deductions to net assets attributed to):							
Benefits paid to participants	14,903.53	23,028.09	8,743.09	8,127.60	60,080.00	7,617.02	563,622.23
Loans to participants	1,715.50	2,105.13	2,537.07	4,124.96	24,588.15	7,000.08	45,617.73
Administrative expenses	1,132.42	72.45	276.81	1,318.05	297.57	611.31	2,134.93
TOTAL DEDUCTIONS:	17,751.45	25,205.67	11,556.97	13,570.61	84,965.72	15,228.41	611,374.89
Net increase (decrease) prior to transfers	92,546.65	97,112.94	90,980.92	59,398.81	244,772.43	47,170.99	(147,865.43)
Transfers	(260,183.12)	(374,572.89)	(275,311.93)	(264,573.23)	(876,234.55)	(187,733.37)	(637,281.88)
Other activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NET INCREASE (DECREASE):	(167,636.47)	(277,459.95)	(184,331.01)	(205,174.42)	(631,462.12)	(140,562.38)	(785,147.31)
NET ASSETS AVAILABLE FOR BENEFITS:							
Beginning of year @ fair value	167,636.47	277,459.95	184,331.01	205,174.42	631,462.12	140,562.38	2,856,103.67
	0.00	0.00	0.00	0.00	0.00	0.00	2,070,956.36
Adjustment from fair value to contract value for fully benefit responsive investment contracts	-	-	-	-	-	-	13,994.27
NET ASSETS AVAILABLE FOR BENEFITS	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 2,084,950.63

See accompanying notes to financial statements

CCC GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
Year Ended December 31, 2009 ~ Participant Directed

	PIMCO TOTAL RETURN R FUND	MFS VALUE R3 FUND	CCI MIDCAP GROWTH R3 FUND	FID ADV SMALL CAP T FUND	FRANKLIN SMALL CAP VALUE R FUND	WLS FRGO STBL RTN (GLLIARD) FUND	TOTAL RETURN (PIMCO) FUND
ADDITIONS (additions to net assets attributed to):							
Investment income:							
Net realized gain (loss) on sale of assets	$ 71,401.10	$ 24,163.87	$ 31,781.13	$ 27,709.89	$ 47,143.17	$ 1,026.80	$ (12,038.96)
Earnings:							
Loan Interest	1,307.87	312.47	139.33	135.40	329.04	1,245.97	462.68
Dividend Income	32,295.95	2,865.11	0.00	0.00	0.00		19,262.34
Other Interest	0.00	0.00	0.00	0.00	0.00	0.00	(3,997.75)
Total Earnings	33,603.82	3,177.58	139.33	135.40	329.04	1,245.97	15,727.27
Total investment income (loss)	105,004.92	27,341.45	31,920.46	27,845.29	47,472.21	2,272.77	3,688.31
Loan repayments:							
Participant loan payments	11,728.59	2,802.13	1,249.48	1,214.21	2,950.61	8,941.92	4,988.54
Total repayments	11,728.59	2,802.13	1,249.48	1,214.21	2,950.61	8,941.92	4,988.54
Contributions:							
Participants' (Employee Deferred Salary)	103,288.18	46,895.12	30,111.41	20,940.33	37,351.37	81,352.22	38,302.14
Employer's	22,970.50	8,018.44	6,337.95	4,049.28	7,688.06	22,844.51	(1,833.99)
Rollovers	31,280.05	0.00	0.00	1,820.35	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total contributions	157,538.73	54,913.56	36,449.36	26,809.96	45,039.43	104,196.73	36,468.15
TOTAL ADDITIONS:	274,272.24	85,057.14	69,619.30	55,869.46	95,462.25	115,411.42	45,145.00
DEDUCTIONS (deductions to net assets attributed to):							
Benefits paid to participants	69,122.83	17,018.07	11,721.46	3,749.35	20,497.36	2,532.36	59,442.81
Loans to participants	31,984.49	5,225.38	6,134.28	15,051.02	9,520.85	724.30	4,112.40
Administrative expenses	943.13	1,476.38	318.07	333.11	1,455.47	2.70	164.49
TOTAL DEDUCTIONS:	102,050.45	23,719.83	18,173.81	19,133.48	31,473.68	3,259.36	63,719.70
Net increase (decrease) prior to transfers	172,221.79	61,337.31	51,445.49	36,735.98	63,988.57	112,152.06	(18,574.70)
Transfers	(632,298.39)	(268,124.10)	(172,347.16)	(164,915.79)	(265,299.24)	152,394.83	1,178,312.51
Other activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NET INCREASE (DECREASE):	(460,076.60)	(206,786.79)	(120,901.67)	(128,179.81)	(201,310.67)	264,546.89	1,159,737.81
NET ASSETS AVAILABLE FOR BENEFITS:							
Beginning of year @ fair value	460,076.60	206,786.79	120,901.67	128,179.81	201,310.67	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	264,546.89	1,159,737.81
Adjustment from fair value to contract value for fully benefit responsive investment contracts	-	-	-	-	-	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 264,546.89	$ 1,159,737.81

See accompanying notes to financial statements

CCC GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
Year Ended December 31, 2009 ~ Participant Directed

	AMERCNT LIVESTRONG INCM FUND	AMERCNT LIVESTRONG 2015 FUND	AMERCNT LIVESTRONG 2020 FUND	AMERCNT LIVESTRONG 2025 FUND	AMERCNT LIVESTRONG 2030 FUND	AMERCNT LIVESTRONG 2035 FUND	AMERCNT LIVESTRONG 2040 FUND
ADDITIONS (additions to net assets attributed to):							
Investment income:							
Net realized gain (loss) on sale of assets	$ 3,597.50	$ (5.31)	$ (5,513.95)	$ 1,579.28	$ 13,712.21	$ (3.23)	$ 12,782.59
Earnings:							
Loan Interest	558.73	0.00	2,835.08	60.85	2,310.89	0.00	465.76
Dividend Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Interest	49,660.47	0.00	148,503.03	0.00	108,176.62	0.00	65,055.72
Total Earnings	50,219.20	0.00	151,338.11	60.85	110,487.51	0.00	65,521.48
Total investment income (loss)	53,816.70	(5.31)	145,824.16	1,640.13	124,199.72	(3.23)	78,304.07
Loan repayments:							
Participant loan payments	5,952.02	0.00	26,794.97	326.68	17,548.95	0.00	4,956.41
Total repayments	5,952.02	0.00	26,794.97	326.68	17,548.95	0.00	4,956.41
Contributions:							
Participants' (Employee Deferred Salary)	61,190.31	384.66	130,505.29	2,622.08	125,107.23	1,187.88	82,518.56
Employer's	(1,696.41)	0.00	(8,315.38)	0.00	(2,885.07)	0.00	(2,350.32)
Rollovers	0.00	0.00	0.00	0.00	0.00	0.00	100.50
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total contributions	59,493.90	384.66	122,189.91	2,622.08	122,222.16	1,187.88	80,268.74
TOTAL ADDITIONS:	119,262.62	379.35	294,809.04	4,588.89	263,970.83	1,184.65	163,529.22
DEDUCTIONS (deductions to net assets attributed to):							
Benefits paid to participants	36,198.07	0.00	144,246.19	0.00	22,201.73	0.00	108,652.03
Loans to participants	2,193.89	0.00	17,219.83	0.00	35,379.02	0.00	28,119.88
Administrative expenses	381.19	0.00	730.37	0.00	1,263.89	0.00	1,026.87
TOTAL DEDUCTIONS:	38,773.15	0.00	162,196.39	0.00	58,844.64	0.00	137,798.78
Net increase (decrease) prior to transfers	80,489.47	379.35	132,612.65	4,588.89	205,126.19	1,184.65	25,730.44
Transfers	1,665,413.47	0.00	4,076,990.88	63,067.76	2,338,643.15	0.00	1,236,293.95
Other activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NET INCREASE (DECREASE):	1,745,902.94	379.35	4,209,603.53	67,656.65	2,543,769.34	1,184.65	1,262,024.39
NET ASSETS AVAILABLE FOR BENEFITS:							
Beginning of year @ fair value	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	1,745,902.94	379.35	4,209,603.53	67,656.65	2,543,769.34	1,184.65	1,262,024.39
Adjustment from fair value to contract value for fully benefit responsive investment contracts	-	-	-	-	-	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,745,902.94	$ 379.35	$ 4,209,603.53	$ 67,656.65	$ 2,543,769.34	$ 1,184.65	$ 1,262,024.39

See accompanying notes to financial statements

CCC GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
Year Ended December 31, 2009 ~ Participant Directed

	AMERCNT LIVESTRONG 2045 FUND	AMERCNT LIVESTRONG 2050 FUND	MFS VALUE FUND	AIM CHARTER FUND	AMERICAN CENTURY CAP GROWTH FUND	PERKINS MID CAP VALUE	NUVEEN TRADEWINDS VALUE OPP
ADDITIONS (additions to net assets attributed to):							
Investment income:							
Net realized gain (loss) on sale of assets	$ (8.34)	$ 5,032.47	$ 4,233.19	$ 5,233.96	$ 32,576.36	$ 3,952.78	$ 3,318.19
Earnings:							
Loan Interest	0.00	166.42	97.15	98.35	389.85	176.77	177.89
Dividend Income	0.00	0.00	1,428.48	1,755.37	0.00	410.91	0.00
Other Interest	0.00	20,520.11	14,430.76	12,099.89	43,052.57	20,210.75	15,417.25
Total Earnings	0.00	20,686.53	15,956.39	13,953.61	43,442.42	20,798.43	15,595.14
Total investment income (loss)	(8.34)	25,719.00	20,189.58	19,187.57	76,018.78	24,751.21	18,913.33
Loan repayments:							
Participant loan payments	0.00	(1,759.11)	988.13	3,258.28	2,541.01	1,546.22	2,293.08
Total repayments	0.00	(1,759.11)	988.13	3,258.28	2,541.01	1,546.22	2,293.08
Contributions:							
Participants' (Employee Deferred Salary)	1,924.56	33,732.60	12,248.27	16,324.86	19,217.36	12,854.21	18,438.66
Employer's	0.00	(566.78)	(108.17)	(903.29)	(31.52)	(319.60)	(161.93)
Rollovers	0.00	0.00	100.50	0.00	0.00	150.75	0.00
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total contributions	1,924.56	33,165.82	12,240.60	15,421.57	19,185.84	12,685.36	18,276.73
TOTAL ADDITIONS:	1,916.22	57,125.71	33,418.31	37,867.42	97,745.63	38,982.79	39,483.14
DEDUCTIONS (deductions to net assets attributed to):							
Benefits paid to participants	0.00	20,957.75	234.40	4,249.69	447.02	10,217.87	406.10
Loans to participants	0.00	2,775.49	2,082.32	7,384.67	967.92	4,313.20	692.67
Administrative expenses	0.00	754.23	47.65	126.94	30.21	77.98	22.86
TOTAL DEDUCTIONS:	0.00	24,487.47	2,364.37	11,761.30	1,445.15	14,609.05	1,121.63
Net increase (decrease) prior to transfers	1,916.22	32,638.24	31,053.94	26,106.12	96,300.48	24,373.74	38,361.51
Transfers	0.00	361,521.39	270,638.75	264,703.40	694,589.47	388,135.87	262,637.31
Other activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NET INCREASE (DECREASE):	1,916.22	394,159.63	301,692.69	290,809.52	790,889.95	412,509.61	300,998.82
NET ASSETS AVAILABLE FOR BENEFITS:							
Beginning of year @ fair value	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	1,916.22	394,159.63	301,692.69	290,809.52	790,889.95	412,509.61	300,998.82
Adjustment from fair value to contract value for fully benefit responsive investment contracts	-	-	-	-	-	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,916.22	$ 394,159.63	$ 301,692.69	$ 290,809.52	$ 790,889.95	$ 412,509.61	$ 300,998.82

See accompanying notes to financial statements

CCC GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
Year Ended December 31, 2009 ~ Participant Directed

	GOLDMAN SACHS GR OPP FUND	FRANKLIN SMALL CAP VALUE FUND	NORTHERN SMALL CAP INDEX FUND	FIDELITY ADVISOR SMALL CAP FUND	AMERFUNDS EUROPACIFIC GR FUND	AMERICAN CENTURY REAL ESTATE FUND	PRUDNTL JENNSN NTRL RSRCS FUND
ADDITIONS (additions to net assets attributed to):							
Investment income:							
Net realized gain (loss) on sale of assets	$ 17,697.30	$ (7,762.01)	$ (1,277.39)	$ 1,742.58	$ (24,104.01)	$ 19,255.65	$ 6,610.88
Earnings:							
Loan Interest	85.77	216.49	129.74	156.66	469.85	132.48	17.59
Dividend Income	0.00	1,207.61	1,828.98	0.00	14,924.58	1,283.94	1,672.65
Other Interest	13,415.25	18,915.39	13,660.63	9,544.81	64,447.96	16,532.79	0.00
Total Earnings	13,501.02	20,339.49	15,619.35	9,701.47	79,842.39	17,949.21	1,690.24
Total investment income (loss)	31,198.32	12,577.48	14,341.96	11,444.05	55,738.38	37,204.86	8,301.12
Loan repayments:							
Participant loan payments	(1,174.22)	1,694.48	23.43	1,152.96	273.51	899.49	94.88
Total repayments	(1,174.22)	1,694.48	23.43	1,152.96	273.51	899.49	94.88
Contributions:							
Participants' (Employee Deferred Salary)	13,176.50	10,075.71	9,931.36	4,658.13	38,051.56	8,566.46	2,758.19
Employer's	(171.73)	(149.90)	0.00	0.00	(1,298.23)	(301.26)	0.00
Rollovers	0.00	201.00	100.50	0.00	201.00	150.75	0.00
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total contributions	13,004.77	10,126.81	10,031.86	4,658.13	36,954.33	8,415.95	2,758.19
TOTAL ADDITIONS:	43,028.87	24,398.77	24,397.25	17,255.14	92,966.22	46,520.30	11,154.19
DEDUCTIONS (deductions to net assets attributed to):							
Benefits paid to participants	146.05	5,989.65	868.96	0.00	11,131.05	319.42	0.00
Loans to participants	191.53	721.18	961.24	50.69	3,144.94	1,000.78	0.00
Administrative expenses	31.22	34.15	25.80	6.26	96.00	31.99	0.00
TOTAL DEDUCTIONS:	368.80	6,744.98	1,856.00	56.95	14,371.99	1,352.19	0.00
Net increase (decrease) prior to transfers	42,660.07	17,653.79	22,541.25	17,198.19	78,594.23	45,168.11	11,154.19
Transfers	292,300.01	258,435.14	189,563.70	161,675.07	962,421.72	256,780.36	129,864.68
Other activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NET INCREASE (DECREASE):	334,960.08	276,088.93	212,104.95	178,873.26	1,041,015.95	301,948.47	141,018.87
NET ASSETS AVAILABLE FOR BENEFITS:							
Beginning of year @ fair value	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	334,960.08	276,088.93	212,104.95	178,873.26	1,041,015.95	301,948.47	141,018.87
Adjustment from fair value to contract value for fully benefit responsive investment contracts	-	-	-	-	-	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 334,960.08	$ 276,088.93	$ 212,104.95	$ 178,873.26	$ 1,041,015.95	$ 301,948.47	$ 141,018.87

See accompanying notes to financial statements

CCC GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
Year Ended December 31, 2009 ~ Participant Directed

	PARTICIPANT NOTES	OTHER	TOTAL
ADDITIONS (additions to net assets attributed to):			
Investment income:			
Net realized gain (loss) on sale of assets	$ 0.00	$ 0.00	$ 2,562,904.37
Earnings:			
Loan Interest	0.00	0.00	36,758.73
Dividend Income	0.00	0.00	82,561.25
Other Interest	0.00	0.00	629,646.25
Total Earnings	0.00	0.00	748,966.23
Total investment income (loss)	0.00	0.00	3,311,870.60
Loan repayments:			
Participant loan payments	(319,018.63)	0.00	0.00
Total repayments	(319,018.63)	0.00	0.00
Contributions:			
Participants' (Employee Deferred Salary)	0.00	245.00	3,014,578.72
Employer's	0.00	(416,230.62)	88,749.94
Rollovers	0.00	0.00	76,894.74
Other	(32,771.48)	1,750.83	(31,020.65)
Total contributions	(32,771.48)	(414,234.79)	3,149,202.75
TOTAL ADDITIONS:	(351,790.11)	(414,234.79)	6,461,073.35
DEDUCTIONS (deductions to net assets attributed to):			
Benefits paid to participants	0.00	110,524.44	2,088,706.21
Loans to participants	(526,820.03)	0.00	0.00
Administrative expenses	0.00	0.00	21,127.81
TOTAL DEDUCTIONS:	(526,820.03)	110,524.44	2,109,834.02
Net increase (decrease) prior to transfers	175,029.92	(524,759.23)	4,351,239.33
Transfers	0.00	0.00	1,687.41
Other activities	0.00	0.00	0.00
NET INCREASE (DECREASE):	175,029.92	(524,759.23)	4,352,926.74
NET ASSETS AVAILABLE FOR BENEFITS:			
Beginning of year @ fair value	551,678.04	137,592.07	14,291,362.92
	726,707.96	(387,167.16)	18,644,289.66
Adjustment from fair value to contract value for fully benefit responsive investment contracts	-	-	13,994.27
NET ASSETS AVAILABLE FOR BENEFITS	$ 726,707.96	$ (387,167.16)	$ 18,658,283.93

See accompanying notes to financial statements

CCC GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
Year Ended December 31, 2008 ~ Participant Directed

	MFS STABLE VALUE FUND	PIMCO TOTAL REFUND R FUND	HQ INTER-TERM BOND R3 FUND	LIFETIME STRATEGIC INC R3 FUND	LIFETIME 2010 R3 FUND	LIFETIME 2020 R3 FUND	LIFETIME 2030 R2 FUND
ADDITIONS (additions to net assets attributed to):							
Investment income:							
Net realized gain (loss) on sale of assets	$ 78,006.66	$ 2,967.59	$ (15,397.80)	$ (34,640.55)	$ (758,612.52)	$ (1,784,415.04)	$ (526.09)
Earnings (dividends & loan Interest)	0.00	8,726.77	0.00	2,191.62	52,540.37	90,125.42	0.00
Total investment income (loss)	78,006.66	11,694.36	(15,397.80)	(32,448.93)	(706,072.15)	(1,694,289.62)	(526.09)
Loan repayments:							
Participant loan payments	23,754.32	7,233.65	3,175.35	3,011.22	19,518.13	80,165.04	0.00
Total repayments	23,754.32	7,233.65	3,175.35	3,011.22	19,518.13	80,165.04	0.00
Contributions:							
Participants'	346,522.62	40,893.47	34,405.62	9,671.91	378,648.09	804,230.90	0.00
Employer's	65,644.06	18,905.34	0.00	(14,343.82)	71,642.81	168,210.07	0.00
Rollovers	95,211.06	579.39	55,735.01	0.00	0.00	42,799.10	0.00
Total contributions	507,377.74	60,378.20	90,140.63	(4,671.91)	450,290.90	1,015,240.07	0.00
TOTAL ADDITIONS:	609,138.72	79,306.21	77,918.18	(34,109.62)	(236,263.12)	(598,884.51)	(526.09)
DEDUCTIONS (deductions to net assets attributed to):							
Benefits paid to participants	100,428.67	40,868.04	2,884.06	31,495.96	181,146.84	308,938.15	0.00
Loans to participants	73,255.41	13,691.71	8,339.29	1,291.55	29,767.47	68,565.70	0.00
Administrative expenses	370.09	135.39	169.78	41.97	564.51	1,731.78	0.00
TOTAL DEDUCTIONS:	174,054.17	54,695.14	11,393.13	32,829.48	211,478.82	379,235.63	0.00
Net increase (decrease) prior to transfers	435,084.55	24,611.07	66,525.05	(66,939.10)	(447,741.94)	(978,120.14)	(526.09)
Transfers	1,523,595.82	435,465.53	(338,297.74)	(80,017.87)	(334,050.49)	(556,496.04)	(11,846.06)
Other activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NET INCREASE (DECREASE):	1,958,680.37	460,076.60	(271,772.69)	(146,956.97)	(781,792.43)	(1,534,616.18)	(12,372.15)
NET ASSETS AVAILABLE FOR BENEFITS:							
Beginning of year @ fair value	897,423.30	0.00	271,772.69	191,815.78	2,299,503.90	4,865,989.44	12,372.15
End of year @ fair value	2,856,103.67	460,076.60	0.00	44,858.81	1,517,711.47	3,331,373.26	0.00
Adjustment from fair value to contract value for fully benefit responsive investment contracts	(133,342.67)	-	-	-	-	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,722,761.00	$ 460,076.60	$ 0.00	$ 44,858.81	$ 1,517,711.47	$ 3,331,373.26	$ 0.00

CCC GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
Year Ended December 31, 2008 ~ Participant Directed

	LIFETIME 2030 R3 FUND	LIFETIME 2040 R3 FUND	LIFETIME 2050 R3 FUND	ACIM-LARGE CAP GROWTH II R3 FUND	ACIM-LARGE CAP VALUE II R3 FUND	MFS VALUE R3 FUND	S & P 500 INDEX R3 FUND
ADDITIONS (additions to net assets attributed to):							
Investment income:							
Net realized gain (loss) on sale of assets	$ (937,389.06)	$ (436,339.86)	$ (170,453.51)	$ (186,344.69)	$ (41,229.26)	$ (73,045.36)	$ (89,733.39)
Earnings (dividends & loan Interest)	37,998.69	13,933.88	4,760.34	0.00	0.00	2,383.91	3,369.65
Total investment income (loss)	(899,390.37)	(422,405.98)	(165,693.17)	(186,344.69)	(41,229.26)	(70,661.45)	(86,363.74)
Loan repayments:							
Participant loan payments	94,466.02	25,380.48	7,544.40	5,113.95	2,909.12	2,206.97	5,457.76
Total repayments	94,466.02	25,380.48	7,544.40	5,113.95	2,909.12	2,206.97	5,457.76
Contributions:							
Participants'	557,677.06	322,277.85	158,649.29	82,146.72	36,319.98	25,815.83	67,329.04
Employer's	109,848.53	60,944.26	25,445.41	17,605.50	0.00	17,948.97	13,802.95
Rollovers	24,748.19	5,233.23	0.00	20,337.30	3,122.49	0.00	15,150.21
Total contributions	692,273.78	388,455.34	184,094.70	120,089.52	39,442.47	43,764.80	96,282.20
TOTAL ADDITIONS:	(112,650.57)	(8,570.16)	25,945.93	(61,141.22)	1,122.33	(24,689.68)	15,376.22
DEDUCTIONS (deductions to net assets attributed to):							
Benefits paid to participants	106,615.78	121,895.41	31,995.18	15,895.88	2,282.83	14,201.37	8,100.24
Loans to participants	91,013.86	35,145.97	5,928.71	8,294.62	2,887.13	3,050.78	5,668.49
Administrative expenses	2,455.33	1,168.81	168.75	106.70	57.78	53.38	112.32
TOTAL DEDUCTIONS:	200,084.97	158,210.19	38,092.64	24,297.20	5,227.74	17,305.53	13,881.05
Net increase (decrease) prior to transfers	(312,735.54)	(166,780.35)	(12,146.71)	(85,438.42)	(4,105.41)	(41,995.21)	1,495.17
Transfers	(276,539.37)	(160,905.68)	(108,541.76)	203,488.81	(260,615.94)	248,782.00	(41,919.21)
Other activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NET INCREASE (DECREASE):	(589,274.91)	(327,686.03)	(120,688.47)	118,050.39	(264,721.35)	206,786.79	(40,424.04)
NET ASSETS AVAILABLE FOR BENEFITS:							
Beginning of year @ fair value	2,303,261.24	1,066,001.53	400,204.12	278,295.84	264,721.35	0.00	208,060.51
End of year @ fair value	1,713,986.33	738,315.50	279,515.65	396,346.23	0.00	206,786.79	167,636.47
Adjustment from fair value to contract value for fully benefit responsive investment contracts	-	-	-	-	-	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,713,986.33	$ 738,315.50	$ 279,515.65	$ 396,346.23	$ 0.00	$ 206,786.79	$ 167,636.47

See accompanying notes to financial statements

CCC GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
Year Ended December 31, 2008 ~ Participant Directed

	CCI MIDCAP GROWTH R3 FUND	FID ADV SMALL CAP T FUND	FRANKLIN SMALL CAP VALUE R FUND	GS/LACM MIDCAP VALUE I R3 FUND	JLMS MIDCAP GROWTH II R3 FUND	JP MORGAN SMALL CAP VALUE I R3 FUND	MIDCAP BLEND R3 FUND
ADDITIONS (additions to net assets attributed to):							
Investment income:							
Net realized gain (loss) on sale of assets	$ (74,089.95)	$ (32,309.15)	$ (89,188.71)	$ (153,175.75)	$ (17,200.89)	$ (29,081.14)	$ (90,502.44)
Earnings (dividends & loan Interest)	0.00	0.00	1,822.02	2,072.49	0.00	0.00	0.00
Total investment income (loss)	(74,089.95)	(32,309.15)	(87,366.69)	(151,103.26)	(17,200.89)	(29,081.14)	(90,502.44)
Loan repayments:							
Participant loan payments	1,130.43	301.62	2,061.86	4,150.59	2,565.02	3,930.95	2,394.13
Total repayments	1,130.43	301.62	2,061.86	4,150.59	2,565.02	3,930.95	2,394.13
Contributions:							
Participants'	13,661.87	11,770.39	22,458.60	91,733.53	21,002.60	40,382.17	66,367.50
Employer's	7,558.07	4,727.60	12,591.09	17,680.25	0.00	0.00	12,006.93
Rollovers	0.00	0.00	0.00	3,122.49	21,062.86	3,122.49	12,357.56
Total contributions	21,219.94	16,497.99	35,049.69	112,536.27	42,065.46	43,504.66	90,731.99
TOTAL ADDITIONS:	(51,739.58)	(15,509.54)	(50,255.14)	(34,416.40)	27,429.59	18,354.47	2,623.68
DEDUCTIONS (deductions to net assets attributed to):							
Benefits paid to participants	10,849.27	4,989.48	13,025.92	11,223.21	484.98	54.83	8,768.63
Loans to participants	786.39	63.56	876.81	558.02	2,886.04	4,926.02	3,907.29
Administrative expenses	20.63	6.15	63.77	57.93	27.03	58.96	69.66
TOTAL DEDUCTIONS:	11,656.29	5,059.19	13,966.50	11,839.16	3,398.05	5,039.81	12,745.58
Net increase (decrease) prior to transfers	(63,395.87)	(20,568.73)	(64,221.64)	(46,255.56)	24,031.54	13,314.66	(10,121.90)
Transfers	184,297.54	148,748.54	265,532.31	(109,249.31)	(173,389.44)	(311,885.72)	(57,581.49)
Other activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NET INCREASE (DECREASE):	120,901.67	128,179.81	201,310.67	(155,504.87)	(149,357.90)	(298,571.06)	(67,703.39)
NET ASSETS AVAILABLE FOR BENEFITS:							
Beginning of year @ fair value	0.00	0.00	0.00	432,964.82	149,357.90	298,571.06	252,034.40
End of year @ fair value	120,901.67	128,179.81	201,310.67	277,459.95	0.00	0.00	184,331.01
Adjustment from fair value to contract value for fully benefit responsive investment contracts	-	-	-	-	-	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 120,901.67	$ 128,179.81	$ 201,310.67	$ 277,459.95	$ 0.00	$ 0.00	$ 184,331.01

See accompanying notes to financial statements

CCC GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
Year Ended December 31, 2008 ~ Participant Directed

	S & P 600 INDEX R3 FUND	REAL ESTATE SECURITIES R3 FUND	UBS SMALL CAP GROWTH II R3 FUND	FIDELITY INTERNATIONAL I R3 FUND	PARTICIPANT NOTES	OTHER	TOTAL
ADDITIONS (additions to net assets attributed to):							
Investment income:							
Net realized gain (loss) on sale of assets	$ (58,790.12)	$ (108,378.41)	$ (12,302.78)	$ (466,331.67)	$ 0.00	$ 0.00	$ (5,578,503.89)
Earnings (dividends & loan Interest)	1,478.26	5,564.27	0.00	14,566.85	41,109.43	0.00	282,643.97
Total investment income (loss)	(57,311.86)	(102,814.14)	(12,302.78)	(451,764.82)	41,109.43	0.00	(5,295,859.92)
Loan repayments:							
Participant loan payments	2,800.89	6,104.33	143.77	15,423.39	(320,943.39)	0.00	0.00
Total repayments	2,800.89	6,104.33	143.77	15,423.39	(320,943.39)	0.00	0.00
Contributions:							
Participants'	44,779.89	51,404.73	12,500.63	245,675.55	0.00	0.00	3,486,325.84
Employer's	7,571.62	9,643.31	0.00	52,570.85	0.00	(176,774.17)	503,229.63
Rollovers	15,271.99	5,233.23	2,188.90	9,061.62	0.00	0.00	334,337.12
Total contributions	67,623.50	66,281.27	14,689.53	307,308.02	0.00	(176,774.17)	4,323,892.59
TOTAL ADDITIONS:	13,112.53	(30,428.54)	2,530.52	(129,033.41)	(279,833.96)	(176,774.17)	(971,967.33)
DEDUCTIONS (deductions to net assets attributed to):							
Benefits paid to participants	5,973.13	7,202.99	739.41	40,575.91	89,384.84	111,361.11	1,271,382.12
Loans to participants	3,629.44	2,597.82	112.50	18,135.66	(385,380.24)	0.00	0.00
Administrative expenses	39.97	102.12	2.90	409.29	0.00	0.00	7,995.00
TOTAL DEDUCTIONS:	9,642.54	9,902.93	854.81	59,120.86	(295,995.40)	111,361.11	1,279,377.12
Net increase (decrease) prior to transfers	3,469.99	(40,331.47)	1,675.71	(188,154.27)	16,161.44	(288,135.28)	(2,251,344.45)
Transfers	22,517.85	(57,662.33)	(110,838.53)	(42,591.42)	0.00	0.00	0.00
Other activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NET INCREASE (DECREASE):	25,987.84	(97,993.80)	(109,162.82)	(230,745.69)	16,161.44	(288,135.28)	(2,251,344.45)
NET ASSETS AVAILABLE FOR BENEFITS:							
Beginning of year @ fair value	114,574.54	303,168.22	109,162.82	862,207.81	535,516.60	425,727.35	16,542,707.37
End of year @ fair value	140,562.38	205,174.42	0.00	631,462.12	551,678.04	137,592.07	14,291,362.92
Adjustment from fair value to contract value for fully benefit responsive investment contracts	-	-	-	-	-	-	(133,342.67)
NET ASSETS AVAILABLE FOR BENEFITS	$ 140,562.38	$ 205,174.42	$ 0.00	$ 631,462.12	$ 551,678.04	$ 137,592.07	$ 14,158,020.25

See accompanying notes to financial statements

NOTE A - DESCRIPTION OF PLAN

The following description of the CCC Group, Inc. ("Company") 401 (K) Retirement Savings Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan covering all full-time employees of the Company immediately upon employment. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan was established in 1996.

Contributions. Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may make contributions, at its own discretion, and at the option of the Company's board of directors. Contributions are subject to certain limitations.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of the Company's contribution. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service.

Investment Options. Upon enrollment in the Plan, a participant may direct employee contributions in the following investment options:

Investment opportunities in 2008 thru September 2009:

Principal Global Investors – LifeTime Strategic Income R3 Fund – The investment seeks current income and, as a secondary objective, capital appreciation. The fund invests in underlying fixed-income funds, but also invests in underlying equity and hybrid funds according to an asset allocation strategy designed for investors seeking current income from their investment. It invests most of the assets in underlying funds which are intended primarily to give the fund broad exposure to income-producing securities through their investments in fixed income securities, "hybrid" securities and dividend generating domestic and foreign stocks.

Principal Global Investors – LifeTime 2010 R3 Fund – The investment seeks a total return consisting of long-term growth of capital and current income. The fund invests in underlying Principal domestic and foreign equity, hybrid, and fixed-income funds according to an asset allocation strategy designed for investors having an investment time horizon comparable to that of the fund. It allocates the assets more conservatively over time. The fund may invest in any of the Institutional class shares of the equity funds or fixed-income funds of Principal Funds, at the sub-advisors discretion.

Principal Global Investors – LifeTime 2020 R3 Fund – The investment seeks a total return consisting of long-term growth of capital and current income. The fund invests in underlying Principal domestic and foreign equity, hybrid, and fixed-income funds according to an asset allocation strategy designed for investors having an investment time horizon comparable to that of the fund. It allocates the assets more conservatively over time. The fund may invest in any of the Institutional Class shares of the equity funds or fixed-income funds of Principal Funds, at the sub-advisors discretion.

Principal Global Investors – LifeTime 2030 R3 Fund – The investment seeks a total return consisting of long-term

growth of capital and current income. The fund invests in underlying Principal domestic and foreign equity, hybrid, and fixed-income funds according to an asset allocation strategy designed for investors having an investment time horizon comparable to that of the fund. It allocates the assets more conservatively over time. The fund may invest in any of the Institutional Class shares of the equity funds or fixed-income funds of Principal Funds, at the sub-advisors discretion.

Principal Global Investors – LifeTime 2040 R3 Fund – The investment seeks a total return consisting of long-term growth of capital and current income. The fund invests in underlying Principal domestic and foreign equity, hybrid, and fixed-income funds according to an asset allocation strategy designed for investors having an investment time horizon comparable to that of the fund. It allocates the assets more conservatively over time. The fund may invest in any of the Institutional Class shares of the equity funds or fixed-income funds of Principal Funds, at the sub-advisors discretion.

Principal Global Investors – LifeTime 2050 R3 Fund – The investment seeks a total return consisting of long-term growth of capital and current income. The fund invests in underlying Principal domestic and foreign equity, hybrid, and fixed-income funds according to an asset allocation strategy designed for investors having an investment time horizon comparable to that of the fund. It allocates the assets more conservatively over time. The fund may invest in any of the Institutional Class shares of the equity funds or fixed-income funds of Principal Funds, at the sub-advisors discretion.

American Century Investments – Large Cap Growth II R3 Fund – The investment seeks long-term growth of capital. The fund normally invests at least 80% of net assets in equity securities of companies with large market capitalizations (those with market capitalizations similar to companies in the Russell 1000 Growth index) at the time of purchase. It selects stocks of larger-sized companies it believes will increase in value over time using a growth investment strategy it developed.

Principal Global Investors – Large Cap S&P 500 Index R3 Fund – The investment seeks long-term growth of capital. The fund invests at least 80% of net assets in common stocks of companies that compose the S&P 500 index. As of the most recent calendar year end, the market capitalization range of the index was between approximately $0.5 billion and $406.1 billion.

GS/LACM – MidCap Value I R3 Fund – The investment seeks long term growth of capital. The fund invests at least 80% of assets in a diversified portfolio of equity investments in midcap issuers with a medium market capitalization (those with market capitalizations similar to companies in the Russell MidCap Value index) at the time of purchase. It may invest up to 25% of net assets in securities of foreign companies, including securities of issuers in emerging countries and securities quoted in foreign currencies.

Principal Global Investors – MidCap Blend R3 Fund – The investment seeks long-term growth of capital. The fund invests primarily in common stocks and other equity securities of medium-capitalization companies. It normally invests at least 80% of assets in companies with market capitalizations similar to those of companies in the RussellMidcap index. Management's security selection is based on stocks with value and/or growth characteristics, and management constructs an investment portfolio that has a "blend" of stocks with these characteristics. It may invest up to 25% of assets in foreign securities.

Principal Real Estate Investors – Real Estate Securities R3 Fund – The investment seeks to generate a total return. The fund normally invests at least 80% of the net assets (plus any borrowings for investment purposes) in equity securities of companies principally engaged in the real estate industry, which include real estate investment trusts and companies with substantial real estate holdings such as paper, lumber, hotel and entertainment companies. It is nondiversified.

Fidelity – International I R3 Fund – The investment seeks long-term growth of capital. The fund normally invests the fund's assets primarily in non-U.S. securities. Pyramis normally invests the fund's assets primarily in common stocks of companies with large market capitalizations (those with market capitalizations similar to companies in the MSCI - EAFE index NDTR D) at the time of purchase. It normally diversifies the investments across different countries and regions.

Principal Global Investors – Small Cap S&P 600 Index R3 Fund – The investment seeks long-term growth of capital. The fund normally invests at least 80% of the assets in common stocks of companies that compose the Standard & Poor's ("S&P") SmallCap 600 index. It attempts to mirror the investment performance of the index by allocating the fund's assets in approximately the same weightings as the S&P SmallCap 600 index. The S&P SmallCap 600 is an unmanaged index of 600 domestic stocks chosen for market size, liquidity and industry group representation. It is unlikely that a perfect correlation of 1.00 will be achieved.

Morley Financial Services – Stable Value Fund – The investment seeks current income by investing primarily in insurance contracts issued by insurance companies, and investments from other financial institutions which offer stability of principal.

PIMCO Total Return R Fund – The investment seeks maximum total return. The fund normally invests at least 65% of assets in a diversified portfolio of Fixed-Income Instruments of varying maturities, which may be represented by forwards or derivatives such as options, futures contracts, or swap agreements. It invests primarily in investment-grade debt securities, but may invest up to 10% of total assets in high-yield securities ("junk bonds"). The fund may invest all assets in derivative instruments, such as options, futures contracts or swap agreements, or in mortgage- or asset-backed securities.

MFS Value R3 Fund – The investment seeks capital appreciation. The fund invests primarily in the stock of companies that it believes are undervalued compared to their perceived worth (value companies). While the fund may invest in companies of any size, it generally focuses on companies with large capitalizations. The fund may invest in foreign securities and derivatives.

CCI – MidCap Growth R3 Fund – The investment seeks long-term growth of capital. The fund invests primarily in common stocks of medium-capitalization companies with strong earnings growth potential. It normally invests at least 80% of assets in common stocks of companies with medium market capitalizations (those with market capitalizations similar to companies in the Russell Midcap Growth index) at the time of purchase.

Fidelity Advisor Small Cap T Fund – The investment seeks long-term growth of capital. The fund normally invests at least 80% of assets in equity securities issued by companies with small market capitalizations. These companies generally have market capitalizations that fall within the range of the Russell 2000 index or the Standard & Poor's SmallCap 600 index. It invests primarily in common stocks. The fund may invest in domestic and foreign issuers, as well as growth stocks, value stocks, or both.

Franklin Small Cap Value R Fund – The investment seeks long-term total return. The fund normally invests at least 80% of net assets in small capitalization companies with market capitalizations under $3.5 billion at the time of purchase. It generally invests in equity securities believed to be undervalued and have the potential for capital appreciation. The fund may invest up to 25% of total assets in foreign securities.

Investment opportunities as of October 2009:

Wells Fargo Stable Return (Galliard) R1 – Wells Fargo Stable Return (Galliard) seeks safety of principal and consistency of returns with minimal volatility. The underlying investment of the separate investment account (“SIA”) is the Wells Fargo Stable Return Fund (“Wells”), subadvised by Galliard Capital Management, Inc. (“Galliard”). The

underlying investment of this separate investment account is the Wells Fargo Stable Return Fund, a collective investment trust ("the Trust"), and advised by Galliard. Wells invests in financial instruments issued by highly rated companies. These include guaranteed investment contracts (GICs), security backed contracts (synthetic GICs) and cash equivalents. The weighted average quality of the portfolio is maintained at "AA" or better. This investment option would typically be a choice of conservative plan participants seeking more income than money market funds without the price fluctuation of stock or bond funds.

PIMCO Total Return Fund – The investment seeks maximum total return. The fund normally invests at least 65% of assets in a diversified portfolio of Fixed-Income Instruments of varying maturities, which may be represented by forwards or derivatives such as options, futures contracts, or swap agreements. It invests primarily in investment-grade debt securities, but may invest up to 10% of total assets in high-yield securities ("junk bonds"). The fund may invest all assets in derivative instruments, such as options, futures contracts or swap agreements, or in mortgage- or asset-backed securities.

American Century LIVESTRONG Income Portfolio Fund – The investment seeks current income; capital appreciation is a secondary objective. The fund invests in other American Century mutual funds that represent a variety of asset classes and investment styles. The target asset mix for Livestrong Income Portfolio is expected to remain fixed over time. For each fund with a target year, the target asset mix may be adjusted annually in a step-like fashion. In general, as the target year approaches, the allocation to stocks may decrease and the allocation to bonds and money market instruments may increase.

American Century LIVESTRONG 2015 Portfolio Fund – The investment seeks the highest total return (capital appreciation plus dividend and interest income) consistent with its asset mix. The fund invests in other American Century mutual funds that represent a variety of asset classes and investment styles. The target date in the fund name refers to the approximate year an investor plans to retire and stop making new investments in the fund. The fund's target asset mix will be adjusted annually in a step-like fashion. As the target year approaches, the fund's asset mix will become more conservative by decreasing the allocation to stocks and increasing the allocation to bonds and cash.

American Century LIVESTRONG 2020 Portfolio Fund – The investment seeks the highest total return (capital appreciation plus dividend and interest income) consistent with its asset mix. The fund invests in other American Century mutual funds that represent a variety of asset classes and investment styles. The target date in the fund name refers to the approximate year an investor plans to retire and stop making new investments in the fund. The fund's target asset mix will be adjusted annually in a step-like fashion. As the target year approaches, the fund's asset mix will become more conservative by decreasing the allocation to stocks and increasing the allocation to bonds and cash.

American Century LIVESTRONG 2025 Portfolio Fund – The investment seeks the highest total return (capital appreciation plus dividend and interest income) consistent with its asset mix. The fund invests in other American Century mutual funds that represent a variety of asset classes and investment styles. The target date in the fund name refers to the approximate year an investor plans to retire and stop making new investments in the fund. The fund's target asset mix will be adjusted annually in a step-like fashion. As the target year approaches, the fund's asset mix will become more conservative by decreasing the allocation to stocks and increasing the allocation to bonds and cash.

American Century LIVESTRONG 2030 Portfolio Fund – The investment seeks the highest total return (capital appreciation plus dividend and interest income) consistent with its asset mix. The fund invests in other American Century mutual funds that represent a variety of asset classes and investment styles. The target date in the fund name refers to the approximate year an investor plans to retire and stop making new investments in the fund. The fund's target asset mix will be adjusted annually in a step-like fashion. As the target year approaches, the fund's

asset mix will become more conservative by decreasing the allocation to stocks and increasing the allocation to bonds and cash.

American Century LIVESTRONG 2035 Portfolio Fund – The investment seeks the highest total return (capital appreciation plus dividend and interest income) consistent with its asset mix. The fund invests in other American Century mutual funds that represent a variety of asset classes and investment styles. The target date in the fund name refers to the approximate year an investor plans to retire and stop making new investments in the fund. The fund's target asset mix will be adjusted annually in a step-like fashion. As the target year approaches, the fund's asset mix will become more conservative by decreasing the allocation to stocks and increasing the allocation to bonds and cash.

American Century LIVESTRONG 2040 Portfolio Fund – The investment seeks the highest total return (capital appreciation plus dividend and interest income) consistent with its asset mix. The fund invests in other American Century mutual funds that represent a variety of asset classes and investment styles. The target date in the fund name refers to the approximate year an investor plans to retire and stop making new investments in the fund. The fund's target asset mix will be adjusted annually in a step-like fashion. As the target year approaches, the fund's asset mix will become more conservative by decreasing the allocation to stocks and increasing the allocation to bonds and cash.

American Century LIVESTRONG 2045 Portfolio Fund – The investment seeks the highest total return (capital appreciation plus dividend and interest income) consistent with its asset mix. The fund invests in other American Century mutual funds that represent a variety of asset classes and investment styles. The target date in the fund name refers to the approximate year an investor plans to retire and stop making new investments in the fund. The fund's target asset mix will be adjusted annually in a step-like fashion. As the target year approaches, the fund's asset mix will become more conservative by decreasing the allocation to stocks and increasing the allocation to bonds and cash.

American Century LIVESTRONG 2050 Portfolio Fund – The investment seeks the highest total return (capital appreciation plus dividend and interest income) consistent with its asset mix. The fund invests in other American Century mutual funds that represent a variety of asset classes and investment styles. The target date in the fund name refers to the approximate year an investor plans to retire and stop making new investments in the fund. The fund's target asset mix will be adjusted annually in a step-like fashion. As the target year approaches, the fund's asset mix will become more conservative by decreasing the allocation to stocks and increasing the allocation to bonds and cash.

MFS Value Fund – The investment seeks capital appreciation. The fund invests primarily in the stock of companies that it believes are undervalued compared to their perceived worth (value companies). While the fund may invest in companies of any size, it generally focuses on companies with large capitalizations. The fund may invest in foreign securities and derivatives.

Aim Charter Fund – The investment seeks growth of capital. The fund invests at least 65% of assets in securities of established companies that have long-term, above-average growth in earnings and growth companies that the portfolio managers believe have the potential for above-average growth in earnings. It may invest up to 25% of total assets in foreign securities.

American Century Capital Growth Fund – The investment seeks long-term capital growth. The fund looks for common stocks of growing companies. It's investment strategy is based on the belief that, over the long term, stocks of companies with accelerating earnings and revenue growth have a greater-than-average chance to increase in value. Most of the assets will be invested in U.S. companies, however, there is no limit on the amount of assets the funds can invest in foreign companies.

Perkins Mid Cap Value Fund – The investment seeks capital appreciation. The fund primarily invests in the common stocks of mid-sized companies whose stock prices the portfolio managers believe to be undervalued. It normally invests at least 80% of assets in equity securities of companies whose market capitalization falls, at the time of purchase, within the 12-month average of the capitalization range of the Russell Midcap Value index. The fund may also lend portfolio securities on a short-term or long-term basis, up to one-third of total assets and may invest its assets in derivatives.

Nuveen Tradewinds Value Opportunities Fund – The investment seeks long-term capital appreciation. The fund invests at least 80% of assets in equity securities of companies with varying market capitalizations, and may include small-, mid-, and large-capitalization companies. Eligible equity securities include convertible securities. The fund invests primarily in equity securities of companies domiciled in the United States, but may invest up to 35% of assets in U.S dollar denominated equity securities of foreign companies, including up to 10% of the funds assets invested in equity securities of companies domiciled in emerging-markets.

Goldman Sachs Growth Opportunities Fund – The investment seeks long-term growth of capital. The fund normally invests at least 90% of assets in equity securities with a primary focus on mid-cap companies. It primarily invests in publicly traded U.S. securities. The fund may also invest up to 25% of assets in foreign securities, including securities of issuers in emerging countries and securities quoted in foreign currencies.

Franklin Small Cap Value Fund – The investment seeks long-term total return. The fund normally invests at least 80% of net assets in small capitalization companies with market capitalizations under $3.5 billion at the time of purchase. It generally invests in equity securities believed to be undervalued and have the potential for capital appreciation. The fund may invest up to 25% of total assets in foreign securities.

Northern Small Cap Index Fund – The investment seeks to provide investment results approximating the aggregate price and dividend performance of the securities included in the Russell 2000 index. The fund typically invests at least 80% of total assets in the securities included in the Russell 2000 index, in weightings that approximate the relative composition of the securities contained in the index.

Fidelity Advisor Small Cap Fund – The investment seeks long-term growth of capital. The fund normally invests at least 80% of assets in equity securities issued by companies with small market capitalizations. These companies generally have market capitalizations that fall within the range of the Russell 2000 index or the Standard & Poor's SmallCap 600 index. It invests primarily in common stocks. The fund may invest in domestic and foreign issuers, as well as growth stocks, value stocks, or both.

American Funds EuroPacific Growth Fund – The fund normally invests at least 80% of net assets in securities of issuers in Europe and the Pacific Basin that the investment adviser believes have the potential for growth. Growth stocks are stocks that the investment adviser believes have the potential for above-average capital appreciation.

American Century Real Estate Fund – The investment seeks high total investment return through a combination of capital appreciation and current income. The fund invests at least 80% of assets in equities securities issued by real estate investment trusts and companies engaged in the real estate industry. It is nondiversified.

Jennison Natural Resources Fund, Inc. – The investment seeks long-term growth of capital. The fund normally invests at least 80% of assets in equity securities of natural resource companies and in asset-based securities. Natural resource companies are U.S. and foreign (non-U.S. based) companies that own, explore, mine, process or otherwise develop, or provide goods and services with respect to, natural resources. Asset-based securities are securities, the values of which are related to the market value of a natural resource. The principal type of equity and equity-related security in which the Fund invests is common stock. The fund is nondiversified.

Participants may change their investment options for future contributions at any time. They may change investment options of existing balances at any time. However, when transferring existing balances from one investment to another, restrictions on transfer frequency may apply.

Participant Notes Receivable. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. Loan terms range from 1-5 years or up to 10 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account. The rate of interest will be one percent (1%) above the prime commercial lending rate as quoted in The Wall Street Journal on the day in which the loan is actually made. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits. On termination of service due to death, disability, or normal or early retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Also, participants age 59 ½ and still working may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Forfeited Accounts. During 2009 and 2008, forfeited non-vested accounts totaled $22,844.51 and $23,840.72, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

New Accounting Guidance

The financial statements reflect the requirements of *Fair Value Measurements and Disclosures of the Accounting Standards Codification* (ASC). ASC applies to all financial instruments and all nonfinancial assets and nonfinancial liabilities that are being measured and reported on a fair value basis. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ACS also establishes a fair value hierarchy that prioritizes the inputs used in valuation methodologies into the following three levels.

- Level 1 inputs-Unadjusted quoted prices in active markets for identical assets or liabilities.

- Level 2 inputs-Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, or other inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.

- Level 3 inputs-Unobservable inputs that are supported by little or no maket activity and that are significant to the fair value of the assets or liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or other valuation techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

As required by ACS, at December 31, 2009, the Plan's portfolio investments were classified as follows, based on fair values:

	Total Fair Value Measurement at December 31, 2009	Level 1	Level 2
MFS Stable Value Fund	$ 2,070,956.36	$ 0.00	$2,070,956.36
All other investment portfolio	16,960,500.46	16,695,953.57	264,546.89
Total portfolio investments	$19,031,456.82	$16,695,953.57	$2,335,503.25

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation

The Plan's investments, except the MFS Stable Value Fund and Wells Fargo Stable Return Fund, are stated at fair value. Shares of investment portfolios are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. The beginning of the year fair value of the Morley Financial Services Stable Fund is $2,722,761.00. This fair value is 95.331131% of the contract value which is $2,856,103.67. The end of the year fair value of the Morley Financial Services Stable Fund is $2,070,956.36. This fair value is 99.329% of the year end contract value which is $2,084,950.63.

Payment of Benefits and Refunds

Benefits and refunds are recorded when paid.

Administrative Expenses

Substantially, all administrative expenses are paid by the Company.

NOTE C – INVESTMENT CONTRACT WITH TRUST COMPANY

The Plan has a fully benefit responsive investment contract with Union Bond and Trust Company (Union), MFS Stable Value Fund. Union maintains the contributions in investment contracts which are credited with earnings on the investments and charged for participant withdrawals and administrative expenses.

The contracts are nontransferable but provide for benefit responsive withdrawals and participant transfers to noncompeting options by plan participants at contract value. In the event facts and circumstances provide evidence that contract value is impaired, the contracts would be presented at fair value. In determining contract value, the Trustee considers such factors as the benefit responsiveness of the contracts, the ability of the parties to the contracts to perform in accordance with the terms of the contracts and the likelihood of default by the issuer of an investment security. The fair value of conventional investment contracts is determined using a discounted cash flow methodology where the individual contract cash flows are discounted at the prevailing interpolated yield curve rate as of year-end.

NOTE D - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE E - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	2009	2008
Net assets available for benefits per the financial statements and Form 5500	$18,658,283.83	$14,158,020.25

NOTE F – BENEFITS

Benefits are recorded when paid and amounted to $2,088,706.21 in 2009; and $1,271,382.12 in 2008.

NOTE G - TAX STATUS

The Internal Revenue Service has determined and informed the third party administrator by a letter dated September 6, 1996, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

NOTE H – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 10, 2010, which is the date the financial statements were available to be issued.