

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |
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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>                     |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                         |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>                             |

|         |                                                                                                                                                                                                           |                                                                                                                                                         |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                    |                                                                                                                                                         |
| 1a      | Name of plan<br>LAW COMPANIES GROUP, INC. PENSION PLAN                                                                                                                                                    | 1b Three-digit plan number (PN) ▶ 006                                                                                                                   |
|         |                                                                                                                                                                                                           | 1c Effective date of plan<br>01/01/1962                                                                                                                 |
| 2a      | Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>MACTEC, INC.<br><br>1105 LAKEWOOD PARKWAY<br>SUITE 300<br>ALPHARETTA, GA 30009 | 2b Employer Identification Number (EIN)<br>95-3139094<br>2c Sponsor's telephone number<br>770-360-0600<br>2d Business code (see instructions)<br>541330 |

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. | 10/13/2010 | JAYNE M. DINAN                                               |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/13/2010 | JAYNE M. DINAN                                               |
|           | 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                      |

|                                                                                                                                                                           |                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>MACTEC, INC.<br><br>1105 LAKEWOOD PARKWAY<br>SUITE 300<br>ALPHARETTA, GA 30009 | <b>3b</b> Administrator's EIN<br>95-3139094<br><br><b>3c</b> Administrator's telephone number<br>770-360-0600 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |      |
|-------------------------------------------------------------------------|----------|------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 2078 |
|-------------------------------------------------------------------------|----------|------|

|                                                                                                                                                        |           |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |      |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 261  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 290  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 1479 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 2030 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 44   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 2074 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |      |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 0    |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 1A 1G 1I

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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) ☒ **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) ☒ **H** (Financial Information)  
 (2) ☐ **I** (Financial Information – Small Plan)  
 (3) ☐ **A** (Insurance Information)  
 (4) ☒ **C** (Service Provider Information)  
 (5) ☒ **D** (DFE/Participating Plan Information)  
 (6) ☐ **G** (Financial Transaction Schedules)

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                    |  |                                                                                                                                                  |     |
|------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| A Name of plan<br>LAW COMPANIES GROUP, INC. PENSION PLAN                                                                           |  | B Three-digit plan number (PN)                                                                                                                   | 006 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>MACTEC, INC.                                                  |  | D Employer Identification Number (EIN)<br>95-3139094                                                                                             |     |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B |  | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |     |

|                                                                                                                                                                                          |  |                            |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|--------------------|
| Part I Basic Information                                                                                                                                                                 |  |                            |                    |
| 1 Enter the valuation date: Month 01 Day 01 Year 2009                                                                                                                                    |  |                            |                    |
| 2 Assets:                                                                                                                                                                                |  |                            |                    |
| a Market value                                                                                                                                                                           |  | 2a                         | 41616998           |
| b Actuarial value                                                                                                                                                                        |  | 2b                         | 45778698           |
| 3 Funding target/participant count breakdown                                                                                                                                             |  | (1) Number of participants | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment                                                                                                                           |  | 3a                         | 294                |
| b For terminated vested participants                                                                                                                                                     |  | 3b                         | 1511               |
| c For active participants:                                                                                                                                                               |  |                            |                    |
| (1) Non-vested benefits                                                                                                                                                                  |  | 3c(1)                      | 0                  |
| (2) Vested benefits                                                                                                                                                                      |  | 3c(2)                      | 8150219            |
| (3) Total active                                                                                                                                                                         |  | 3c(3)                      | 275                |
| d Total                                                                                                                                                                                  |  | 3d                         | 2080               |
| 4 If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                          |  |                            |                    |
| a Funding target disregarding prescribed at-risk assumptions                                                                                                                             |  | 4a                         |                    |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor |  | 4b                         |                    |
| 5 Effective interest rate                                                                                                                                                                |  | 5                          | 8.15 %             |
| 6 Target normal cost                                                                                                                                                                     |  | 6                          | 175000             |

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                  |  |                                        |
|--------------------------------------------------|--|----------------------------------------|
| SIGN HERE                                        |  | 10/12/2010                             |
| Signature of actuary                             |  | Date                                   |
| ANTHONY WAGMAN                                   |  | 08-07407                               |
| Type or print name of actuary                    |  | Most recent enrollment number          |
| MERCER                                           |  | 404-442-3100                           |
| Firm name                                        |  | Telephone number (including area code) |
| 3560 LENOX ROAD, SUITE 2400<br>ATLANTA, GA 30326 |  |                                        |
| Address of the firm                              |  |                                        |

| Part II |                                                                                                 | Beginning of year carryover and prefunding balances |                        |
|---------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------|
|         |                                                                                                 | (a) Carryover balance                               | (b) Prefunding balance |
| 7       | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 2639462                                             | 0                      |
| 8       | Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 2296124                                             | 0                      |
| 9       | Amount remaining (Item 7 minus item 8).....                                                     | 343338                                              | 0                      |
| 10      | Interest on item 9 using prior year's actual return of <u>-28.01</u> % .....                    | -96169                                              |                        |
| 11      | Prior year's excess contributions to be added to prefunding balance:                            |                                                     |                        |
| a       | Excess contributions (Item 38 from prior year) .....                                            |                                                     | 0                      |
| b       | Interest on (a) using prior year's effective rate of <u>6.35</u> % .....                        |                                                     | 0                      |
| c       | Total available at beginning of current plan year to add to prefunding balance .....            |                                                     | 0                      |
| d       | Portion of (c) to be added to prefunding balance.....                                           |                                                     | 0                      |
| 12      | Reduction in balances due to elections or deemed elections.....                                 | 0                                                   | 0                      |
| 13      | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....               | 247169                                              | 0                      |

| Part III |                                                                                                                                                                 | Funding percentages |         |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------|
| 14       | Funding target attainment percentage.....                                                                                                                       | 14                  | 75.77 % |
| 15       | Adjusted funding target attainment percentage.....                                                                                                              | 15                  | 75.77 % |
| 16       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | 16                  | 84.47 % |
| 17       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | 17                  | %       |

| Part IV                                                                           |                                   | Contributions and liquidity shortfalls |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                        |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees        | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/15/2009                                                                        | 574031                            |                                        |                          |                                   |                                 |
| 07/14/2009                                                                        | 574031                            |                                        |                          |                                   |                                 |
| 10/14/2009                                                                        | 574031                            |                                        |                          |                                   |                                 |
| 01/15/2010                                                                        | 574031                            |                                        |                          |                                   |                                 |
| 09/15/2010                                                                        | 751000                            |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        | Totals ►                 | 18(b)                             | 3047124                         |
|                                                                                   |                                   |                                        |                          | 18(c)                             | 0                               |

|                                                                                                                               |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| a Contributions allocated toward unpaid minimum required contribution from prior years.....                                   | 19a 0                                                               |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                   | 19b 0                                                               |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....               | 19c 2838142                                                         |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c If 20a is "Yes," see instructions and complete the following table as applicable:                                           |                                                                     |

| Liquidity shortfall as of end of Quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions used to determine funding target and target normal cost**

|                                                                                                                                                                                              |                   |                   |                   |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                   |                   |                   |                                                                |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                   |                   |                   | <b>21b</b> 2                                                   |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                   |                   |                   | <b>22</b> 65                                                   |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   |                   |                                                                |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                   | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contribution for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 175000             |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 14558278            | 2835450            |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           | 0                  |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) .....                                                  | <b>34</b>           | 3010450            |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 247169              | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 2763281            |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 2838142            |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 74861              |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>LAW COMPANIES GROUP, INC. PENSION PLAN               | B Three-digit plan number (PN) ▶ 006                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MACTEC, INC. | D Employer Identification Number (EIN)<br>95-3139094 |

|        |                                                 |
|--------|-------------------------------------------------|
| 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)..... ☐ 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

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

**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)

ALLIANCE BERNSTEIN L.P.

13-4064930

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 51 68                      | NONE                                                                                                     | 130730                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

SPRUCEGROVE INVESTMENT MANAGEMENT

11-3238890

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28                            | NONE                                                                                                     | 58236                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

MERCER

13-2834414

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 11                            | NONE                                                                                                     | 95801                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

WACHOVIA BANK, N.A.

58-6510564

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | NONE                                                                                              | 42128                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

MAZURSKY CONSTANTINE LLC

58-2005387

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | NONE                                                                                              | 23475                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

MERCER GLOBAL INVESTMENTS

30-0282430

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51 52                  | FIDUCIARY                                                                                         | 13119                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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<br>(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<br>(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<br>(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)

|                    |                                                            |                     |              |
|--------------------|------------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | LONG & ASSOCIATES, LLC                                     | <b>b</b> EIN:       | 48-1273859   |
| <b>c</b> Position: | ACCOUNTANT                                                 |                     |              |
| <b>d</b> Address:  | 5755 NORTH POINT PARKWAY, SUITE 29<br>ALPHARETTA, GA 30022 | <b>e</b> Telephone: | 678-905-5095 |
|                    |                                                            |                     |              |

Explanation: WORK WAS TRANSFERRED TO ANOTHER ACCOUNTANT.

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>       |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                                                                        |                                                                                                                                                                                                                                   |                                                                                                       |
| A Name of plan<br>LAW COMPANIES GROUP, INC. PENSION PLAN                                                                                                                          |                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶ 006                                                                  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>MACTEC, INC.                                                                                                     |                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>95-3139094                                                  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |                                                                                                                                                                                                                                   |                                                                                                       |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MGI US LARGE CAP CORE PASSIVE EQ                                                                                                          |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): MACTEC, INC.                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 03-0566613-005                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13709298 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MGI NON-US CORE EQ                                                                                                                        |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): MACTEC, INC.                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 03-0566617-009                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11873932 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MGI LONG DURATION FI                                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): MACTEC, INC.                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 04-7014330-008                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9710059  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MGI LONG DURATION INV GRADE FI                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): MACTEC, INC.                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 26-6700496-016                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9402896  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MGI US SMALL/MID CAP GROWTH EQ                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): MACTEC, INC.                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 03-0566611-003                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1777583  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MGI US SMALL/MID CAP VALUE EQ                                                                                                             |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): MACTEC, INC.                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 03-0566616-004                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1763301  |
| 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)          |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                   |                                                                                                                                                                                                                                   |                                                                                                       |
| Schedule D (Form 5500) 2009 v.092308.1                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                       |

**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**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**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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2009</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <b>01/01/2009</b> and ending <b>12/31/2009</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>LAW COMPANIES GROUP, INC. PENSION PLAN</b>                                   | <b>B</b> Three-digit plan number (PN) ►                                | <b>006</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MACTEC, INC.</b>                     | <b>D</b> Employer Identification Number (EIN)<br><br><b>95-3139094</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       | <b>928</b>      |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       | <b>1325031</b>  |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | <b>220220</b>         | <b>3692</b>     |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | <b>613490</b>         | <b>616799</b>   |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    | <b>7645507</b>        | <b>0</b>        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> | <b>7498714</b>        | <b>0</b>        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | <b>14351420</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       | <b>48237068</b> |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | <b>10968390</b>       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | <b>320905</b>         | <b>0</b>        |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 41618646              | 50183518        |

**Liabilities**

|                                                                           |           |      |       |
|---------------------------------------------------------------------------|-----------|------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |      |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |      | 43332 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |      |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 1648 | 0     |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 1648 | 43332 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 41616998 | 50140186 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 3047124    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3047124   |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |        |        |
|------------------------------------------------------------------------------------------------------|-----------------|--------|--------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 881030 |        |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |        |        |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |        |        |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |        |        |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |        |        |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |        |        |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |        | 881030 |

|                                                                                           |                 |        |        |
|-------------------------------------------------------------------------------------------|-----------------|--------|--------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |        |        |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> | 421523 |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |        |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |        | 421523 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |         |         |
|-------------------------------------------------------------------------------------------|-----------------|---------|---------|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 7642813 |         |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |         |         |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |         | 7642813 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> | -57577     |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | -57577    |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            |           |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | -208044   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 11726869  |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 2715204 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |         |         |
| (3) Other .....                                                                            | <b>2e(3)</b> |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 2715204 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         |         |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |         |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |         |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |         |         |
| (4) Other .....                                                                            | <b>2i(4)</b> | 488477  |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 488477  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 3203681 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 8523188 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**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) ☐ 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 ☐ No

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

(1) Name: GRANT THORNTON

(2) EIN: 36-6055558

**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  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> 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.).....                 |     | X  |         |
| <b>b</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.)..... |     | X  |         |
| <b>c</b> 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.) .....                                                                                                                            |     | X  |         |
| <b>d</b> 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.).....                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> 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? .....                                                                                                                                      |     | X  |         |
| <b>h</b> 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? .....                                                                                                                            |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |         |
| <b>j</b> 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.).....                                                                                    | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     |    |         |
| <b>n</b> 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. ....                                                                                                                        |     |    |         |

- 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)

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                      |                                                                    |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>LAW COMPANIES GROUP, INC. PENSION PLAN</u>               | <b>B</b> Three-digit plan number (PN) ▶<br><u>006</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MACTEC, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>95-3139094</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>58-6510564</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>3</u> |

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

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                               | <b>6a</b>                    |                                        |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                                        |                              |
| <b>c</b> 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).....                                                                                                                                                                                                                           | <b>6c</b>                    |                                        |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                                                   |                              |                                        |                              |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                                                                                                          |                              |                                        |                              |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2009  
v.092308.1

**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): \_\_\_\_\_

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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: 35% Investment-Grade Debt: 31% High-Yield Debt: 5% Real Estate: 0% Other: 29%

- 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):

# Law Companies Group, Inc. Pension Plan

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES  
WITH REPORT OF INDEPENDENT CERTIFIED PUBLIC  
ACCOUNTANTS

*As of and For the Years ended December 31, 2009 and  
2008*

Law Companies Group, Inc. Pension Plan

Financial Statements and Supplemental Schedules

Years ended December 31, 2009 and 2008

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Audit • Tax • Advisory

Grant Thornton LLP  
1100 Peachtree Street, NE, Suite 1200  
Atlanta, GA 30309-4504

T 404.330.2000  
F 404.330.2047  
[www.GrantThornton.com](http://www.GrantThornton.com)

## Report of Independent Certified Public Accountants

The Plan Administrator  
Law Companies Group, Inc. Pension Plan

We were engaged to audit the financial statements of Law Companies Group, Inc. Pension Plan as of December 31, 2009 and for the year then ended, and the supplemental schedules as of and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements are the responsibility of the Plan's management. The financial statements of the Plan as of and for the year ended December 31, 2008 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 12, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Wachovia Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America established by the American Institute of Certified Public Accountants and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Grant Thornton LLP*

Atlanta, Georgia  
October 11, 2010

# Law Companies Group, Inc. Pension Plan

## Statements of Net Assets Available for Benefits

|                                        | <b>December 31</b>  |                      |
|----------------------------------------|---------------------|----------------------|
|                                        | <b>2009</b>         | <b>2008</b>          |
| <b>Assets</b>                          |                     |                      |
| Investments, at Fair Value:            |                     |                      |
| Cash Equivalents                       | \$ 617,727          | \$ 613,490           |
| Collective Trust Funds                 | 48,237,068          | -                    |
| U.S. Government Securities             | -                   | 7,645,507            |
| International Government Securities    | -                   | 320,905              |
| Corporate Debt Instruments             | -                   | 7,498,714            |
| Common Stock                           | -                   | 14,351,420           |
| Mutual Funds                           | -                   | 10,968,390           |
| Total Investments                      | 48,854,795          | 41,398,426           |
| Receivables:                           |                     |                      |
| Contribution Receivable                | 1,325,031           | -                    |
| Accrued Income                         | 2,618               | 184,849              |
| Due from Broker for Securities Sold    | 1,074               | 35,371               |
|                                        | 1,328,723           | 220,220              |
| Total Assets                           | 50,183,518          | 41,618,646           |
| <b>Liabilities</b>                     |                     |                      |
| Administrative Expenses                | 43,332              | -                    |
| Due to Broker for Securities Purchased | -                   | 1,648                |
| Net Assets Available for Benefits      | <u>\$50,140,186</u> | <u>\$ 41,616,998</u> |

*The accompanying notes are an integral part of these financial statements.*

# Law Companies Group, Inc. Pension Plan

## Statements of Changes in Net Assets Available for Benefits

|                                                                       | <b>Year ended December 31</b> |                      |
|-----------------------------------------------------------------------|-------------------------------|----------------------|
|                                                                       | <b>2009</b>                   | <b>2008</b>          |
| <b>Additions to Net Assets Attributed to:</b>                         |                               |                      |
| Interest Income                                                       | \$ 881,030                    | \$ 1,019,522         |
| Dividend Income                                                       | 421,523                       | 649,259              |
| Employer Contributions                                                | 3,047,124                     | -                    |
| Net Realized and Unrealized Appreciation in Fair Value of Investments | 7,377,192                     | -                    |
| Total Additions                                                       | 11,726,869                    | 1,668,781            |
| <b>Deductions from Net Assets Attributed to:</b>                      |                               |                      |
| Benefit Payments                                                      | 2,715,204                     | 2,408,952            |
| Net Realized and Unrealized Depreciation in Fair Value of Investments | -                             | 18,420,663           |
| Administrative Expenses                                               | 488,477                       | 490,833              |
| Total Deductions                                                      | 3,203,681                     | 21,320,448           |
| Net Increase / (Decrease)                                             | 8,523,188                     | (19,651,667)         |
| Net Assets Available for Benefits at Beginning of Year                | 41,616,998                    | 61,268,665           |
| Net Assets Available for Benefits at End of Year                      | <u>\$ 50,140,186</u>          | <u>\$ 41,616,998</u> |

*The accompanying notes are an integral part of these financial statements.*

# Law Companies Group, Inc. Pension Plan

## Notes to Financial Statements

December 31, 2009

### **1. Description of the Plan**

The following is a general description of the Law Companies Group, Inc. Pension Plan (the “Plan”). Participants should refer to the Summary Plan Description for a more complete description of the Plan’s provisions.

#### **General**

Effective October 1, 2004, Law Companies Group, Inc. (“Law Companies”) merged with and into MACTEC, Inc. (the “Company”). Accordingly, the Company assumed sponsorship of the Plan on that same date. On February 15, 2002, the Company purchased substantially all the outstanding stock, cumulative convertible redeemable preferred stock and certain employee options to purchase common stock of Law Companies.

On February 14, 1997, the Board of Directors of Law Companies elected to end benefit accruals to the Plan for all participants and to disallow additional employees from becoming participants of the Plan as of March 28, 1997 (the freeze date). The Company reserves the right to either continue accruals under the Plan at a later date or terminate the Plan.

The Plan is a defined benefit plan that covers substantially all employees of Law Companies, the predecessor company, who have completed one year of service and who have reached the age of 21. The Plan provides retirement, death, and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

#### **Change in Plan Sponsor**

Effective January 1, 2005, the Board of Directors of the Company approved an amendment to change the Plan sponsor from Law Companies to the Company.

#### **Contributions**

The Company contributes such amounts as are necessary to fund current year’s service cost and the initial prior service cost and to provide assets sufficient to meet future benefits of participants. The Plan has met the minimum funding requirements of ERISA.

## Law Companies Group, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### **1. Description of the Plan (continued)**

##### **Plan Termination**

Under provisions of the Plan, the Company reserves the right to amend or terminate the Plan at any time provided that amendments will not reduce the benefits of any person entitled to benefits. Should the plan terminate at some future time, the assets available for allocation will be liquidated by the purchase of annuities. Annuities will immediately be provided for retired participants, for surviving joint annuitants and beneficiaries and for participants who have attained their normal annuity commencement date and who have not retired. For participants who have not attained their normal annuity commencement date, deferred annuities will be purchased. The Board of Directors has passed a resolution to amend the plan to provide an additional option to participants if the Plan is terminated. The resolution allows the participant to receive a lump sum distribution in lieu of an annuity.

Remaining assets will be used to provide for benefits not guaranteed by the Pension Benefit Guaranty Corporation (PBGC) and for all other uninsured, vested benefits. The PBGC guarantees most vested normal and early retirement benefits subject to certain limitations prescribed by ERISA. Any assets remaining after the distribution described above will revert to the Company. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all. A further discussion on the priority of claims and the PBGC guarantee upon termination is provided in the Summary Plan Description.

##### **Vesting and Pension Benefits**

To receive a year of credited benefit service a participant had to complete 1000 hours of service. Pension benefits are calculated based on participants' average monthly earnings and years of benefit service prior to the freeze date or the employee's retirement, death, disability or termination date, whichever is earlier. Further information about the Plan agreement and the benefit provisions is contained in the Summary Plan Description of the Law Companies Group, Inc. Pension Plan. Copies are available from the plan administrator.

## Law Companies Group, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### **2. Summary of Significant Accounting Policies**

##### **Adoption of the FASB Accounting Standards Codification**

In June 2009, the Financial Accounting Standards Board (FASB) issued the FASB Accounting Standards Codification (ASC). The ASC became the single source for all authoritative Generally Accepted Accounting Principles (GAAP) recognized by the FASB and is required to be applied to financial statements issued for interim and annual periods ending after September 15, 2009. The ASC does not change GAAP and did not impact the Plan's financial statements.

##### **Basis of Presentation**

The financial statements of the Plan are presented on the accrual basis of accounting.

##### **Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value, based upon quoted market prices. Investments in collective trust funds are valued based on the year end unit value. Unit values are determined by the issuer or third party administrator by dividing the fair values of the total net assets at year end by the outstanding units. The fair values of the total net assets are determined by the nature of the underlying investments. Each underlying investment is valued at fair value in accordance with the valuation description associated with its investment type.

Interest and dividend income are recorded as earned with dividend income being recognized at the ex-dividend date.

##### **Risks and Uncertainties**

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

## Law Companies Group, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### **2. Summary of Significant Accounting Policies (continued)**

##### **Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits (see Note 4) are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation and their years of credited service. The accumulated plan benefits for active employees are based on their compensation during their years of credited service preceding the freeze date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

##### **Administrative Expenses**

Administrative expenses are paid by the Plan as permitted by the Plan's provisions and to the extent they are not, are paid by the Company.

##### **Cash Equivalents**

The Plan considers all highly liquid debt instruments with remaining maturities of less than three months at the date of purchase to be cash equivalents.

##### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

##### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

## Law Companies Group, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### 2. Summary of Significant Accounting Policies (continued)

##### Subsequent Events

The Plan discloses material events that occur after the balance sheet date but before the financial statements are issued. In general, these events are recognized if the condition existed at the date of the balance sheet, but are not recognized if the condition did not exist at the balance sheet date. The Plan discloses non-recognized events if required to keep the financial statements from being misleading. Plan management evaluated events occurring subsequent to December 31, 2009 through October 11, 2010, the date the financial statements are available for issuance, and determined that there were no events or transactions that require recognition in the Plan's financial statements.

##### 3. Fair Value of Investments

Effective January 1, 2008, the Plan adopted the provisions of ASC 820 – *Fair Value Measurements and Disclosures*. ASC 820 establishes a single authoritative definition of fair value, sets out a framework for measuring fair value and requires additional disclosures about fair value measurement. ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described below:

- Level 1     Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- Level 2     Quoted prices for identical or similar assets or liabilities in markets that are not considered to be active or identical or similar financial instruments for which all significant inputs are observable, either directly or indirectly;
- Level 3     Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

## Law Companies Group, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### 3. Fair Value of Investments (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets as of December 31, 2009:

|                         | Level 1     | Level 2              | Level 3     | Total                |
|-------------------------|-------------|----------------------|-------------|----------------------|
| Money Market Account    | \$ —        | \$ 617,727           | \$ —        | \$ 617,727           |
| Collective Trust Funds: |             |                      |             |                      |
| U.S. Equity             | —           | 17,250,181           | —           | 17,250,181           |
| Non-U.S. Equity         | —           | 11,873,932           | —           | 11,873,932           |
| Long Term Investment    | —           | 9,402,896            | —           | 9,402,896            |
| Fixed Income            | —           | 9,710,059            | —           | 9,710,059            |
|                         | <u>\$ —</u> | <u>\$ 48,854,795</u> | <u>\$ —</u> | <u>\$ 48,854,795</u> |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets as of December 31, 2008:

|                             | Level 1              | Level 2              | Level 3     | Total                |
|-----------------------------|----------------------|----------------------|-------------|----------------------|
| Money market account        | \$ 613,490           | \$ —                 | \$ —        | \$ 613,490           |
| U.S. Government securities  | —                    | 7,645,507            | —           | 7,645,507            |
| Int'l Government securities | —                    | 320,905              | —           | 320,905              |
| Corporate debt instruments  | —                    | 7,498,714            | —           | 7,498,714            |
| Common stocks               | 14,351,420           | —                    | —           | 14,351,420           |
| Mutual funds                | 10,968,390           | —                    | —           | 10,968,390           |
|                             | <u>\$ 25,933,300</u> | <u>\$ 15,465,126</u> | <u>\$ —</u> | <u>\$ 41,398,426</u> |

#### 4. Accumulated Plan Benefits

An actuary from Mercer Human Resource Consulting estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

## Law Companies Group, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### 4. Accumulated Plan Benefits (continued)

The present value of accumulated plan benefits as of the beginning of each Plan year, as determined by the consulting actuary, is presented below:

|                                                             | <u>January 1, 2009</u>      |
|-------------------------------------------------------------|-----------------------------|
| Actuarial present value of accumulated plan benefits:       |                             |
| Vested benefits:                                            |                             |
| Participants and beneficiaries currently receiving benefits | \$ 23,111,407               |
| Other participants                                          | <u>36,676,434</u>           |
|                                                             | 59,787,841                  |
| Nonvested benefits                                          | --                          |
|                                                             | <u><u>\$ 59,787,841</u></u> |

Changes in the actuarial present value of accumulated plan benefits are as follows:

|                                                                         |                            |
|-------------------------------------------------------------------------|----------------------------|
| Actuarial present value of accumulated plan benefits at January 1, 2008 | \$57,493,690               |
| Additional benefits accumulated, net                                    | 201,096                    |
| Interest due to decrease in discount period                             | 4,503,137                  |
| Benefits paid                                                           | (2,408,952)                |
| Change in actuarial assumptions                                         | <u>(1,130)</u>             |
| Actuarial present value of accumulated plan benefits at January 1, 2009 | <u><u>\$59,787,841</u></u> |

|                   |                                          |
|-------------------|------------------------------------------|
| Investment Return | 8.0% compounded annually                 |
| Mortality         | RP2000 projected to 2007 Mortality Table |
| Retirement age    | 100% retirement at normal retirement age |

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

## Law Companies Group, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### 5. Investments

All investment information disclosed in the accompanying financial statements and supplemental schedules including investments held at December 31, 2009 and 2008, and net appreciation / (depreciation) in fair value of investments, interest and dividends for the years ended December 31, 2009 and 2008, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Wachovia Bank, N.A. (“Wachovia”), the trustee.

Investments that exceed 5% of the Plan’s net assets available for benefits are as follows:

|                                                         | <b>December 31</b>   |             |
|---------------------------------------------------------|----------------------|-------------|
|                                                         | <b>2009</b>          | <b>2008</b> |
| MGI US Large Cap Passive Equity CT                      | <b>\$ 13,709,298</b> | \$ —        |
| MGI Non-US Core Equity CT                               | <b>11,873,932</b>    | —           |
| MGI Long Duration Investment CT                         | <b>9,402,896</b>     | —           |
| MGI Long Duration Fixed Income CT                       | <b>9,710,059</b>     | —           |
| Vanguard – Mid Cap Index Fund                           | —                    | 2,239,946   |
| Vanguard – Small Cap Index Fund                         | —                    | 2,421,451   |
| Sprucegrove Investment Ltd. – International Equity Fund | —                    | 6,306,994   |

During 2009 and 2008, the Plan’s investments (including investments bought, sold, as well as held during the year) appreciated and (depreciated) in fair value as follows:

|                               | <b>December 31</b>  |                       |
|-------------------------------|---------------------|-----------------------|
|                               | <b>2009</b>         | <b>2008</b>           |
| Outside Collective Trust Fund | <b>(\$77,895)</b>   | \$ —                  |
| U.S. Government securities    | <b>(135,707)</b>    | 410,088               |
| Corporate debt instruments    | <b>1,237,493</b>    | (1,563,377)           |
| Common stock                  | <b>2,833,332</b>    | (9,603,363)           |
| Mutual funds                  | <b>3,519,969</b>    | (7,664,011)           |
|                               | <b>\$ 7,377,192</b> | <b>(\$18,420,663)</b> |

## Law Companies Group, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### **6. Income Tax Status**

The Plan has received a determination letter from the Internal Revenue Service dated May 29, 2003, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the “Code”) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan has been amended since receiving the determination letter. However, the plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, is qualified and the related trust is tax exempt.

#### **7. Transactions with Parties-In-Interest**

The Plan engaged in transactions involving Wachovia, the Plan’s trustee, and Mercer Global Investments, Inc. (MGI), the Plan’s investment manager, which are both a party-in-interest with respect to the Plan. These transactions are not considered “prohibited transactions” under the Code and are not prohibited by ERISA.

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094

Plan No.: 006

Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

December 31, 2009

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment (Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value) | (d)<br>Cost  | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------|
| *   | Wachovia Bank Money Market                                     | Cash Equivalents                                                                                                       | \$ 617,727   | \$ 617,727              |
| *   | Mercer Global Investment (MGI)                                 | US Small Mid Cap Growth Equity CT                                                                                      | 1,694,776    | 1,777,583               |
| *   | Mercer Global Investment (MGI)                                 | US Small/Mid Cap Value Equity CT                                                                                       | 1,698,483    | 1,763,301               |
| *   | Mercer Global Investment (MGI)                                 | US Large Cap Passive Equity CT                                                                                         | 13,565,263   | 13,709,297              |
| *   | Mercer Global Investment (MGI)                                 | Non-US Core Equity CT                                                                                                  | 12,050,500   | 11,873,932              |
| *   | Mercer Global Investment (MGI)                                 | Long Duration Investment CT                                                                                            | 9,500,000    | 9,402,896               |
| *   | Mercer Global Investment (MGI)                                 | Long Duration Fixed Income CT                                                                                          | 9,806,067    | 9,710,059               |
|     | Total Collective Trust Funds                                   |                                                                                                                        | 48,315,089   | 48,237,068              |
|     | Total Investments                                              |                                                                                                                        | \$48,932,816 | \$48,854,795            |

\* Indicates a party-in-interest to the Plan.

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions

Year ended December 31, 2009

| (a)<br>Identity of Party Involved                                          | (b)<br>Description of Asset | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current<br>Value of Asset<br>on Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|----------------------------------------------------------------------------|-----------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Category (i) – A single transaction in excess of 5% of plan assets.</b> |                             |                          |                         |                         |                                                            |                              |
| Wachovia Bank                                                              | Cash and Cash Equivalents   | \$ 61,329,212            | \$ –                    | \$ 61,329,212           | \$ 61,329,212                                              | \$ –                         |
| Wachovia Bank                                                              | Cash and Cash Equivalents   | –                        | 61,325,903              | 61,325,903              | 61,325,903                                                 | –                            |
| Wachovia Bank                                                              | Cash and Cash Equivalents   | 8,470,668                | –                       | 8,470,668               | 8,470,668                                                  | –                            |
| Wachovia Bank                                                              | Cash and Cash Equivalents   | –                        | 8,470,668               | 8,470,668               | 8,470,668                                                  | –                            |

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2009

| (a)<br>Identity of Party Involved                                              | (b)<br>Description of Asset | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current<br>Value of Asset<br>on Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|--------------------------------------------------------------------------------|-----------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Category (iii) – Series of transactions in excess of 5% of plan assets.</b> |                             |                          |                         |                         |                                                            |                              |
| Wachovia Bank                                                                  | Cash and Cash Equivalents   | \$ 61,329,212            | \$ –                    | \$ 61,329,212           | \$ 61,329,212                                              | \$ –                         |
| Wachovia Bank                                                                  | Cash and Cash Equivalents   | –                        | 61,325,903              | 61,325,903              | 61,325,903                                                 | –                            |
| Wachovia Bank                                                                  | Cash and Cash Equivalents   | 8,470,668                | –                       | 8,470,668               | 8,470,668                                                  | –                            |
| Wachovia Bank                                                                  | Cash and Cash Equivalents   | –                        | 8,470,668               | 8,470,668               | 8,470,668                                                  | –                            |
| US Treasury Notes                                                              | 11/15/2007 4.25% 11/15/2017 | –                        | 363,110                 | 341,175                 | 362,571                                                    | 21,935                       |
| US Treasury Notes                                                              | 11/15/2007 4.25% 11/15/2017 | –                        | 61,127                  | 59,570                  | 60,981                                                     | 1,557                        |
| US Treasury Notes                                                              | 11/15/2007 4.25% 11/15/2017 | –                        | 86,074                  | 81,232                  | 85,758                                                     | 4,842                        |
| US Treasury Notes                                                              | 11/15/2007 4.25% 11/15/2017 | 223,446                  | –                       | 223,446                 | 223,140                                                    | –                            |
| US Treasury Notes                                                              | 11/15/2007 4.25% 11/15/2017 | –                        | 157,511                 | 161,998                 | 157,551                                                    | (4,487)                      |
| US Treasury Notes                                                              | 11/15/2007 4.25% 11/15/2017 | 632,623                  | –                       | 632,623                 | 632,210                                                    | –                            |
| US Treasury Notes                                                              | 11/15/2007 4.25% 11/15/2017 | –                        | 692,900                 | 694,070                 | 692,550                                                    | (1,170)                      |
| US Treasury Notes                                                              | 11/17/2008 3.75% 11/15/2018 | 166,964                  | –                       | 166,964                 | 166,916                                                    | –                            |

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2009

| (a)<br>Identity of Party Involved                                                          | (b)<br>Description of Asset | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current<br>Value of Asset<br>on Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|--------------------------------------------------------------------------------------------|-----------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Category (iii) – Series of transactions in excess of 5% of plan assets (continued).</b> |                             |                          |                         |                         |                                                            |                              |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | \$ –                     | \$ 53,629               | \$ 53,859               | \$ 53,516                                                  | \$ (230)                     |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 95,755                   | –                       | 95,755                  | 95,597                                                     | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 167,018                 | 166,017                 | 167,061                                                    | 1,001                        |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 85,144                   | –                       | 85,144                  | 85,169                                                     | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 91,136                  | 90,658                  | 90,990                                                     | 478                          |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 38,813                  | 37,330                  | 38,645                                                     | 1,483                        |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 199,048                  | –                       | 199,048                 | 199,064                                                    | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 180,658                  | –                       | 180,658                 | 180,572                                                    | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 131,152                 | 133,700                 | 131,173                                                    | (2,548)                      |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 107,280                  | –                       | 107,280                 | 107,313                                                    | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 55,720                  | 58,002                  | 55,795                                                     | (2,282)                      |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 127,507                  | –                       | 127,507                 | 127,297                                                    | –                            |

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2009

| (a)<br>Identity of Party Involved                                                          | (b)<br>Description of Asset | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current<br>Value of Asset<br>on Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|--------------------------------------------------------------------------------------------|-----------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Category (iii) – Series of transactions in excess of 5% of plan assets (continued).</b> |                             |                          |                         |                         |                                                            |                              |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | \$ 56,202                | \$ –                    | \$ 56,202               | \$ 56,114                                                  | \$ –                         |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 55,290                  | 56,655                  | 55,241                                                     | (1,365)                      |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 55,824                  | 56,552                  | 55,929                                                     | (728)                        |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 132,346                 | 134,015                 | 132,539                                                    | (1,669)                      |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 59,602                   | –                       | 59,602                  | 59,583                                                     | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 76,049                   | –                       | 76,049                  | 76,102                                                     | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 194,751                  | –                       | 194,751                 | 195,107                                                    | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 98,017                  | 97,103                  | 98,109                                                     | 914                          |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 82,447                   | –                       | 82,447                  | 82,475                                                     | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 486,634                  | –                       | 486,634                 | 486,342                                                    | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 322,230                  | –                       | 322,230                 | 322,037                                                    | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 1,361,641               | 1,356,381               | 1,360,920                                                  | 5,260                        |
| US Treasury Notes                                                                          | 11/17/2008 1.75% 11/15/2011 | 766,797                  | –                       | 766,797                 | 766,385                                                    | –                            |
| US Treasury Notes                                                                          | 11/17/2008 1.75% 11/15/2011 | 223,231                  | –                       | 223,231                 | 223,164                                                    | –                            |
| US Treasury Notes                                                                          | 11/17/2008 1.75% 11/15/2011 | 239,213                  | –                       | 239,213                 | 239,204                                                    | –                            |

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2009

| (a)<br>Identity of Party Involved                                                          | (b)<br>Description of Asset | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current<br>Value of Asset<br>on Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|--------------------------------------------------------------------------------------------|-----------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Category (iii) – Series of transactions in excess of 5% of plan assets (continued).</b> |                             |                          |                         |                         |                                                            |                              |
| US Treasury Notes                                                                          | 11/17/2008 1.75% 11/15/2011 | \$2,698,727              | \$ –                    | \$2,698,727             | \$ 2,698,429                                               | \$ –                         |
| US Treasury Notes                                                                          | 11/17/2008 1.75% 11/15/2011 | –                        | 3,931,648               | 3,927,968               | 3,932,408                                                  | 3,680                        |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | 217,903                  | –                       | 217,903                 | 217,886                                                    | –                            |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | –                        | 131,711                 | 128,761                 | 131,646                                                    | 2,950                        |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | –                        | 89,722                  | 89,142                  | 89,663                                                     | 580                          |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | 336,919                  | –                       | 336,919                 | 336,705                                                    | –                            |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | –                        | 136,461                 | 138,731                 | 136,511                                                    | (2,270)                      |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | 422,709                  | –                       | 422,709                 | 422,642                                                    | –                            |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | 241,612                  | –                       | 241,612                 | 241,524                                                    | –                            |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | 93,828                   | –                       | 93,828                  | 93,793                                                     | –                            |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | 264,957                  | –                       | 264,957                 | 264,946                                                    | –                            |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | –                        | 67,528                  | 67,581                  | 67,507                                                     | (53)                         |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | –                        | 170,379                 | 168,954                 | 170,338                                                    | 1,425                        |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | –                        | 346,125                 | 342,735                 | 345,987                                                    | 3,390                        |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | 175,564                  | –                       | 175,564                 | 175,430                                                    | –                            |

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2009

| (a)<br>Identity of Party Involved                                                          | (b)<br>Description of Asset  | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current<br>Value of Asset<br>on Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|--------------------------------------------------------------------------------------------|------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Category (iii) – Series of transactions in excess of 5% of plan assets (continued).</b> |                              |                          |                         |                         |                                                            |                              |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014  | \$ –                     | \$ 182,557              | \$ 178,999              | \$ 182,702                                                 | \$ 3,558                     |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014  | –                        | 659,278                 | 638,589                 | 659,743                                                    | 20,689                       |
| US Treasury Notes                                                                          | 12/15/2008 1.125% 12/15/2011 | 1,091,485                | –                       | 1,091,485               | 1,091,445                                                  | –                            |
| US Treasury Notes                                                                          | 12/15/2008 1.125% 12/15/2011 | 478,934                  | –                       | 478,934                 | 479,047                                                    | –                            |
| US Treasury Notes                                                                          | 12/15/2008 1.125% 12/15/2011 | –                        | 1,570,664               | 1,570,418               | 1,571,341                                                  | 246                          |
| US Treasury Notes                                                                          | 07/31/2009 2.625% 07/31/2014 | 1,076,127                | –                       | 1,076,127               | 1,076,250                                                  | –                            |
| US Treasury Notes                                                                          | 07/31/2009 2.625% 07/31/2014 | –                        | 1,080,064               | 1,076,127               | 1,080,513                                                  | 3,937                        |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014 | 122,056                  | –                       | 122,056                 | 122,056                                                    | –                            |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014 | 40,752                   | –                       | 40,752                  | 40,752                                                     | –                            |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014 | 42,966                   | –                       | 42,966                  | 42,961                                                     | –                            |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014 | 135,633                  | –                       | 135,633                 | 135,686                                                    | –                            |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014 | 70,416                   | –                       | 70,416                  | 70,421                                                     | –                            |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014 | 70,531                   | –                       | 70,531                  | 70,525                                                     | –                            |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014 | 171,369                  | –                       | 171,369                 | 171,302                                                    | –                            |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014 | 1,047,493                | –                       | 1,047,493               | 1,047,534                                                  | –                            |

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2009

| (a)<br>Identity of Party Involved                                                          | (b)<br>Description of Asset        | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current<br>Value of Asset<br>on Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|--------------------------------------------------------------------------------------------|------------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Category (iii) – Series of transactions in excess of 5% of plan assets (continued).</b> |                                    |                          |                         |                         |                                                            |                              |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014       | \$ 1,477,564             | \$ –                    | \$ 1,477,564            | \$ 1,476,941                                               | \$ –                         |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014       | –                        | 3,188,817               | 3,178,779               | 3,190,774                                                  | 10,038                       |
| Outside Collective Funds                                                                   | MGI US Large Cap Passive Equity    | 6,324,072                | –                       | 6,324,072               | 6,368,787                                                  | –                            |
| Outside Collective Funds                                                                   | MGI US Large Cap Passive Equity    | 5,410,153                | –                       | 5,410,153               | 5,492,792                                                  | –                            |
| Outside Collective Funds                                                                   | MGI US Large Cap Passive Equity    | 1,831,038                | –                       | 1,831,038               | 1,847,718                                                  | –                            |
| Outside Collective Funds                                                                   | MGI Non-US Core Equity             | 5,646,500                | –                       | 5,646,500               | 5,567,931                                                  | –                            |
| Outside Collective Funds                                                                   | MGI Non-US Core Equity             | 4,830,493                | –                       | 4,830,493               | 4,750,060                                                  | –                            |
| Outside Collective Funds                                                                   | MGI Non-US Core Equity             | 1,573,506                | –                       | 1,573,506               | 1,555,941                                                  | –                            |
| Outside Collective Funds                                                                   | MGI Long Duration Inv Grade Fixed  | 9,500,000                | –                       | 9,500,000               | 9,402,896                                                  | –                            |
| Outside Collective Funds                                                                   | MGI Long Duration Fixed Income     | 7,728,789                | –                       | 7,728,789               | 7,615,685                                                  | –                            |
| Outside Collective Funds                                                                   | MGI Long Duration Fixed Income     | 11,577,152               | –                       | 11,577,152              | 11,501,236                                                 | –                            |
| Outside Collective Funds                                                                   | MGI Long Duration Fixed Income     | –                        | 9,500,000               | 9,499,874               | 9,406,863                                                  | 126                          |
| Mutual Funds – Other                                                                       | Sprucegrove Grp Trust Int'l Equity | –                        | 8,025,095               | 2,906,661               | 8,037,136                                                  | 5,118,434                    |
| Mutual Funds – Other                                                                       | Sprucegrove Grp Trust Int'l Equity | –                        | 445,573                 | 161,385                 | 446,242                                                    | 284,188                      |
| Mutual Funds – Equity                                                                      | Vanguard Small Cap Index           | 1,185                    | –                       | 1,185                   | 1,185                                                      | –                            |

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2009

| (a)<br>Identity of Party Involved                                                          | (b)<br>Description of Asset | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current<br>Value of Asset<br>on Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|--------------------------------------------------------------------------------------------|-----------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Category (iii) – Series of transactions in excess of 5% of plan assets (continued).</b> |                             |                          |                         |                         |                                                            |                              |
| Mutual Funds – Equity                                                                      | Vanguard Small Cap Index    | \$ –                     | \$ 3,059,257            | \$ 2,969,661            | \$ 3,059,257                                               | \$ 89,596                    |
| Mutual Funds – Equity                                                                      | Vanguard Mid Cap Index      | 1,724                    | –                       | 1,724                   | 1,724                                                      | –                            |
| Mutual Funds – Equity                                                                      | Vanguard Mid Cap Index      | –                        | 2,961,343               | 2,903,835               | 2,961,343                                                  | 57,508                       |

Note: There were no category (ii) or (iv) transactions during the 2009 Plan Year. Columns (e) and (f) are not applicable.

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

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

▶ Round off amounts to nearest dollar.  
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>LAW COMPANIES GROUP, INC. PENSION PLAN                                                                       | <b>B</b> Three-digit plan number (PN) ▶<br><br>006                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>MACTEC, INC.                                              | <b>D</b> Employer Identification Number (EIN)<br><br>95-3139094                                                                                         |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                      |                            |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>                                                                                                                      |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                     |                            |                    |
| <b>a</b> Market value.....                                                                                                                                                                           | <b>2a</b>                  | 41,616,998         |
| <b>b</b> Actuarial value.....                                                                                                                                                                        | <b>2b</b>                  | 45,778,698         |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                  | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                           | <b>3a</b> 294              | 22,871,302         |
| <b>b</b> For terminated vested participants.....                                                                                                                                                     | <b>3b</b> 1,511            | 29,068,286         |
| <b>c</b> For active participants:                                                                                                                                                                    |                            |                    |
| (1) Non-vested benefits.....                                                                                                                                                                         | <b>3c(1)</b>               | 0                  |
| (2) Vested benefits.....                                                                                                                                                                             | <b>3c(2)</b>               | 8,150,219          |
| (3) Total active.....                                                                                                                                                                                | <b>3c(3)</b> 275           | 8,150,219          |
| <b>d</b> Total.....                                                                                                                                                                                  | <b>3d</b> 2,080            | 60,089,807         |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                             | <b>4a</b>                  |                    |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate.....                                                                                                                                                                | <b>5</b>                   | 8.15 %             |
| <b>6</b> Target normal cost.....                                                                                                                                                                     | <b>6</b>                   | 175,000            |

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN HERE</div> <div>Anthony Wagman APW</div> <div>Signature of actuary</div> <div>ANTHONY WAGMAN</div> <div>Type or print name of actuary</div> <div>MERCER</div> <div>Firm name</div> <div>3560 LENOX ROAD, SUITE 2400</div> <div>ATLANTA GA 30326</div> <div>Address of the firm</div> | <div>10/12/10</div> <div>Date</div> <div>08-07407</div> <div>Most recent enrollment number</div> <div>(404) 442-3100</div> <div>Telephone number (including area code)</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

| <b>Part II Beginning of year carryover and prefunding balances</b>                                       |                       |                        |
|----------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 2,639,462             | 0                      |
| <b>8</b> Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 2,296,124             | 0                      |
| <b>9</b> Amount remaining (Item 7 minus item 8).....                                                     | 343,338               | 0                      |
| <b>10</b> Interest on item 9 using prior year's actual return of <u>28.01</u> % .....                    | (96,169)              | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                           |                       |                        |
| <b>a</b> Excess contributions (Item 38 from prior year) .....                                            |                       | 0                      |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.35</u> % .....                        |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....            |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                           |                       | 0                      |
| <b>12</b> Reduction in balances due to elections or deemed elections.....                                | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) .....             | 247,169               | 0                      |

| <b>Part III Funding percentages</b>                                                                                                                                       |           |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 75.77 % |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 75.77 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 84.47 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %       |

| <b>Part IV Contributions and liquidity shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/15/2009                                                                               | 574,031                           |                                 |                          |                                   |                                 |
| 07/14/2009                                                                               | 574,031                           |                                 |                          |                                   |                                 |
| 10/14/2009                                                                               | 574,031                           |                                 |                          |                                   |                                 |
| 01/15/2010                                                                               | 574,031                           |                                 |                          |                                   |                                 |
| 09/15/2010                                                                               | 751,000                           |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 3,047,124                         | <b>18(c)</b> 0                  |

**19** Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |           |
|-------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years. ....                     | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 2,838,142 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... ☒ Yes ☐ No

**b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☒ Yes ☐ No

**c** If 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of Quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

|                                                                                                                                                                                                                                            |                                                |                                                           |                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Part V Assumptions used to determine funding target and target normal cost</b>                                                                                                                                                          |                                                |                                                           |                                                                                  |
| <b>21</b> Discount rate:                                                                                                                                                                                                                   |                                                |                                                           |                                                                                  |
| <b>a</b> Segment rates:                                                                                                                                                                                                                    | 1st segment:<br>%                              | 2nd segment:<br>%                                         | 3rd segment:<br>% <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                                                               |                                                |                                                           | <b>21b</b> 2                                                                     |
| <b>22</b> Weighted average retirement age .....                                                                                                                                                                                            |                                                |                                                           | <b>22</b> 65                                                                     |
| <b>23</b> Mortality table(s) (see instructions)                                                                                                                                                                                            | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                                              |
| <b>Part VI Miscellaneous items</b>                                                                                                                                                                                                         |                                                |                                                           |                                                                                  |
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                |                                                           |                                                                                  |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                      |                                                |                                                           |                                                                                  |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            |                                                |                                                           |                                                                                  |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                                                                                       | <b>27</b>                                      |                                                           |                                                                                  |
| <b>Part VII Reconciliation of unpaid minimum required contributions for prior years</b>                                                                                                                                                    |                                                |                                                           |                                                                                  |
| <b>28</b> Unpaid minimum required contribution for all prior years .....                                                                                                                                                                   | <b>28</b>                                      |                                                           | 0                                                                                |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....                                                                                                        | <b>29</b>                                      |                                                           | 0                                                                                |
| <b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....                                                                                                                                          | <b>30</b>                                      |                                                           | 0                                                                                |
| <b>Part VIII Minimum required contribution for current year</b>                                                                                                                                                                            |                                                |                                                           |                                                                                  |
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                                                                              | <b>31</b>                                      |                                                           | 175,000                                                                          |
| <b>32</b> Amortization installments:                                                                                                                                                                                                       | Outstanding Balance                            |                                                           | Installment                                                                      |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                                                                      | 14,558,278                                     |                                                           | 2,835,450                                                                        |
| <b>b</b> Waiver amortization installment .....                                                                                                                                                                                             | 0                                              |                                                           | 0                                                                                |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....                                                       | <b>33</b>                                      |                                                           | 0                                                                                |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....                                                                                                         | <b>34</b>                                      |                                                           | 3,010,450                                                                        |
|                                                                                                                                                                                                                                            | Carryover balance                              | Prefunding balance                                        | Total balance                                                                    |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                                                                                | 247,169                                        | 0                                                         | 247,169                                                                          |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                                                                         | <b>36</b>                                      |                                                           | 2,763,281                                                                        |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                                                                         | <b>37</b>                                      |                                                           | 2,838,142                                                                        |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                                                                                  | <b>38</b>                                      |                                                           | 74,861                                                                           |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                                                                             | <b>39</b>                                      |                                                           | 0                                                                                |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                                                                         | <b>40</b>                                      |                                                           | 0                                                                                |

**Schedule SB, Line 22 — Description of weighted average retirement age**

All participants are expected to retire at age 65.

## Schedule SB, Part V — Statement of actuarial assumptions/methods

|                                                                 |                                                                                             |                                   |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Discount rate elections<sup>1</sup></b>                      | <b><u>Funding</u></b>                                                                       |                                   |
|                                                                 | Full Yield Curve with a 2-month look back                                                   |                                   |
| <b>Mortality elections</b>                                      |                                                                                             |                                   |
| ▪ Healthy and disabled participants                             | 2009 PPA separate static annuitant and nonannuitant mortality tables                        |                                   |
| <b>Other economic assumptions</b>                               |                                                                                             |                                   |
| ▪ Salary increases                                              | Not applicable                                                                              |                                   |
| ▪ Flat-dollar benefit increases                                 | Not applicable                                                                              |                                   |
| ▪ Social Security wage base                                     | Not applicable                                                                              |                                   |
| ▪ Inflation                                                     | Not applicable                                                                              |                                   |
| ▪ Expected investment return                                    | 8.00% for 2007 through 2009                                                                 |                                   |
| ▪ Expenses                                                      | \$175,000                                                                                   |                                   |
| ▪ Other                                                         | Not applicable                                                                              |                                   |
| <b>Demographic assumptions</b>                                  |                                                                                             |                                   |
| Withdrawal                                                      | Modified 2003 Society of Actuaries Turnover Based on Age.<br><br>See table of sample rates. |                                   |
| Disability incidence                                            | 1952 Disability Study, Period 2, Benefit 5 Table.<br>See table of sample rates.             |                                   |
| Retirement age                                                  | <b>Attained age</b>                                                                         | <b>Percentage</b>                 |
|                                                                 | 64 and below                                                                                | 0.0                               |
|                                                                 | 65 and above                                                                                | 100.0                             |
| <hr/>                                                           |                                                                                             |                                   |
| Benefit commencement age for current and future vested deferred | Age 65                                                                                      |                                   |
| Spouse assumptions                                              | <b><u>Male participants</u></b>                                                             | <b><u>Female participants</u></b> |
| ▪ Percentage married                                            | 85%                                                                                         | 65%                               |
| ▪ Spouse age difference                                         | 3 years younger                                                                             | 3 years older                     |

<sup>1</sup> Based on interest rate methodology elections described below.

## Schedule SB, Part V — Statement of actuarial assumptions/methods

| Form of payment           | <u>Lump sum</u> | <u>Single life</u> | <u>50% J&amp;S</u> |
|---------------------------|-----------------|--------------------|--------------------|
| ▪ Active retirements      | 0%              | 100%               | 0%                 |
| ▪ Future vested deferred  | 0%              | 100%               | 0%                 |
| ▪ Future disabilities     | 0%              | 100%               | 0%                 |
| ▪ Future deaths           | 0%              | 0%                 | 100%               |
| ▪ Current vested deferred | 0%              | 100%               | 0%                 |

### Table of sample rates

| Attained age | Percentage |            |
|--------------|------------|------------|
|              | Withdrawal | Disability |
| 20           | 26.00%     | 0.08%      |
| 25           | 18.00      | 0.10       |
| 30           | 12.20      | 0.11       |
| 35           | 8.70       | 0.13       |
| 40           | 6.90       | 0.16       |
| 45           | 6.10       | 0.22       |
| 50           | 5.60       | 0.35       |
| 55           | 4.40       | 0.71       |
| 60           | 3.40       | 1.26       |

## Schedule SB, Part V — Statement of actuarial assumptions/methods

### *Asset methods*

We used financial data submitted by the Company as of the valuation date without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method is an annual average of the adjusted market value at the valuation date and 12 months preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

### *Participant methods*

We used the participant data supplied by the plan sponsor. We have reviewed the data and have no reason to doubt its substantial accuracy. Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.
- **Disabled participants:** Participants who become disabled before retirement have been valued assuming that they will remain disabled until normal retirement.

## Schedule SB, Part V — Statement of actuarial assumptions/methods

### *Minimum funding method*

Target liability for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **accrued liability** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the accrued liability and the normal cost for an individual are the sum of the component accrued liabilities and normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual normal costs, and the plan's **funding target** is the sum of the accrued liabilities for all participants under the plan.

### *Maximum deductible contribution method*

Calculations of maximum deductible contributions include the excess of the accrued liability computed using the projected unit credit method over the minimum funding target liability. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration future benefit increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **projected accrued liability** is the present value of benefits based on credited service as of the beginning of the plan year and projected benefit that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the accrued liability for an individual is the sum of the component accrued liabilities associated with the various anticipated separation dates.
- The plan's **projected funding target liability** is the sum of the projected accrued liabilities for all participants under the plan.

## Schedule SB, Part V — Summary of plan provisions

|                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date and Plan Year                     | The effective date of the Plan is January 1989. The Plan year is the calendar year.                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Most Recent Amendment                            | January 1, 2008.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Status of the plan                               | Plan was frozen as of March 28, 1997. No participant may enter or accrue additional benefits under the plan.                                                                                                                                                                                                                                                                                                                                                                                         |
| Significant events that occurred during the year | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Sponsoring Employer                              | MACTEC, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Administration                                   | The Plan Administrator, appointed by the Board, will undertake the day to day administration of the Plan. He may appoint other persons to perform his functions.                                                                                                                                                                                                                                                                                                                                     |
| Type of Plan                                     | The Plan is noncontributory single employer defined benefit plan.                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Eligibility                                      | See Participating employees; this is a frozen group.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Service Considered                               | Benefit Service: All plan years, after attainment of age 21, in which an employee completes at least 1,000 hours. Service in Plan years in which an employee is hired or terminated is prorated based on 2,000 hours per year. Benefit service was frozen on March 28, 1997.<br><br>Vesting Service: Each Plan year in which the employee completes at least 1,000 hours of service.<br><br>Eligibility Service: A twelve consecutive month period in which the employee works at least 1,000 hours. |
| Compensation Considered                          | The sum of annual earnings and overtime pay. Annual earnings do not include overtime, bonuses, commissions, or other non-recurring compensation. No compensation earned after March 28, 1997 will be considered.                                                                                                                                                                                                                                                                                     |
| Average Annual Compensation                      | The highest three-year average of compensation from the last ten years.                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Normal Retirement Age                            | Age as of the first day of the month following the later of attainment of age 65 or completion of one year of Eligibility Service.                                                                                                                                                                                                                                                                                                                                                                   |
| Early Retirement Age                             | Age as of the first day of the month following the later of attainment of age 55 or completion of five years of Eligibility Service.                                                                                                                                                                                                                                                                                                                                                                 |
| Deferred Retirement Age                          | Age as of the first day of any calendar month after the Participant's Normal Retirement Date as elected by the Participant, if the Participant's service continues to within one month of that date and the Participant does not elect to receive benefits on his Normal Retirement Date.                                                                                                                                                                                                            |

## Schedule SB, Part V — Summary of plan provisions

|                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement Benefit                                                                                                                                                | <p>The sum of (A + B + C)</p> <p>A) 1.4% of Average Annual Compensation times Years of Benefit Service less than 20,</p> <p>B) 1% of Average Annual Compensation times Years of Benefit Service in excess of 20, but no greater than 35, and</p> <p>C) 0.65% of the excess of Average Annual Compensation over Covered Compensation times Years of Benefit Service less than 20.</p>                                                                                        |
| Late Retirement Benefit                                                                                                                                                  | <p>The Normal Retirement Benefit is recalculated at the beginning of each plan year following the participant's Normal Retirement Date. If at any time the predetermined benefit is less than the benefit determined the previous year, then the larger benefit amount is used.</p>                                                                                                                                                                                         |
| Early Retirement Benefit                                                                                                                                                 | <p>The Normal Retirement Benefit is calculated using service projected to Normal Retirement Date. The benefit is multiplied by a fraction, the numerator of which is Benefit Service to date and the denominator of which is Benefit Service projected to Normal Retirement. The service in the denominator is not limited to 35 years. The resulting amount is then reduced by 6% times the number of years by which the commencement date precedes Normal Retirement.</p> |
| Deferred Vested Benefit                                                                                                                                                  | <p>The Normal Retirement Benefit calculated using service projected to Normal Retirement Date. The benefit is multiplied by a fraction, the numerator of which is Benefit Service to date and the denominator of which is Benefit Service projected to Normal Retirement. The service in the denominator is not limited to 35 years.</p>                                                                                                                                    |
| Disability Benefit                                                                                                                                                       | <p>The Normal Retirement Benefit, where Benefit Service is credited to the participant from the date of disability to the Normal Retirement Date. The benefit is payable on the Participant's Normal Retirement Date.</p>                                                                                                                                                                                                                                                   |
| Death Benefit                                                                                                                                                            | <p>A married vested participant who dies shall be eligible for a death benefit. The amount of the death benefit shall be the monthly pension due to the spouse had the joint and 50% survivor option been elected immediately before the death of the participant.</p>                                                                                                                                                                                                      |
| <p>Form of Benefits</p> <ul style="list-style-type: none"> <li>▪ Automatic form for unmarried participants</li> <li>▪ Automatic form for married participants</li> </ul> | <p>Life Annuity</p> <p>Qualified Joint and Survivor Annuity</p>                                                                                                                                                                                                                                                                                                                                                                                                             |

## Schedule SB, Part V — Summary of plan provisions

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Optional Forms                     | <p>The normal form of payment is a life annuity. Preretirement spouse benefits are payable only as described above. For married participants, benefits are payable in the form of a 50% joint and survivor annuity or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a joint and survivor annuity with various reduction amounts, a joint and survivor annuity with stipulated payments, a life annuity with stipulated payments, or a temporary annuity which decreases when the annuitant first becomes eligible for Social Security benefits.</p> <p>At the termination of employment of a participant, the single sum that is the Actuarial Equivalent of his entire non- forfeitable benefit is less than \$3,500 for terminations of employment occurring prior to Jan 1, 1998 or \$5,000 for termination of employment occurring on or after January 1, 1998</p> |
| Optional Form Conversion Factors   | <p>For Normal retirement benefit of capped participants<br/>Interest – 6%<br/>Mortality – GA 1951 Table set back to 3 years, projected by scale C to 1970.</p> <p>For Early retirement window participants<br/>Interest – 4% or the interest rate used by Massachusetts Mutual Life Insurance Company to purchase immediate non-participating annuities.<br/>Mortality – 1983 male group annuity mortality table, with a six year set back, for all window participants and their Spouses and Beneficiaries.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Miscellaneous                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Maximum Compensation               | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Maximum benefits                   | Annual benefits may not exceed the limits in IRC Section 415.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Funding medium                     | The administration consists of one or more members which shall be designated by the company.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Administration                     | Trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Benefits not included in valuation | All benefits are valued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Changes Since Prior Valuation      | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

## Schedule SB, Part V — Summary of plan provisions

### *Benefits included or excluded*

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Plan amendments:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Late retirement increases:**
  - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **IRC Section 415(b):** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **Benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.

### *Significant events*

To the best of our knowledge, no events occurred during the year that would significantly affect the valuation results.

## **Schedule SB, Line 24 — Change in actuarial assumptions**

Interest discounts and mortality table rates were updated from 2008 to 2009 in accordance with PPA and sponsor elections.

Interest rates were changed from the Full Yield Curve rates with no look back to the Full Yield Curve rates with a 2-month look back.

The withdrawal assumption was changed from the T7 table (with 5-year set back for females) to the modified 2003 Society of Actuaries Turnover table based on age to better reflect plan experience.

Expenses are assumed to be \$175,000.

These changes were made to better reflect anticipated plan experience and comply with the requirements of the Pension Protection Act of 2006.

## **Schedule SB, Line 25 — Change in method**

Beginning with the 2009 valuation, expected expenses are added to the normal cost and the asset method was changed from the market value of assets to an average of the adjusted market value at the valuation date and 12 months preceding the valuation date.

We changed to a new valuation liability system this year. This change did not materially affect liability amounts, and received automatic approval from the IRS under Announcement 2010-3.

The funding interest rate was changed from the full yield curve with no look back to the full yield curve with a 2-month look back.

**Schedule SB, Line 26 - Schedule of active participant data**

| Attained age | Years of credited service |     |     |       |       |       |       |       |         |       |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|---------|-------|
|              | Under 1                   | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35 & Up | Total |
| < 25         |                           |     |     |       |       |       |       |       |         |       |
| 25 - 29      |                           |     |     |       |       |       |       |       |         |       |
| 30 - 34      |                           | 2   |     |       |       |       |       |       |         | 2     |
| 35 - 39      |                           | 12  | 3   |       |       |       |       |       |         | 15    |
| 40 - 44      |                           | 14  | 27  | 3     |       |       |       |       |         | 44    |
| 45 - 49      | 1                         | 13  | 24  | 22    | 1     |       |       |       |         | 61    |
| 50 - 54      | 1                         | 13  | 15  | 8     | 12    | 1     |       |       |         | 50    |
| 55 - 59      |                           | 11  | 7   | 4     | 10    | 11    | 2     |       |         | 45    |
| 60 - 64      |                           | 9   | 10  | 5     | 6     | 7     | 8     | 1     |         | 46    |
| 65 - 69      |                           | 2   |     | 3     | 1     |       | 3     | 2     |         | 11    |
| 70+          |                           |     | 1   |       |       |       |       |       |         | 1     |
| Total        | 2                         | 76  | 87  | 45    | 30    | 19    | 13    | 3     |         | 275   |

In each cell, the number is the count of active participants for each age/service combination.

## Schedule SB, Line 32 — Schedule of amortization bases

The shortfall amortization charge is the sum of the shortfall base amortization for each plan year covered under PPA. Although a shortfall base can be negative, the combined shortfall amortization charge cannot be negative.

| Shortfall bases  |    |                     |                 |              |
|------------------|----|---------------------|-----------------|--------------|
| Year established |    | Outstanding balance | Years remaining | Installment  |
| 2008             | \$ | 11,518,942          | 6               | \$ 2,296,124 |
| 2009             |    | 3,039,336           | 7               | 539,326      |
| Total            | \$ | 14,558,278          |                 | \$ 2,835,450 |

| Waiver bases     |    |                     |                 |             |
|------------------|----|---------------------|-----------------|-------------|
| Year established |    | Outstanding balance | Years remaining | Installment |
| Total            | \$ | 0                   |                 | \$ 0        |

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094

Plan No.: 006

Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

December 31, 2009

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment (Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value) | (d)<br>Cost  | (e)<br>Current<br>Value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------|
| *   | Wachovia Bank Money Market                                     | Cash Equivalents                                                                                                       | \$ 617,727   | \$ 617,727              |
| *   | Mercer Global Investment (MGI)                                 | US Small Mid Cap Growth Equity CT                                                                                      | 1,694,776    | 1,777,583               |
| *   | Mercer Global Investment (MGI)                                 | US Small/Mid Cap Value Equity CT                                                                                       | 1,698,483    | 1,763,301               |
| *   | Mercer Global Investment (MGI)                                 | US Large Cap Passive Equity CT                                                                                         | 13,565,263   | 13,709,297              |
| *   | Mercer Global Investment (MGI)                                 | Non-US Core Equity CT                                                                                                  | 12,050,500   | 11,873,932              |
| *   | Mercer Global Investment (MGI)                                 | Long Duration Investment CT                                                                                            | 9,500,000    | 9,402,896               |
| *   | Mercer Global Investment (MGI)                                 | Long Duration Fixed Income CT                                                                                          | 9,806,067    | 9,710,059               |
|     | Total Collective Trust Funds                                   |                                                                                                                        | 48,315,089   | 48,237,068              |
|     | Total Investments                                              |                                                                                                                        | \$48,932,816 | \$48,854,795            |

\* Indicates a party-in-interest to the Plan.

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions

Year ended December 31, 2009

| (a)<br>Identity of Party Involved                                          | (b)<br>Description of Asset | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current<br>Value of Asset<br>on Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|----------------------------------------------------------------------------|-----------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Category (i) – A single transaction in excess of 5% of plan assets.</b> |                             |                          |                         |                         |                                                            |                              |
| Wachovia Bank                                                              | Cash and Cash Equivalents   | \$ 61,329,212            | \$ –                    | \$ 61,329,212           | \$ 61,329,212                                              | \$ –                         |
| Wachovia Bank                                                              | Cash and Cash Equivalents   | –                        | 61,325,903              | 61,325,903              | 61,325,903                                                 | –                            |
| Wachovia Bank                                                              | Cash and Cash Equivalents   | 8,470,668                | –                       | 8,470,668               | 8,470,668                                                  | –                            |
| Wachovia Bank                                                              | Cash and Cash Equivalents   | –                        | 8,470,668               | 8,470,668               | 8,470,668                                                  | –                            |

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2009

| (a)<br>Identity of Party Involved                                              | (b)<br>Description of Asset | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current<br>Value of Asset<br>on Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|--------------------------------------------------------------------------------|-----------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Category (iii) – Series of transactions in excess of 5% of plan assets.</b> |                             |                          |                         |                         |                                                            |                              |
| Wachovia Bank                                                                  | Cash and Cash Equivalents   | \$ 61,329,212            | \$ –                    | \$ 61,329,212           | \$ 61,329,212                                              | \$ –                         |
| Wachovia Bank                                                                  | Cash and Cash Equivalents   | –                        | 61,325,903              | 61,325,903              | 61,325,903                                                 | –                            |
| Wachovia Bank                                                                  | Cash and Cash Equivalents   | 8,470,668                | –                       | 8,470,668               | 8,470,668                                                  | –                            |
| Wachovia Bank                                                                  | Cash and Cash Equivalents   | –                        | 8,470,668               | 8,470,668               | 8,470,668                                                  | –                            |
| US Treasury Notes                                                              | 11/15/2007 4.25% 11/15/2017 | –                        | 363,110                 | 341,175                 | 362,571                                                    | 21,935                       |
| US Treasury Notes                                                              | 11/15/2007 4.25% 11/15/2017 | –                        | 61,127                  | 59,570                  | 60,981                                                     | 1,557                        |
| US Treasury Notes                                                              | 11/15/2007 4.25% 11/15/2017 | –                        | 86,074                  | 81,232                  | 85,758                                                     | 4,842                        |
| US Treasury Notes                                                              | 11/15/2007 4.25% 11/15/2017 | 223,446                  | –                       | 223,446                 | 223,140                                                    | –                            |
| US Treasury Notes                                                              | 11/15/2007 4.25% 11/15/2017 | –                        | 157,511                 | 161,998                 | 157,551                                                    | (4,487)                      |
| US Treasury Notes                                                              | 11/15/2007 4.25% 11/15/2017 | 632,623                  | –                       | 632,623                 | 632,210                                                    | –                            |
| US Treasury Notes                                                              | 11/15/2007 4.25% 11/15/2017 | –                        | 692,900                 | 694,070                 | 692,550                                                    | (1,170)                      |
| US Treasury Notes                                                              | 11/17/2008 3.75% 11/15/2018 | 166,964                  | –                       | 166,964                 | 166,916                                                    | –                            |

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2009

| (a)<br>Identity of Party Involved                                                          | (b)<br>Description of Asset | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current<br>Value of Asset<br>on Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|--------------------------------------------------------------------------------------------|-----------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Category (iii) – Series of transactions in excess of 5% of plan assets (continued).</b> |                             |                          |                         |                         |                                                            |                              |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | \$ –                     | \$ 53,629               | \$ 53,859               | \$ 53,516                                                  | \$ (230)                     |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 95,755                   | –                       | 95,755                  | 95,597                                                     | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 167,018                 | 166,017                 | 167,061                                                    | 1,001                        |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 85,144                   | –                       | 85,144                  | 85,169                                                     | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 91,136                  | 90,658                  | 90,990                                                     | 478                          |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 38,813                  | 37,330                  | 38,645                                                     | 1,483                        |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 199,048                  | –                       | 199,048                 | 199,064                                                    | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 180,658                  | –                       | 180,658                 | 180,572                                                    | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 131,152                 | 133,700                 | 131,173                                                    | (2,548)                      |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 107,280                  | –                       | 107,280                 | 107,313                                                    | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 55,720                  | 58,002                  | 55,795                                                     | (2,282)                      |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 127,507                  | –                       | 127,507                 | 127,297                                                    | –                            |

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2009

| (a)<br>Identity of Party Involved                                                          | (b)<br>Description of Asset | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current<br>Value of Asset<br>on Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|--------------------------------------------------------------------------------------------|-----------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Category (iii) – Series of transactions in excess of 5% of plan assets (continued).</b> |                             |                          |                         |                         |                                                            |                              |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | \$ 56,202                | \$ –                    | \$ 56,202               | \$ 56,114                                                  | \$ –                         |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 55,290                  | 56,655                  | 55,241                                                     | (1,365)                      |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 55,824                  | 56,552                  | 55,929                                                     | (728)                        |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 132,346                 | 134,015                 | 132,539                                                    | (1,669)                      |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 59,602                   | –                       | 59,602                  | 59,583                                                     | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 76,049                   | –                       | 76,049                  | 76,102                                                     | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 194,751                  | –                       | 194,751                 | 195,107                                                    | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 98,017                  | 97,103                  | 98,109                                                     | 914                          |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 82,447                   | –                       | 82,447                  | 82,475                                                     | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 486,634                  | –                       | 486,634                 | 486,342                                                    | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | 322,230                  | –                       | 322,230                 | 322,037                                                    | –                            |
| US Treasury Notes                                                                          | 11/17/2008 3.75% 11/15/2018 | –                        | 1,361,641               | 1,356,381               | 1,360,920                                                  | 5,260                        |
| US Treasury Notes                                                                          | 11/17/2008 1.75% 11/15/2011 | 766,797                  | –                       | 766,797                 | 766,385                                                    | –                            |
| US Treasury Notes                                                                          | 11/17/2008 1.75% 11/15/2011 | 223,231                  | –                       | 223,231                 | 223,164                                                    | –                            |
| US Treasury Notes                                                                          | 11/17/2008 1.75% 11/15/2011 | 239,213                  | –                       | 239,213                 | 239,204                                                    | –                            |

Law Companies Group, Inc. Pension Plan

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Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2009

| (a)<br>Identity of Party Involved                                                          | (b)<br>Description of Asset | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current<br>Value of Asset<br>on Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|--------------------------------------------------------------------------------------------|-----------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Category (iii) – Series of transactions in excess of 5% of plan assets (continued).</b> |                             |                          |                         |                         |                                                            |                              |
| US Treasury Notes                                                                          | 11/17/2008 1.75% 11/15/2011 | \$2,698,727              | \$ –                    | \$2,698,727             | \$ 2,698,429                                               | \$ –                         |
| US Treasury Notes                                                                          | 11/17/2008 1.75% 11/15/2011 | –                        | 3,931,648               | 3,927,968               | 3,932,408                                                  | 3,680                        |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | 217,903                  | –                       | 217,903                 | 217,886                                                    | –                            |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | –                        | 131,711                 | 128,761                 | 131,646                                                    | 2,950                        |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | –                        | 89,722                  | 89,142                  | 89,663                                                     | 580                          |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | 336,919                  | –                       | 336,919                 | 336,705                                                    | –                            |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | –                        | 136,461                 | 138,731                 | 136,511                                                    | (2,270)                      |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | 422,709                  | –                       | 422,709                 | 422,642                                                    | –                            |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | 241,612                  | –                       | 241,612                 | 241,524                                                    | –                            |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | 93,828                   | –                       | 93,828                  | 93,793                                                     | –                            |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | 264,957                  | –                       | 264,957                 | 264,946                                                    | –                            |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | –                        | 67,528                  | 67,581                  | 67,507                                                     | (53)                         |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | –                        | 170,379                 | 168,954                 | 170,338                                                    | 1,425                        |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | –                        | 346,125                 | 342,735                 | 345,987                                                    | 3,390                        |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014 | 175,564                  | –                       | 175,564                 | 175,430                                                    | –                            |

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2009

| (a)<br>Identity of Party Involved                                                          | (b)<br>Description of Asset  | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current<br>Value of Asset<br>on Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|--------------------------------------------------------------------------------------------|------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Category (iii) – Series of transactions in excess of 5% of plan assets (continued).</b> |                              |                          |                         |                         |                                                            |                              |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014  | \$ –                     | \$ 182,557              | \$ 178,999              | \$ 182,702                                                 | \$ 3,558                     |
| US Treasury Notes                                                                          | 02/02/2009 1.75% 01/31/2014  | –                        | 659,278                 | 638,589                 | 659,743                                                    | 20,689                       |
| US Treasury Notes                                                                          | 12/15/2008 1.125% 12/15/2011 | 1,091,485                | –                       | 1,091,485               | 1,091,445                                                  | –                            |
| US Treasury Notes                                                                          | 12/15/2008 1.125% 12/15/2011 | 478,934                  | –                       | 478,934                 | 479,047                                                    | –                            |
| US Treasury Notes                                                                          | 12/15/2008 1.125% 12/15/2011 | –                        | 1,570,664               | 1,570,418               | 1,571,341                                                  | 246                          |
| US Treasury Notes                                                                          | 07/31/2009 2.625% 07/31/2014 | 1,076,127                | –                       | 1,076,127               | 1,076,250                                                  | –                            |
| US Treasury Notes                                                                          | 07/31/2009 2.625% 07/31/2014 | –                        | 1,080,064               | 1,076,127               | 1,080,513                                                  | 3,937                        |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014 | 122,056                  | –                       | 122,056                 | 122,056                                                    | –                            |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014 | 40,752                   | –                       | 40,752                  | 40,752                                                     | –                            |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014 | 42,966                   | –                       | 42,966                  | 42,961                                                     | –                            |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014 | 135,633                  | –                       | 135,633                 | 135,686                                                    | –                            |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014 | 70,416                   | –                       | 70,416                  | 70,421                                                     | –                            |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014 | 70,531                   | –                       | 70,531                  | 70,525                                                     | –                            |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014 | 171,369                  | –                       | 171,369                 | 171,302                                                    | –                            |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014 | 1,047,493                | –                       | 1,047,493               | 1,047,534                                                  | –                            |

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2009

| (a)<br>Identity of Party Involved                                                          | (b)<br>Description of Asset        | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current<br>Value of Asset<br>on Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|--------------------------------------------------------------------------------------------|------------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Category (iii) – Series of transactions in excess of 5% of plan assets (continued).</b> |                                    |                          |                         |                         |                                                            |                              |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014       | \$ 1,477,564             | \$ –                    | \$ 1,477,564            | \$ 1,476,941                                               | \$ –                         |
| US Treasury Notes                                                                          | 08/31/2009 2.375% 08/31/2014       | –                        | 3,188,817               | 3,178,779               | 3,190,774                                                  | 10,038                       |
| Outside Collective Funds                                                                   | MGI US Large Cap Passive Equity    | 6,324,072                | –                       | 6,324,072               | 6,368,787                                                  | –                            |
| Outside Collective Funds                                                                   | MGI US Large Cap Passive Equity    | 5,410,153                | –                       | 5,410,153               | 5,492,792                                                  | –                            |
| Outside Collective Funds                                                                   | MGI US Large Cap Passive Equity    | 1,831,038                | –                       | 1,831,038               | 1,847,718                                                  | –                            |
| Outside Collective Funds                                                                   | MGI Non-US Core Equity             | 5,646,500                | –                       | 5,646,500               | 5,567,931                                                  | –                            |
| Outside Collective Funds                                                                   | MGI Non-US Core Equity             | 4,830,493                | –                       | 4,830,493               | 4,750,060                                                  | –                            |
| Outside Collective Funds                                                                   | MGI Non-US Core Equity             | 1,573,506                | –                       | 1,573,506               | 1,555,941                                                  | –                            |
| Outside Collective Funds                                                                   | MGI Long Duration Inv Grade Fixed  | 9,500,000                | –                       | 9,500,000               | 9,402,896                                                  | –                            |
| Outside Collective Funds                                                                   | MGI Long Duration Fixed Income     | 7,728,789                | –                       | 7,728,789               | 7,615,685                                                  | –                            |
| Outside Collective Funds                                                                   | MGI Long Duration Fixed Income     | 11,577,152               | –                       | 11,577,152              | 11,501,236                                                 | –                            |
| Outside Collective Funds                                                                   | MGI Long Duration Fixed Income     | –                        | 9,500,000               | 9,499,874               | 9,406,863                                                  | 126                          |
| Mutual Funds – Other                                                                       | Sprucegrove Grp Trust Int'l Equity | –                        | 8,025,095               | 2,906,661               | 8,037,136                                                  | 5,118,434                    |
| Mutual Funds – Other                                                                       | Sprucegrove Grp Trust Int'l Equity | –                        | 445,573                 | 161,385                 | 446,242                                                    | 284,188                      |
| Mutual Funds – Equity                                                                      | Vanguard Small Cap Index           | 1,185                    | –                       | 1,185                   | 1,185                                                      | –                            |

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2009

| (a)<br>Identity of Party Involved                                                          | (b)<br>Description of Asset | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current<br>Value of Asset<br>on Transaction<br>Date | (i)<br>Net<br>Gain<br>(Loss) |
|--------------------------------------------------------------------------------------------|-----------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Category (iii) – Series of transactions in excess of 5% of plan assets (continued).</b> |                             |                          |                         |                         |                                                            |                              |
| Mutual Funds – Equity                                                                      | Vanguard Small Cap Index    | \$ –                     | \$ 3,059,257            | \$ 2,969,661            | \$ 3,059,257                                               | \$ 89,596                    |
| Mutual Funds – Equity                                                                      | Vanguard Mid Cap Index      | 1,724                    | –                       | 1,724                   | 1,724                                                      | –                            |
| Mutual Funds – Equity                                                                      | Vanguard Mid Cap Index      | –                        | 2,961,343               | 2,903,835               | 2,961,343                                                  | 57,508                       |

Note: There were no category (ii) or (iv) transactions during the 2009 Plan Year. Columns (e) and (f) are not applicable.

**Schedule C, Line 2(h) – Formula Description**

April 8, 2010

**EXHIBIT A**

## Schedule C, Line 2(h) – Formula Description

April 8, 2010

### **Eligible Indirect Compensation Received By AllianceBernstein L.P. (2009)**

For purposes of your Form 5500 preparation, AllianceBernstein is providing the following disclosures about Eligible Indirect Compensation it received due in part to the management of your ERISA plan assets in calendar year 2009.

#### **A. Description Of The Eligible Indirect Compensation**

We believe that the only Eligible Indirect Compensation that AllianceBernstein received in connection with your Plan in 2009 was in the form of research services acquired through client commission arrangements (formerly known as “soft” commission programs) with certain broker-dealers. While our policy is to seek best execution, under client commission arrangements we also may select a broker with relatively higher transaction costs than competitors if we determine in good faith that the cost is reasonable in relation to the value of the brokerage and research services provided. The proprietary and third-party research we obtain is designed to augment our own internal research and investment strategy capabilities.

#### **B. Description Of The Research Services Obtained**

All research services acquired through client commission arrangements satisfy the safe harbor set forth in Section 28(e) of the Securities Exchange Act of 1934. In accordance with the relevant standards we regularly consider whether a given service provides lawful and appropriate assistance to the investment management process and make sure the cost of the service bears a reasonable relationship to the value of the research or service.

The services provided to us include:

- A wide variety of written reports on individual companies and industries, general economic conditions, pertinent Federal and state legislative developments and changes in accounting practices;
- Direct access by telephone or meetings with research analysts throughout the financial community;
- Research meetings involving corporate management personnel, broker-dealer staff and AllianceBernstein staff, industry experts and economists; and
- Proxy voting research services and comparative performance evaluation.

AllianceBernstein’s Brokerage Allocation Committee has the principal oversight responsibility for periodically reviewing and evaluating the commission allocation process.

## Schedule C, Line 2(h) – Formula Description

April 8, 2010

### C. Brokers That Provided The Research Services

In 2009, the following broker-dealers provided proprietary research services to, and assisted the acquisition of third-party research services for, AllianceBernstein pursuant to client commission arrangements:  
:

|                       |                                        |                                 |
|-----------------------|----------------------------------------|---------------------------------|
| ABG Sundal Collier    | Fidelity Capital Markets               | Oppenheimer & Co.               |
| ABN Amro              | Fox-Pitt                               | Piper Jaffray                   |
| Barclays Capital      | Friedman, Billings, Ramsey & Co.       | RBC Capital Markets             |
| Barnard Jacobs Mellet | Goldman Sachs                          | Redburn Partners                |
| BNP Paribas           | HSBC                                   | Royal Bank of Scotland          |
| Cazenove Securities   | Investment Technology Group            | Sanford C. Bernstein            |
| Chapdelaine           | Jefferies & Company Inc.               | Santander Investment Securities |
| Cheuvreux             | JP Morgan                              | Scotia Capital                  |
| CIBC World Markets    | Leerink Swann & Company                | Societe Generale                |
| Citigroup             | Macquarie Equities                     | Stifel Nicolaus                 |
| CLSA                  | Merrill Lynch                          | TD Securities                   |
| Cowen & Co.           | Mitsubishi UFJ Securities              | Thomas Weisel Partners LLC      |
| Credit Suisse         | Mizuho Securities                      | UBS                             |
| Daiwa Securities      | Morgan Stanley                         | Wells Fargo Securities, LLC     |
| Deutsche Bank         | National Bank of Canada Financial Inc. | Westminster Research            |
| Exane BNP Paribas     | Nomura Securities                      | William Blair & Co.             |

Please note that we do not enter into agreements or understandings with any brokers regarding the placement of securities transactions because of the research services they provide. Rather, we have an internal procedure for allocating transactions in a manner consistent with our execution policy to brokers that we have identified as providing superior executions and research services of particular benefit to clients.

### D. Formulas To Determine The Amount Of Compensation

Research services furnished by brokers are used to carry out our investment management responsibilities with respect to various client accounts over which we exercise investment discretion. Accordingly, such services may sometimes be utilized in connection with accounts for clients who may not have paid some or all of the commission to the relevant brokers. The services may require the use of computer systems whose software components may be provided by brokers to AllianceBernstein. In situations where the systems can be used for both research and non-research purposes, we will make an appropriate allocation and will only permit such brokers to provide that portion of the system to be used for research purposes.

## **Schedule C, Line 2(h) – Formula Description**

April 8, 2010

In lieu of an estimate of the value of the research services, we provide the following formula: In 2009, approximately 32.8 percent of overall equity commissions generated by AllianceBernstein were allocated to the acquisition of research services and approximately 67.2 percent were allocated to trade execution of applicable commissions. The commissions allocated to research services were used to acquire both proprietary broker research and traditional third-party research services. We believe that we are able to negotiate costs on client transactions that are competitive and consistent with our policy to seek best execution.