Form 5500-SF

Department of the Treasury Internal Revenue Service

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

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Pe	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
	Part I Annual Report Identification Information									
For	calendar plan year 2009 or fiscal plan year be	ginning 01/01/20	09	and ending 1	2/31/2	2009				
A	This return/report is for:	oyer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan			
	This return/report is for:	n/report								
		d return/report	#	n year return/report (less than 12 mor	othe)					
•	<u> </u>		╡ :		11113)	П впи				
C	Check box if filing under: Form 5558	L	⊒	extension		☐ DFVC progra	ım			
	special exte	ension (enter descripti	ion)							
Pa	art II Basic Plan Information—enter	er all requested inform	nation							
	Name of plan				1b	Three-digit				
NATI	ONWIDE TITLE AND ESCROW COMPANY,	INC. 401(K) RETIRE	MENT PLA	N		plan number	001			
					4.	(PN) •				
					1C	Effective date o				
20	Discourse de la companya de la compa	of familiar de la constance			26					
	Plan sponsor's name and address (employer ONWIDE TITLE AND ESCROW COMPANY,		r pian)		20	Employer Identi (EIN) 05-048		mber		
INZTI	ONVIDE THEE AND EGONOW GOMI ANT,	1140.			2c	Plan sponsor's t		number		
400 F	RESERVOIR AVENUE, SUITE 2K					401-78				
PRO\	VIDENCE, RI 02907				2d	Business code (see instru	ctions)		
						541190				
	Plan administrator's name and address (if sa				3b	Administrator's				
NATI	ONWIDE TITLE AND ESCROW COMPANY,	PROVIDEN		NUE, SUITE 2K 07	30	05-048		numbar.		
					30	Administrator's 401-78		number		
4 If	f the name and/or EIN of the plan sponsor has	s changed since the la	ast return/re	port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last				4c					
5a	Total number of participants at the beginning of the plan year							9		
b	Total number of participants at the end of the	plan year			5b			8		
С	Total number of participants with account ba	of the plan y	ear (defined benefit plans do not							
	complete this item)				5c			8		
	Were all of the plan's assets during the plan						X Yes	s No		
b	Are you claiming a waiver of the annual exar						X Vo	s П No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Pa	irt III Financial Information	ie pian cannot use i	01111 3300-	or and must misteau use i orm 55	00.					
7	Plan Assets and Liabilities			(a) Baninninn of Year		(b) F a d	-f V			
				(a) Beginning of Year	,	(b) End	of Year	359904		
	Total plan assets			240212	-			333304		
b	Total plan liabilities				+			050004		
<u>c</u>	Net plan assets (subtract line 7b from line 7a		7с	246272	2			359904		
8	Income, Expenses, and Transfers for this Pla	an Year		(a) Amount	_	(b) 1	<u> Total</u>			
а	Contributions received or receivable from: (1) Employers		8a(1)	17065	,					
					_					
	(2) Participants		- · · ·	26754	-					
	(3) Others (including rollovers)									
b	Other income (loss)			86509)					
C	Total income (add lines 8a(1), 8a(2), 8a(3), a		8c					130328		
d	Benefits paid (including direct rollovers and into provide benefits)		<u>8d</u>	16696	5					
е	Certain deemed and/or corrective distribution	ns (see instructions)								
f	Administrative service providers (salaries, fe	inistrative service providers (salaries, fees, commissions)								
g	Other expenses		8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							16696		
i	Net income (loss) (subtract line 8h from line 8							113632		
i	Transfers to (from) the plan (see instructions									
,		,	··· 8j	1						

Daut IV/	Diam	Characte	:-4:
Part IV	Plan	Characte	ristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

D '	11 1110	plan provides wellare benefits, effect the applicable wellare feati	ure codes from the	List Of Flatt Chara	Cleris	110 000	163 III I	ine manuc	uoris.			
Part	٧	Compliance Questions										
10	Dur	ng the plan year:				Yes	No		Amount			
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X					
С	Wa	s the plan covered by a fidelity bond?			10c	X				1000000		
d												
f	Has	the plan failed to provide any benefit when due under the plan? .			10f		X			_		
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X					
h		s is an individual account plan, was there a blackout period? (Sec			10h		X					
i		th was answered "Yes," check the box if you either provided the resptions to providing the notice applied under 29 CFR 2520.101-3.			10i							
Part '	VI	Pension Funding Compliance										
11												
12												
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)											
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling											
granting the waiver Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.												
							12c					
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a min	us sign to the left	of a		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?							Yes	No	N/A		
Part \	VII	Plan Terminations and Transfers of Assets								_		
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Ye	s X No		
	If "Y	es," enter the amount of any plan assets that reverted to the empl	lover this year				13a					
	Wer	e all the plan assets distributed to participants or beneficiaries, tra					ntrol		Ye	s X No		
C 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.)												
13c(1) Name of plan(s):							13c(2) EIN(s)			3) PN(s)		
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le cau	ise is	establ	ished.	L			
Under SB or	per Sch	alties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have	examined this retu	ırn/rep	ort, in	cludin	g, if applic				
SIGN	F	Filed with authorized/valid electronic signature. 10/13/2010 GREGORY A. MARD					RDEROSIAN					
HERE					individual signing as plan administrator							

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

	Form 5500-SF	Short Form Annu	al Ret	นrภ/Report of Small Emp	loy	ee	OMB Nos. 1210-0110
	Department of the Traceury Internat Revenue Service	Bênefit Plan				J.	1210-0089
	Department of Labor Employee Benofte ទីទទួកស្រ Administration	This form is required to be filed under sections 104 and 4065 of the Emp Retirement Income Security Act of 1974 (ERISA), and section 6056(a) of Internal Revenue Code (the Code),					2009
	Pension Banefil Guaranty Corporation	• Complete all getries is a		ande Code (me Code),			This Form is Open to Public Inspection
	Annual Report Ide		n accorden	ce with the instructions to the Form :	500-8	SF.	maposiwii
•	For calendar plan year 2009 or fiscal	plan year beginning		01/2009 and ending	<u>[</u>		2/31/2009
	A This return/report is for:	single-employer plan	terror.	tiple-employer plan (not multiemployer)	-		
	B This return/report is for:	first return/report		i return/report	•	Ц	one-participant plan
		an amended return/report	100	rt plan year return/report (less than 12 r			
	C Check box if filling under:	Form 5558		imatic extension	nonini	· —	
	Ϊ	special extension (enter desc		unstic exterision		Ш	DFVC program
	Partice Basic Plan Informa	ation—enter all requested in	Topografia				
	Ta Neme of plan		iciniation	# 20000AL			The state of the s
	NATIONWIDE TITLE AND			•	. 71	D Thr diam	redigit nedmun
	COMPANY, INC. 401(K)	RETIREMENT PLAN					001
_					10	: Effe	clive date of plan
	23 Flan aponsor's name and address	(employer, if for single-employer	(nein 18vo	112111/20	-		/01/2007
	ESCROW COMPANY, INC.	• • • • • • • • • • • • • • • • • • • •	-1		2k) Emp	ployer Identification Number 1) 05-0485307
					20	\- <u></u> ''	sponsor's telephone number
	400 RESERVOIR AVENUE,	, SUITE 2K			L	(4)	<u>/†/</u> /gT~%\$OO
	PROVIDENCE	Section 1 and 2 an		RI 02907	20	Bush 6.41	ness code (see Instructions)
•	a Pian administrator's name and add	iress (if same as Plan sponso	r, enter "S	arne")	3h		Inistrator's EIN
***************************************	900000000 9000000000000000000000000000	The Committee of the Co			30	Admi	nistrator's telephone number
4	if the name and/or EIN of the plan sp name, EIN, and the plan number fro	consor has changed since the	last retur	n/report filed for this plan, enter the	4b	A STATE OF THE PARTY OF THE PAR	
	name, EIN, and the plan number fro	m the last return/report. Sport	15or's nam	P			The second secon
5	a Total number of participants at the	baginning of the pign year	**			ΡN	THY - THE MANAGEMENT
	Total number of participants at the	end of the plan year	*************		5a		9
(o i vici il cincol di contili. Il anna ikito si	"((A)			5b		Ê
					5c		
Ģ						1	8
ľ	Are you claiming a waiver of the an under 29 CFR 2520 104482 (See)	nuel examination and report of	of an Inde	97 (See instructions.)	PA).		X Yes No
Promores.	If you answered "No" to either 6a	or 6b. the clan cannot use	y and com	pendent qualified public accountent (id litions.)			
P	Financial Information)	າ.ການາ ສວຸກ	use and must instead use Form 6th	10,		
7	Plan Assets and Liabilities			(a) Opposite of V.	7		1807 97 770000000000000000000000000000000
a	Total plan assets	49.664	. 7a	(a) Beginning of Year 246, 27	3		(b) End of Year
b	i otal plan liabilities		7h	240,21	-		359,904
<u>C</u>	Net plan assets (subtract line 75 from	n line 7a)	. 7g	246,27	,		T /* A - A - A
8	income, Expenses, and Transfers for	i this Plan Year	A SHAPE	(a) Amount		FIELDS	359,904
a	Contributions received or receivable	from:]	1		210,777 21,21,575,2	(b) Total
	(1) Employers	*************************************		17,065	1200 1003		
	(3) Others (including rollovers)			26,754	꽳潭		
b	Other income (loss)	***************************************	11 8 1800				
C	Total income (add lines 8a(1), 8a(2), a	Ra/3) and SN	7,5000000000000000000000000000000000000	86,509			
d	Benefits paid (including direct rollover	s and insurance recommen	Bc		AND THE		130,328
_	co busside dell'eute)***********************************		Bd	16,695			
⊕	Certain deemed and/or corrective distr	ributions (see instructions)	86			1	
7	Administrative service providers (salar	tės, fees, commissions)	8f	The second secon			
g	Other expenses		ġg "				
n a	Total expenses (add lines 8d, 8e, 8f, a	nd 8g),	8h		7 777	HEILE	16,696
K	Net Income (loss) (subtract line 8h from	л line 8c)	81		2/03/2004	*G THE STATE OF	113,632
J	Transfers to (from) the plan (see instru	chous)	Ri				

For Paparwork Reduction Act Notice and OME Control Numbers, see the Instructions for Form 5500.5F

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	Form 5500-SF 2009 Page 2=							
E	Plan Characteristics	orana						
9	A STATE OF THE PARTY OF THE PAR	Videous				varazojine ve Agrico		
١	2A 2E 2F 2G 2J 2K 3D If the pish provides welfare benefits, enter the applicable work and a second of the control of the cont	arac	ərla:	ile Ci	odaş	in the i	nstructions:	
F 77	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	iraci	risti	c Co	des l	n the In	structions;	
	Weight the state of the state o	2777		ecanomy popular	Shvanovski	Taranta and Taranta and Taranta		Water and
10	The proof of the p				F	***		· possessinitino
	Was there a failure to transmit to the plan any participant contributions within the time period described in 28 CFR 2510.3-102? (See instructions and DOL's Voluntors Education Within the time period described in	, [-	Yes	No		Amour	it
	b Were there any nonexempl transactions with our standard Fraudity Correction Program)	110			х	<u></u>		
	on line 10a,)	10		_	X	ļ		1=100000
(4 WW DIE DIGH HAVE A INSE Whethot or not estadous and a landa and	10	-	X			1,	000,
E	Were any fees or commissions poid to any hardy	10	1	_	X	ļ		
	instructions,) under the plan? (See							
ę.	The and past miles to provide any decial when due under the plan?	10	+	- -	X X		annesse ; manufactures	- Commence
9	utd the plan heve any participant toans? (If "Yes." enter amount or of year and)	-	+					 ,
h	2520.101-3.)	706	+	+	X		- 10 10 Sales 200	
I	2520.101-3.)	10h	-	-	X	Maja Kar		
in	Pension Funding Compliance	101						
1	Is this a defined benefit plan subject to misimum funding	7.00	Part 11 (11 / 12 / 12 / 12 / 12 / 12 / 12 /	····	ov • = 10000000000	Pinis tis sense)	7 11 2222	anano pananja
<u></u>	5500))	ete C	Sch	өбија	9 SB	(Form	П v	
2	The state of the s	Of Se	rtlar		at E	Die no	Yes	<u> </u>
a	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		with (1002	. W/ L.	INGK (Li 168	W L
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the walver	ions	end	ente	r the	dale o	f the letter ru	lina
n y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Gorm Eggs), and able to	J		_ [Day _	TE BITOMINION	Year	-
er.	citof the millimum required contribution for this plan veer			12	ь		7	ZZI-www.pay
*	-indiction attitudity continuous by the employer to the place for this wish and a	i	"	120		· vennes		· · · · · · · · · · · · · · · · · · ·
	Subtract the emount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	а	"	120		The state of the s		• Promotoria
e /	VIII the minimum funding amount reported on line 12d be met by the funding deadline?		.]	121	<u>" </u>		[17]	
THE	* idin termindudha and transfers of Assers	1				Yes	No	N/A
a F	as a resolution to terminate the plan been adopted during the plan year or any prior year?		Number of the	·	· waste		F1	
						- 4,00,	Yes	X No
) V	Pere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und the PBGC?		o cc	- Log	<u></u>	***************************************		Termina
11	f the PBGC?	olan(s) to				Yes	X No
	(1) Name of plan(s):		—.		-		7	
	The second of th	-	730	(2)	ΞįΝ(ä	<u>}</u>	13c(3) P	'N(8)

		7					P 7 102 P (17	Total Intelligence
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Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed affid agrised by an expelled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Signature of olen administrator	X/0//3/10	GREGORY A. MARI	EROSIAN
III TARA	_ Date /	Enter name of Individua	signing as plan administrator
Signature of employer/plan sponsor	Date	Enter name of individual	signing as employer or plan sponsor