Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
COX & COMPANY, INC. 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1997

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

1664 OLD COUNTRY ROAD
PLAINVIEW, NY 10803

2b Employer Identification Number (EIN) 13-5618975

2c Sponsor's telephone number 212-366-0200

2d Business code (see instructions) 335900

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	JAMES JAFFE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	JAMES JAFFE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

COX & COMPANY, INC.
COX & COMPANY, INC.
1664 OLD COUNTRY ROAD
PLAINVIEW, NY 10803

3b Administrator's EIN
13-5618975

3c Administrator's telephone number
212-366-0200

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	175
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	154
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	36
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	191
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	192
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	158
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 2K 3D 2F

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
COX & COMPANY, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500.
COX & COMPANY, INC.

D Employer Identification Number (EIN)
13-5618975

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	GA 39280	120	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	17511

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WS INSURANCE SERVICES
10700 WHEAT FIRST DRIVE
GLEN ALLEN, VA 23060

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	17511	SERVICES TO INSURER OR PLAN	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WS INSURANCE SERVICES, LLC.
10700 WHEAT FIRST DR
GLEN ALLEN, VA 23060

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
		SERVICES TO INSURER OR PLAN	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED GENERAL ACCOUNT CONTRACT

b	Balance at the end of the previous year			7b	5162735
c	Additions: (1) Contributions deposited during the year	7c(1)	232851		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	155818		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	496313		
	▶				
	(6) Total additions			7c(6)	884982
d	Total of balance and additions (add **b** and **c(6)**).			7d	6047717
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	511324		
	(2) Administration charge made by carrier	7e(2)	2825		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	863991		
	▶				
	(5) Total deductions			7e(5)	1378140
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	4669577

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

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

A Name of plan
COX & COMPANY, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
COX & COMPANY, INC.

D Employer Identification Number (EIN)
13-5618975

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE PRUDENTIAL INSURANCE COMPANY OF

22-1211670

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

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

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

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

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

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

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

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

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

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

(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)

WACHOVIA SECURITIES, LLC.

34-1542819

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 39 71	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	16430	Yes [ ] No [X]

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

THE PRUDENTIAL INSURANCE COMPANY OF

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 60 64	NONE	4650	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PRUDENTIAL INVESTMENT MANAGEMENT SE

13-4122960

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRUDENTIAL INVESTMENT MANAGEMENT SE	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANZ GLOBAL INVESTORS DIST., LLC 06-1500307	25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 ALLIANZ NFJ DIV VALUE A

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRUDENTIAL INVESTMENT MANAGEMENT SE	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANZ GLOBAL INVESTORS DIST., LLC 06-1500307	25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 PIMCO TOTAL RETURN A

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRUDENTIAL INVESTMENT MANAGEMENT SE	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS DISTRIBUTORS INC 95-2769620	50.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 AMERICAN BALANCED FUND R3

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRUDENTIAL INVESTMENT MANAGEMENT SE	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS DISTRIBUTORS INC 95-2769620	50.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 GROWTH FUND OF AMERICA R3

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRUDENTIAL INVESTMENT MANAGEMENT SE	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK INVESTMENTS, INC 32-0174431	25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 BLACKROCK SM/MID CAP GR A

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRUDENTIAL INVESTMENT MANAGEMENT SE	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DAVIS DISTRIBUTORS, LLC 74-2831502	25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 DAVIS NY VENTURE FUND A

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRUDENTIAL INVESTMENT MANAGEMENT SE	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DWS INVESTMENTS DISTRIBUTORS, INC. 36-3976708	25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 DWS SMALL CAP VALUE A

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRUDENTIAL INVESTMENT MANAGEMENT SE	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GOLDMAN, SACHS & CO. 13-5108880	25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 GOLD SACHS HI YIELD BD A

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRUDENTIAL INVESTMENT MANAGEMENT SE	63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THORNBURG SECURITIES CORPORATION 85-0318563	25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 THORNBURG INTNL VALUE A

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS SERVICE CO 95-2566717	15.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 AMERICAN BALANCED FUND R3

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS SERVICE CO 95-2566717	15.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 GROWTH FUND OF AMERICA R3

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BOSTON FINANCIAL DATA SERVICE, INC 04-2526037	0.000 BPS AND $16.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 DAVIS NY VENTURE FUND A

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BOSTON FINANCIAL DATA SERVICES, INC 04-2526037	35.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 THORNBURG INTNL VALUE A

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BOSTON FINANCIAL DATA SVCS 04-2526037	25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 ALLIANZ NFJ DIV VALUE A

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DWS INVESTMENTS SERVICE COMPANY 02-0432775	25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 DWS SMALL CAP VALUE A

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GOLDMAN, SACHS & CO. 13-5108880	15.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 GOLD SACHS HI YIELD BD A

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PFPC GLOBAL SERVICES 23-7801381	20.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 PIMCO TOTAL RETURN A

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PNC GLOBAL INVESMNT SRVCNG U.S. INC 04-2871943	25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 BLACKROCK SM/MID CAP GR A

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
COX & COMPANY, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
COX & COMPANY, INC.

D Employer Identification Number (EIN)
13-5618975

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	39298	
(2) Participant contributions	1b(2)	7115	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	724576	631051
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4238814	5601110
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	5162735	4669577
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	10172538	10901738
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10172538	10901738

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	502509	
	(C) Others (including rollovers)	2a(1)(C)	12600	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		515109
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	42072	
	(F) Other	2b(1)(F)	155819	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		197891
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	83529	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		83529
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1013480
c Other income	2c		-1
d Total income. Add all **income** amounts in column (b) and enter total	2d		1810008
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1075546	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1075546
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	5262	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5262
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1080808
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		729200
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DDK & COMPANY LLP (2) EIN: 13-2738625

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
COX & COMPANY, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
COX & COMPANY, INC.

D Employer Identification Number (EIN)
13-5618975

Part I Distributions

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

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

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

EIN(s): 22-1211670

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COX & COMPANY, INC.
401(K) SAVINGS PLAN

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2009 AND 2008

COX & COMPANY, INC.
401(K) SAVINGS PLAN

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2009 AND 2008

Table of Contents

	Page No.
Independent Auditors' Report	3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 17
Supplemental Schedule Required by the U.S. Department of Labor (DOL)	18
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	19



We Succeed Together

Member Firm of KS International

INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Cox & Company, Inc.
401(k) Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Cox & Company, Inc. as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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 investment information summarized in Note 6, which was certified by Prudential Retirement Insurance and Annuity Company (Prudential), the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America 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.

DDK & Company LLP

October 12, 2010

One Penn Plaza, 54th Floor • New York, N.Y. 10119 • 212-997-0600 • Fax: 212-997-0466
50 Jericho Quadrangle • Jericho, New York 11753 • 516-277-9700 • Fax: 516-277-9701
www.ddkcpas.com

COX & COMPANY, INC.
401(K) SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments, at fair value, as certified by the trustee (note 6):		
Guaranteed income fund	$ 4,669,577	$ 5,162,735
Mutual funds	5,601,110	4,238,814
Total investments, at fair value	10,270,687	9,401,549
Receivables:		
Employer's contributions	-	39,298
Participants' contributions	23,107	7,115
Total receivables	23,107	46,413
Participants' loans	631,051	724,576
Total assets	10,924,845	10,172,538
LIABILITIES		
Excess contributions payable	16,425	-
Total liabilities	16,425	-
Net assets available for benefits	$ 10,908,420	$ 10,172,538

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

COX & COMPANY, INC.
401(K) SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2009

ADDITIONS

Additions to net assets attributed to:	
Investment income	
Net appreciation in fair value of investments	$ 1,013,480
Interest on participants' loans	42,072
Interest on guaranteed income fund	155,818
Dividends on mutual funds	83,529
Total investment income	1,294,899
Contributions	
Participants	509,191
Rollover	12,600
Total contributions	521,791
Total additions	1,816,690

DEDUCTIONS

Deductions from net assets attributed to:	
Benefits paid to participants	1,075,546
Administrative expenses	5,262
Total deductions	1,080,808
Net increase	735,882
Net assets available for benefits at beginning of year	10,172,538
Net assets available for benefits at end of year	$ 10,908,420

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

COX & COMPANY, INC.
401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Cox & Company, Inc. 401(k) Savings Plan (the "Plan") provides only general information. A more complete description is provided in the Plan agreement.

General

The Plan is a defined contribution plan under Section 401(k) of the Internal Revenue Code, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA), the Job Creation and Worker Assistance Act of 2002, the Pension Protection Act of 2006, Internal Revenue Service regulations pursuant to IRC section 401(a)(9) and other IRS guidance. The Plan was amended and restated on January 1, 2009 under an ETGGRA Adoption Agreement that states the Plan's restated effective date is January 1, 2002.

Eligibility

Non-excludable employees, as defined in the Plan, age 21 or older become eligible to participate and contribute to the Plan upon completing six-months of service. Eligible employees may receive Company matching and non-elective contributions upon completing one-year of service, constituting 1,000 or more hours on the first day of the month following eligibility.

Contributions

Participants may contribute a minimum of 1%, up to a maximum of 50% of their compensation subject to certain defined limits. Participant contributions are recorded in the period during which the Company makes payroll deductions from the participants' earnings. Participants are also allowed to make rollover contributions of amounts received from other tax qualified employer sponsored retirement plans.

The Company may make matching contributions and non-elective contributions at discretionary amounts to be determined annually by the Company. Catch-up deferrals are permitted under the plan; however, the company will not match them. During the year ended December 31, 2009, the Company made no matching contributions to the Plan.

All contributions are participant-directed and held and invested by the custodian in accordance with the participant's investment allocation.

NOTE 1 - DESCRIPTION OF PLAN *(Continued)*

Participant Accounts

Each participant's account is credited with the participant's contributions, allocation of the Company's contribution, if any, and an allocation of net plan earnings. Such accounts are invested in available investment options in accordance with the participant's direction and the Plan's provisions. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Investment Options

The Plan provides participants with the following participant-directed investment options with Prudential Retirement Insurance and Annuity Company as follows:

Fund Name	Description
Guaranteed Income Fund	Stable Value
Growth Fund of America R3	Large Cap Stock-Growth
Thornburg International Value A	International Stock-Blend
Blackrock Small Mid Cap Growth A	Small Cap Stock-Growth
Davis NY Venture Fund A	Large Cap Stock-Blend
Goldman Sachs Hi Yield Bond A	Fixed Income-High Yield
Pimco Total Return A	Fixed Income-Intermediate Bond
American Balanced Fund R3	Balanced-Blend
Allianz NFJ Div Value A	Large Cap Stock-Value
DWS Small Cap Value A	Small Cap Stock-Blend

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's contributions is based on years of continuous service. A participant is fully vested after 5 years of service in accordance with the following schedule:

Years of Service	Percentage of Vested Interest
1	0%
2	25%
3	50%
4	75%
5	100%

NOTE 1 - DESCRIPTION OF PLAN *(Continued)*

Payment of Benefits

Upon termination of service due to death, disability, normal retirement (age 62) or separation, a participant may elect to receive a lump sum amount equal to the value of the participant's vested account balance, a single sum distribution of a portion of the participant's vested account balance, installments for a specified term or specified dollar amount or annuity payments. Severance from employment prior to reaching the age of 62 will result in a maximum mandatory distribution of $5,000. In addition, in-service distributions are permitted upon reaching the age of 59 ½.

Plan Administration

The Plan sponsor is Cox & Company, Inc. Prudential Trust Company was the trustee and custodian of the Plan for the years ended December 31, 2009 and 2008.

Participant Loans

Participants may borrow a minimum of $1,000 up to the lesser of $50,000 or 50% of the vested portion of their account balances. The participant loans receivable are secured by the participant's vested balance and are payable through payroll withholdings or by check. A participant may have four loans outstanding at any one time which are payable within five-years except when issued for the purchase of a principal residence which allows for a 30-year repayment. Participant loans total $631,051 and $724,576 at December 31, 2009 and 2008, respectively, and bear interest at the Wall Street Journal prime rate plus 1%, which ranged from 4.25% to 9.50%. The Plan does not accept a direct rollover of a loan from a participant's former employer but does allow for loan repayments to continue beyond the termination of the employment of the participant with the Plan sponsor.

Forfeited Accounts

Forfeitures of terminated participant's non-vested accounts must first pay administrative plan expenses and then may be used to reduce employer match and non-elective contributions for the succeeding Plan year. For the year ended December 31, 2009, forfeited non-vested accounts and net earnings were approximately $3,213 and $967, respectively. At December 31, 2009 and 2008, forfeited non-vested accounts were approximately $22,907 and $18,727, respectively.

Administrative Expenses

For the year ended December 31, 2009, administrative expenses of approximately $5,000 were paid by the Plan. Certain other administrative expenses are borne by the Company at the Company's discretion.

NOTE 1 - DESCRIPTION OF PLAN *(Continued)*

Hardship Distribution

Participants may withdraw in a lump sum up to 100% of the vested interest in the participant's elective deferral account (excluding any investment earnings), matching contribution account, and non-elective contribution account to pay for a financial hardship caused by (1) eligible medical expenses incurred by the participant or his or her family; (2) the purchase (excluding mortgage payments) of a principal residence; (3) tuition for the next 12 months of college for the participant or his or her family; (4) payments needed to prevent eviction from a principal residence or payments needed to prevent foreclosure on the mortgage of a principal residence; (5) payments for burial or funeral expenses for the participant's deceased parent, spouse, children, dependents or primary beneficiary; or (6) expenses for the repair of damage to the participant's principal residence that would qualify for the casualty deduction under Code section 165.

A hardship distribution can not exceed the amount required to relieve the financial need, and the participants are not permitted to make any elective deferrals for six months after the date of receiving the distribution.

Plan Termination and Amendment

Although it has not expressed any intention to do so, the Company has the right, under the Plan agreement to amend any or all provisions of the Plan, as well as discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Company terminates the Plan, Plan participants will become fully vested in their accounts, and the net assets of the Plan will be used, as prescribed by ERISA and its related regulations, in satisfaction of all liabilities with respect to the Plan's participants and their beneficiaries. Any excess amounts shall be returned to the Company.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with generally accepted accounting principles.

As described in Financial Accounting Standards Board Accounting Standards Codification (ASC) 962, investment contracts held by a defined contribution plan are required to be reported at fair value.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(Continued)*

Basis of Accounting *(Continued)*

However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by the ASC, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. Participant loans are valued at their outstanding balances, which approximate fair value. The fair value of the guaranteed investment contract is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Realized gains and losses on investments are recognized upon the sale of the related investments and unrealized appreciation or depreciation is recognized at period end when the carrying values of the related investments are adjusted to their estimated fair market value. Purchase and sales of securities are recorded on a trade-date basis.

Earnings on investments, with the exception of participant loans, are allocated on a pro rata basis to individual participant accounts based on the type of investment and the ratio of each participant's individual account balance to the aggregate of participant account balances. The portion of interest included in each loan payment made by a participant is recognized as interest income in the participant's individual account.

Payment of Benefits

The Plan records benefit payments to withdrawing participants when paid. Under the rules for preparation of Form 5500, the Plan's Form 5500 will reflect an accrual for the amount to be paid to participants who withdrew from the Plan prior to year end, and who had requested a distribution which was approved but not yet paid at year end, if any. There were no unpaid distributions at December 31, 2009 and 2008.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(Continued)*

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

The Plan executed an Adoption Agreement under the Prudential Retirement Services Prototype Plan that has received an opinion letter from the Internal Revenue Service dated March 31, 2008 which indicated that the prototype plan document was in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan's administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan adopted the provisions of FASB ASC 740, Accounting for Uncertainty in Income Taxes, on January 1, 2009. The standard clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribes a threshold of more-likely-than-not for recognition of tax benefits of uncertain tax positions taken or expected to be taken in a tax return. The standard also provides related guidance on measurement, derecognition, classification, interest and penalties, and disclosure. The adoption of this standard did not have an impact on the Plan's financial statements.

Subsequent Events

Management has evaluated subsequent events or transactions occurring through October 12, 2010, the date the financial statements were available to be issued.

NOTE 3 - RISKS AND UNCERTAINTIES

The Plan provides for various investments in securities. Investments in securities are generally exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 4 - INVESTMENTS

The following investments represent 5% or more of the Plan's net assets available for benefits at December 31, 2009 and 2008:

	2009	2008
Growth Fund of America R3	$ 1,591,640	$ 1,034,746
Thornburg International Value A	$ 1,049,750	$ 779,342
Guaranteed Income Fund	$ 4,669,577	$ 5,162,735
Allianz NFJ Div Value A	$ 1,098,057	$ 966,971
DWS Small Cap Value A	$ 541,399	$ **

**Did not meet 5% criteria at the respective financial statement date.

During 2009, the Plan's mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $1,097,008.

NOTE 5 - FAIR VALUE MEASUREMENTS

The Plan implemented FASB ASC 820-10, "*Fair Value Measurements and Disclosures.*" FASB ASC 820-10 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 observable quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described below:

Basis of Fair Value Measurement

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 in markets that are not considered to be active or 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.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following tables present by level, within the fair value hierarchy, the Plan investment assets at fair value as of December 31, 2009 and 2008. As required by FASB ASC 820-10, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

NOTE 5 - FAIR VALUE MEASUREMENTS *(Continued)*

Basis of Fair Value Measurement *(Continued)*

Total Plan investment assets at fair value classified within level 3 were $5,300,628 and $5,887,311 as of December 31, 2009 and 2008, respectively, which primarily consisted of the Plan's Guaranteed Investment Contract. The Guaranteed Investment Contract represented 45% and 55% of total investment assets on the Plan's statements of net assets available for benefits as of December 31, 2009 and 2008, respectively.

Description	12/31/09	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Growth Fund of America R3	$ 1,591,640	$ 1,591,640	$ -	$ -
Thornburg International Value A	1,049,750	1,049,750	-	-
Blackrock Small Mid Cap Growth A	445,574	445,574	-	-
Davis NY Venture Fund A	383,735	383,735	-	-
Goldman Sachs Hi Yield Bond A	128,613	128,613	-	-
Pimco Total Return A	293,056	293,056	-	-
American Balanced Fund R3	69,286	69,286	-	-
Allianz NFJ Div Value A	1,098,057	1,098,057	-	-
DWS Small Cap Value A	541,399	541,399	-	-
Guaranteed Income Fund	4,669,577	-	-	4,669,577
Loans to Participants	631,051	-	-	631,051
	$10,901,738	$ 5,601,110	$ -	$ 5,300,628

NOTE 5 - FAIR VALUE MEASUREMENTS *(Continued)*

Basis of Fair Value Measurement *(Continued)*

Description	12/31/08	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$ 4,238,814	$ 4,238,814	$ -	$ -
Guaranteed Investment	5,162,735	-	-	5,162,735
Loans to Participants	724,576	-	-	724,576
	$ 10,126,125	$ 4,238,814	$ -	$ 5,887,311

In addition to quoted market prices in active markets, valuation techniques included:

Level 3 For guaranteed investment contracts held by the Plan estimated returns on non-public investment vehicles unrelated to outside market measurements, issuer and management's estimate of the present value of future cash flows arising from the contract.

Estimates for participant loans held by the plan are based on stated interest rates, payment history, collateralization and default rates.

Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investment assets for the year ended December 31, 2009 held by the Plan.

Description	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)		
	Guaranteed Investment Contract	Loans to Participants	Total
Beginning balance	$ 5,162,735	$ 724,576	$ 5,887,311
Total realized gains	155,819	42,072	197,891
Purchases, issuances, and settlements	(648,977)	(135,597)	(784,574)
Ending balance	$ 4,669,577	$ 631,051	$ 5,300,628

NOTE 5 - FAIR VALUE MEASUREMENTS *(Continued)*

Level 3 Gains and Losses *(Continued)*

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investment assets for the year ended December 31, 2008.

Description	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)		
	Guaranteed Investment Contract	Loans to Participants	Total
Beginning balance	$ 4,047,392	$ 757,906	$ 4,805,298
Total realized gains	-	-	-
Purchases, issuances, and settlements	1,115,343	(33,330)	1,082,013
Ending balance	$ 5,162,735	$ 724,576	$ 5,887,311

NOTE 6 - INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. At December 31, 2009 and 2008, the assets of the Plan are held by the trustee, Prudential. Accordingly, the custodian has certified that the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

a. Investments, as shown in the statements of net assets available for benefits, as of December 31, 2009 and 2008;

b. Interest income, dividend income and net appreciation in fair value of investments, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2009;

c. The schedule of assets (held at end of year) as of December 31, 2009 as shown in the supplemental schedule.

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE 7 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has an investment contract with Prudential Retirement Insurance and Annuity Company, referred to as the Guaranteed Income Fund, which is maintained in a general account. The account is credited with deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees. The contract is included in the financial statements at contract value, which approximates fair value at December 31, 2009.

A single interest crediting rate is applied to all contributions made to the contract regardless of the timing of contributions. Interest crediting rates are reviewed on a semi-annual basis for resetting. The minimum crediting rate under the contract at December 31, 2009 and 2008 was 1.5%.

Average Yields:	2009	2008
Based on actual earnings	2.95%	3.80%
Based on interest rate credited to participants	2.95%	3.80%

NOTE 8 - RELATED PARTY TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Prudential Retirement Insurance and Annuity Company. Prudential is the non discretionary trustee as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $5,262 for the year ended December 31, 2009.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of the financial statements at December 31, 2009 to Schedule H of Form 5500:

	2009
Net assets available for benefits per the financial statements	$ 10,908,420
Less: Participants' contribution receivable as of December 31	(23,107)
Add: Excess contributions payable	16,425
Net assets available for benefits per Form 5500	$ 10,901,738

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 *(Continued)*

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Contributions per the financial statements		$ 521,791
Add:	Excess contribution payable as of December 31, 2009	16,425
Less:	Contributions receivable as of December 31, 2009	(23,107)
Contributions per the Form 5500		$ 515,109

The following is a reconciliation of the net increase in plan assets per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Net increase per the financial statements		$ 735,882
Add:	Excess contribution payable as of December 31, 2009	16,425
Less:	Contributions receivable as of December 31, 2009	(23,107)
Net increase per Form 5500		$ 729,200

NOTE 10 - REFUND OF EXCESS CONTRIBUTIONS

The Company returned excess deferral contributions to certain active participants as required by non-discrimination provisions of the Plan. At December 31, 2009, the amount due to the participants was approximately $16,000 and at December 31, 2008, there was no amount due.

NOTE 11 - SUBSEQUENT EVENTS

Effective January 1, 2010, in order for a participant to receive an allocation of the employer match or employer nonelective contributions, semi-annual employment as of June 30 and December 31 is required.

SUPPLEMENTAL SCHEDULE REQUIRED BY THE U.S. DEPARTMENT OF LABOR (DOL)

COX & COMPANY, INC.
401(K) SAVINGS PLAN
SUPPLEMENTAL SCHEDULE
SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 13-5618975
PLAN NUMBER 003
Year Ended December 31, 2009

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(e)
	Identity of issuer, borrower, lessor, or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity value**	**Current Value**
*	Prudential Retirement Insurance and Annuity Company Guaranteed Income Fund	Stable Value	$ 4,669,577
	Growth Fund of America R3	Large Cap Stock-Growth	1,591,640
	Thornburg International Value A	International Stock-Blend	1,049,750
	Blackrock Small Mid Cap Growth A	Small Cap Stock-Growth	445,574
	Davis NY Venture Fund A	Large Cap Stock-Blend	383,735
	Goldman Sachs Hi Yield Bond A	Fixed Income-High Yield	128,613
	Pimco Total Return A	Fixed Income-Intermediate Bond	293,056
	American Balanced Fund R3	Balanced-Blend	69,286
	Allianz NFJ Div Value A	Large Cap Stock-Value	1,098,057
	DWS Small Cap Value A	Small Cap Stock-Blend	541,399
			$ 10,270,687
	Participants' Loans	4.25% - 9.50%, September 2036	$ 631,051

*Represents party in interest.

RUN DATE: 01/18/10
CYCLE: 1003YEA
PLAN NBR: 002443

PLAN NAME: COX & COMPANY, INC. 401(K)

PLAN SPONSOR EIN: 135618975

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES FOR PLAN YEAR 2009

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST,COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	GUARANTEED INCOME FUND	4,669,577	4,669,577
PRUDENTIAL MUTUAL FUNDS	AMERICAN BALANCED FUND R3	63,098	69,286
PRUDENTIAL MUTUAL FUNDS	GROWTH FUND OF AMERICA R3	1,547,856	1,591,640
PRUDENTIAL MUTUAL FUNDS	THORNBURG INTNL VALUE A	1,004,396	1,049,750
PRUDENTIAL MUTUAL FUNDS	GOLD SACHS HI YIELD BD A	140,557	128,613
PRUDENTIAL MUTUAL FUNDS	BLACKROCK SM/MID CAP GR A	526,156	445,574
PRUDENTIAL MUTUAL FUNDS	DAVIS NY VENTURE FUND A	370,728	383,735
PRUDENTIAL MUTUAL FUNDS	DWS SMALL CAP VALUE A	596,747	541,399
PRUDENTIAL MUTUAL FUNDS	PIMCO TOTAL RETURN A	284,743	293,056
PRUDENTIAL MUTUAL FUNDS	ALLIANZ NFJ DIV VALUE A	1,515,523	1,098,057
PARTICIPANT LOANS	4.25% - 9.50%	0	631,051

002443 RF9

Form **5558**
(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► **For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.**

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
COX & COMPANY, INC.
Number, street, and room or suite no. (If a P.O. box, see instructions)
1664 OLD COUNTRY ROAD
City or town, state, and ZIP code
PLAINVIEW NY 10803

B **Filer's identifying number (see instructions).**
☒ Employer identification number (EIN).
13-5618975
☐ Social security number (SSN)

C	Plan name	Plan number	Plan year ending— MM	DD	YYYY
1	COX & COMPANY, INC. 401(K) SAVINGS PLAN	003	12	31	2009
2					
3					

Part II Extension of Time to File Form 5500 or Form 5500-EZ *(see instructions)*

1 I request an extension of time until 10 / 15 / 2010 to file Form 5500 or Form 5500-EZ.

The application **is automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 *(see instructions)*

2 I request an extension of time until ____ / ____ / ____ to file Form 5330.
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ► a

b Enter the payment amount attached . . . . . ► b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ► c

3 **State in detail why you need the extension**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ► **Date** ►

COX & COMPANY, INC.
401(K) SAVINGS PLAN

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2009 AND 2008

COX & COMPANY, INC.
401(K) SAVINGS PLAN

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2009 AND 2008

Table of Contents

	Page No.
Independent Auditors' Report	3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 17
Supplemental Schedule Required by the U.S. Department of Labor (DOL)	18
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	19



We Succeed Together

Member Firm of KS International

INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Cox & Company, Inc.
401(k) Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Cox & Company, Inc. as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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 investment information summarized in Note 6, which was certified by Prudential Retirement Insurance and Annuity Company (Prudential), the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America 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.

DDK & Company LLP

October 12, 2010

One Penn Plaza, 54th Floor • New York, N.Y. 10119 • 212-997-0600 • Fax: 212-997-0466
50 Jericho Quadrangle • Jericho, New York 11753 • 516-277-9700 • Fax: 516-277-9701
www.ddkcpas.com

COX & COMPANY, INC.
401(K) SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments, at fair value, as certified by the trustee (note 6):		
Guaranteed income fund	$ 4,669,577	$ 5,162,735
Mutual funds	5,601,110	4,238,814
Total investments, at fair value	10,270,687	9,401,549
Receivables:		
Employer's contributions	-	39,298
Participants' contributions	23,107	7,115
Total receivables	23,107	46,413
Participants' loans	631,051	724,576
Total assets	10,924,845	10,172,538
LIABILITIES		
Excess contributions payable	16,425	-
Total liabilities	16,425	-
Net assets available for benefits	$ 10,908,420	$ 10,172,538

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

COX & COMPANY, INC.
401(K) SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2009

ADDITIONS

Additions to net assets attributed to:	
Investment income	
Net appreciation in fair value of investments	$ 1,013,480
Interest on participants' loans	42,072
Interest on guaranteed income fund	155,818
Dividends on mutual funds	83,529
Total investment income	1,294,899
Contributions	
Participants	509,191
Rollover	12,600
Total contributions	521,791
Total additions	1,816,690

DEDUCTIONS

Deductions from net assets attributed to:	
Benefits paid to participants	1,075,546
Administrative expenses	5,262
Total deductions	1,080,808
Net increase	735,882
Net assets available for benefits at beginning of year	10,172,538
Net assets available for benefits at end of year	$ 10,908,420

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

COX & COMPANY, INC.
401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Cox & Company, Inc. 401(k) Savings Plan (the "Plan") provides only general information. A more complete description is provided in the Plan agreement.

General

The Plan is a defined contribution plan under Section 401(k) of the Internal Revenue Code, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA), the Job Creation and Worker Assistance Act of 2002, the Pension Protection Act of 2006, Internal Revenue Service regulations pursuant to IRC section 401(a)(9) and other IRS guidance. The Plan was amended and restated on January 1, 2009 under an ETGGRA Adoption Agreement that states the Plan's restated effective date is January 1, 2002.

Eligibility

Non-excludable employees, as defined in the Plan, age 21 or older become eligible to participate and contribute to the Plan upon completing six-months of service. Eligible employees may receive Company matching and non-elective contributions upon completing one-year of service, constituting 1,000 or more hours on the first day of the month following eligibility.

Contributions

Participants may contribute a minimum of 1%, up to a maximum of 50% of their compensation subject to certain defined limits. Participant contributions are recorded in the period during which the Company makes payroll deductions from the participants' earnings. Participants are also allowed to make rollover contributions of amounts received from other tax qualified employer sponsored retirement plans.

The Company may make matching contributions and non-elective contributions at discretionary amounts to be determined annually by the Company. Catch-up deferrals are permitted under the plan; however, the company will not match them. During the year ended December 31, 2009, the Company made no matching contributions to the Plan.

All contributions are participant-directed and held and invested by the custodian in accordance with the participant's investment allocation.

NOTE 1 - DESCRIPTION OF PLAN *(Continued)*

Participant Accounts

Each participant's account is credited with the participant's contributions, allocation of the Company's contribution, if any, and an allocation of net plan earnings. Such accounts are invested in available investment options in accordance with the participant's direction and the Plan's provisions. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Investment Options

The Plan provides participants with the following participant-directed investment options with Prudential Retirement Insurance and Annuity Company as follows:

Fund Name	Description
Guaranteed Income Fund	Stable Value
Growth Fund of America R3	Large Cap Stock-Growth
Thornburg International Value A	International Stock-Blend
Blackrock Small Mid Cap Growth A	Small Cap Stock-Growth
Davis NY Venture Fund A	Large Cap Stock-Blend
Goldman Sachs Hi Yield Bond A	Fixed Income-High Yield
Pimco Total Return A	Fixed Income-Intermediate Bond
American Balanced Fund R3	Balanced-Blend
Allianz NFJ Div Value A	Large Cap Stock-Value
DWS Small Cap Value A	Small Cap Stock-Blend

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's contributions is based on years of continuous service. A participant is fully vested after 5 years of service in accordance with the following schedule:

Years of Service	Percentage of Vested Interest
1	0%
2	25%
3	50%
4	75%
5	100%

NOTE 1 - DESCRIPTION OF PLAN *(Continued)*

Payment of Benefits

Upon termination of service due to death, disability, normal retirement (age 62) or separation, a participant may elect to receive a lump sum amount equal to the value of the participant's vested account balance, a single sum distribution of a portion of the participant's vested account balance, installments for a specified term or specified dollar amount or annuity payments. Severance from employment prior to reaching the age of 62 will result in a maximum mandatory distribution of $5,000. In addition, in-service distributions are permitted upon reaching the age of 59 ½.

Plan Administration

The Plan sponsor is Cox & Company, Inc. Prudential Trust Company was the trustee and custodian of the Plan for the years ended December 31, 2009 and 2008.

Participant Loans

Participants may borrow a minimum of $1,000 up to the lesser of $50,000 or 50% of the vested portion of their account balances. The participant loans receivable are secured by the participant's vested balance and are payable through payroll withholdings or by check. A participant may have four loans outstanding at any one time which are payable within five-years except when issued for the purchase of a principal residence which allows for a 30-year repayment. Participant loans total $631,051 and $724,576 at December 31, 2009 and 2008, respectively, and bear interest at the Wall Street Journal prime rate plus 1%, which ranged from 4.25% to 9.50%. The Plan does not accept a direct rollover of a loan from a participant's former employer but does allow for loan repayments to continue beyond the termination of the employment of the participant with the Plan sponsor.

Forfeited Accounts

Forfeitures of terminated participant's non-vested accounts must first pay administrative plan expenses and then may be used to reduce employer match and non-elective contributions for the succeeding Plan year. For the year ended December 31, 2009, forfeited non-vested accounts and net earnings were approximately $3,213 and $967, respectively. At December 31, 2009 and 2008, forfeited non-vested accounts were approximately $22,907 and $18,727, respectively.

Administrative Expenses

For the year ended December 31, 2009, administrative expenses of approximately $5,000 were paid by the Plan. Certain other administrative expenses are borne by the Company at the Company's discretion.

NOTE 1 - DESCRIPTION OF PLAN *(Continued)*

Hardship Distribution

Participants may withdraw in a lump sum up to 100% of the vested interest in the participant's elective deferral account (excluding any investment earnings), matching contribution account, and non-elective contribution account to pay for a financial hardship caused by (1) eligible medical expenses incurred by the participant or his or her family; (2) the purchase (excluding mortgage payments) of a principal residence; (3) tuition for the next 12 months of college for the participant or his or her family; (4) payments needed to prevent eviction from a principal residence or payments needed to prevent foreclosure on the mortgage of a principal residence; (5) payments for burial or funeral expenses for the participant's deceased parent, spouse, children, dependents or primary beneficiary; or (6) expenses for the repair of damage to the participant's principal residence that would qualify for the casualty deduction under Code section 165.

A hardship distribution can not exceed the amount required to relieve the financial need, and the participants are not permitted to make any elective deferrals for six months after the date of receiving the distribution.

Plan Termination and Amendment

Although it has not expressed any intention to do so, the Company has the right, under the Plan agreement to amend any or all provisions of the Plan, as well as discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Company terminates the Plan, Plan participants will become fully vested in their accounts, and the net assets of the Plan will be used, as prescribed by ERISA and its related regulations, in satisfaction of all liabilities with respect to the Plan's participants and their beneficiaries. Any excess amounts shall be returned to the Company.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with generally accepted accounting principles.

As described in Financial Accounting Standards Board Accounting Standards Codification (ASC) 962, investment contracts held by a defined contribution plan are required to be reported at fair value.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(Continued)*

Basis of Accounting *(Continued)*

However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by the ASC, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. Participant loans are valued at their outstanding balances, which approximate fair value. The fair value of the guaranteed investment contract is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Realized gains and losses on investments are recognized upon the sale of the related investments and unrealized appreciation or depreciation is recognized at period end when the carrying values of the related investments are adjusted to their estimated fair market value. Purchase and sales of securities are recorded on a trade-date basis.

Earnings on investments, with the exception of participant loans, are allocated on a pro rata basis to individual participant accounts based on the type of investment and the ratio of each participant's individual account balance to the aggregate of participant account balances. The portion of interest included in each loan payment made by a participant is recognized as interest income in the participant's individual account.

Payment of Benefits

The Plan records benefit payments to withdrawing participants when paid. Under the rules for preparation of Form 5500, the Plan's Form 5500 will reflect an accrual for the amount to be paid to participants who withdrew from the Plan prior to year end, and who had requested a distribution which was approved but not yet paid at year end, if any. There were no unpaid distributions at December 31, 2009 and 2008.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(Continued)*

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

The Plan executed an Adoption Agreement under the Prudential Retirement Services Prototype Plan that has received an opinion letter from the Internal Revenue Service dated March 31, 2008 which indicated that the prototype plan document was in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan's administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan adopted the provisions of FASB ASC 740, Accounting for Uncertainty in Income Taxes, on January 1, 2009. The standard clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribes a threshold of more-likely-than-not for recognition of tax benefits of uncertain tax positions taken or expected to be taken in a tax return. The standard also provides related guidance on measurement, derecognition, classification, interest and penalties, and disclosure. The adoption of this standard did not have an impact on the Plan's financial statements.

Subsequent Events

Management has evaluated subsequent events or transactions occurring through October 12, 2010, the date the financial statements were available to be issued.

NOTE 3 - RISKS AND UNCERTAINTIES

The Plan provides for various investments in securities. Investments in securities are generally exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 4 - INVESTMENTS

The following investments represent 5% or more of the Plan's net assets available for benefits at December 31, 2009 and 2008:

	2009	2008
Growth Fund of America R3	$ 1,591,640	$ 1,034,746
Thornburg International Value A	$ 1,049,750	$ 779,342
Guaranteed Income Fund	$ 4,669,577	$ 5,162,735
Allianz NFJ Div Value A	$ 1,098,057	$ 966,971
DWS Small Cap Value A	$ 541,399	$ **

**Did not meet 5% criteria at the respective financial statement date.

During 2009, the Plan's mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $1,097,008.

NOTE 5 - FAIR VALUE MEASUREMENTS

The Plan implemented FASB ASC 820-10, "*Fair Value Measurements and Disclosures.*" FASB ASC 820-10 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 observable quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described below:

Basis of Fair Value Measurement

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 in markets that are not considered to be active or 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.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following tables present by level, within the fair value hierarchy, the Plan investment assets at fair value as of December 31, 2009 and 2008. As required by FASB ASC 820-10, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

NOTE 5 - FAIR VALUE MEASUREMENTS *(Continued)*

Basis of Fair Value Measurement *(Continued)*

Total Plan investment assets at fair value classified within level 3 were $5,300,628 and $5,887,311 as of December 31, 2009 and 2008, respectively, which primarily consisted of the Plan's Guaranteed Investment Contract. The Guaranteed Investment Contract represented 45% and 55% of total investment assets on the Plan's statements of net assets available for benefits as of December 31, 2009 and 2008, respectively.

Description	12/31/09	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Growth Fund of America R3	$ 1,591,640	$ 1,591,640	$ -	$ -
Thornburg International Value A	1,049,750	1,049,750	-	-
Blackrock Small Mid Cap Growth A	445,574	445,574	-	-
Davis NY Venture Fund A	383,735	383,735	-	-
Goldman Sachs Hi Yield Bond A	128,613	128,613	-	-
Pimco Total Return A	293,056	293,056	-	-
American Balanced Fund R3	69,286	69,286	-	-
Allianz NFJ Div Value A	1,098,057	1,098,057	-	-
DWS Small Cap Value A	541,399	541,399	-	-
Guaranteed Income Fund	4,669,577	-	-	4,669,577
Loans to Participants	631,051	-	-	631,051
	$10,901,738	$ 5,601,110	$ -	$ 5,300,628

NOTE 5 - FAIR VALUE MEASUREMENTS *(Continued)*

Basis of Fair Value Measurement *(Continued)*

Description	12/31/08	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$ 4,238,814	$ 4,238,814	$ -	$ -
Guaranteed Investment	5,162,735	-	-	5,162,735
Loans to Participants	724,576	-	-	724,576
	$ 10,126,125	$ 4,238,814	$ -	$ 5,887,311

In addition to quoted market prices in active markets, valuation techniques included:

Level 3 For guaranteed investment contracts held by the Plan estimated returns on non-public investment vehicles unrelated to outside market measurements, issuer and management's estimate of the present value of future cash flows arising from the contract.

Estimates for participant loans held by the plan are based on stated interest rates, payment history, collateralization and default rates.

Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investment assets for the year ended December 31, 2009 held by the Plan.

Description	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)		
	Guaranteed Investment Contract	Loans to Participants	Total
Beginning balance	$ 5,162,735	$ 724,576	$ 5,887,311
Total realized gains	155,819	42,072	197,891
Purchases, issuances, and settlements	(648,977)	(135,597)	(784,574)
Ending balance	$ 4,669,577	$ 631,051	$ 5,300,628

NOTE 5 - FAIR VALUE MEASUREMENTS *(Continued)*

Level 3 Gains and Losses *(Continued)*

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investment assets for the year ended December 31, 2008.

Description	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)		
	Guaranteed Investment Contract	Loans to Participants	Total
Beginning balance	$ 4,047,392	$ 757,906	$ 4,805,298
Total realized gains	-	-	-
Purchases, issuances, and settlements	1,115,343	(33,330)	1,082,013
Ending balance	$ 5,162,735	$ 724,576	$ 5,887,311

NOTE 6 - INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. At December 31, 2009 and 2008, the assets of the Plan are held by the trustee, Prudential. Accordingly, the custodian has certified that the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

a. Investments, as shown in the statements of net assets available for benefits, as of December 31, 2009 and 2008;

b. Interest income, dividend income and net appreciation in fair value of investments, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2009;

c. The schedule of assets (held at end of year) as of December 31, 2009 as shown in the supplemental schedule.

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE 7 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has an investment contract with Prudential Retirement Insurance and Annuity Company, referred to as the Guaranteed Income Fund, which is maintained in a general account. The account is credited with deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees. The contract is included in the financial statements at contract value, which approximates fair value at December 31, 2009.

A single interest crediting rate is applied to all contributions made to the contract regardless of the timing of contributions. Interest crediting rates are reviewed on a semi-annual basis for resetting. The minimum crediting rate under the contract at December 31, 2009 and 2008 was 1.5%.

Average Yields:	2009	2008
Based on actual earnings	2.95%	3.80%
Based on interest rate credited to participants	2.95%	3.80%

NOTE 8 - RELATED PARTY TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Prudential Retirement Insurance and Annuity Company. Prudential is the non discretionary trustee as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $5,262 for the year ended December 31, 2009.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of the financial statements at December 31, 2009 to Schedule H of Form 5500:

	2009
Net assets available for benefits per the financial statements	$ 10,908,420
Less: Participants' contribution receivable as of December 31	(23,107)
Add: Excess contributions payable	16,425
Net assets available for benefits per Form 5500	$ 10,901,738

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 *(Continued)*

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Contributions per the financial statements		$ 521,791
Add:	Excess contribution payable as of December 31, 2009	16,425
Less:	Contributions receivable as of December 31, 2009	(23,107)
Contributions per the Form 5500		$ 515,109

The following is a reconciliation of the net increase in plan assets per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Net increase per the financial statements		$ 735,882
Add:	Excess contribution payable as of December 31, 2009	16,425
Less:	Contributions receivable as of December 31, 2009	(23,107)
Net increase per Form 5500		$ 729,200

NOTE 10 - REFUND OF EXCESS CONTRIBUTIONS

The Company returned excess deferral contributions to certain active participants as required by non-discrimination provisions of the Plan. At December 31, 2009, the amount due to the participants was approximately $16,000 and at December 31, 2008, there was no amount due.

NOTE 11 - SUBSEQUENT EVENTS

Effective January 1, 2010, in order for a participant to receive an allocation of the employer match or employer nonelective contributions, semi-annual employment as of June 30 and December 31 is required.

SUPPLEMENTAL SCHEDULE REQUIRED BY THE U.S. DEPARTMENT OF LABOR (DOL)

COX & COMPANY, INC.
401(K) SAVINGS PLAN
SUPPLEMENTAL SCHEDULE
SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 13-5618975
PLAN NUMBER 003
Year Ended December 31, 2009

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(e)
	Identity of issuer, borrower, lessor, or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity value**	**Current Value**
*	Prudential Retirement Insurance and Annuity Company Guaranteed Income Fund	Stable Value	$ 4,669,577
	Growth Fund of America R3	Large Cap Stock-Growth	1,591,640
	Thornburg International Value A	International Stock-Blend	1,049,750
	Blackrock Small Mid Cap Growth A	Small Cap Stock-Growth	445,574
	Davis NY Venture Fund A	Large Cap Stock-Blend	383,735
	Goldman Sachs Hi Yield Bond A	Fixed Income-High Yield	128,613
	Pimco Total Return A	Fixed Income-Intermediate Bond	293,056
	American Balanced Fund R3	Balanced-Blend	69,286
	Allianz NFJ Div Value A	Large Cap Stock-Value	1,098,057
	DWS Small Cap Value A	Small Cap Stock-Blend	541,399
			$ 10,270,687
	Participants' Loans	4.25% - 9.50%, September 2036	$ 631,051

*Represents party in interest.