# 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;
- [X] 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
AUTOMOBILE PROTECTION CORPORATION 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1996

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
AUTOMOBILE PROTECTION CORPORATION

6010 ATLANTIC BOULEVARD
NORCROSS, GA 30071

**2b** Employer Identification Number (EIN)
58-1582432

**2c** Sponsor's telephone number
678-225-1000

**2d** Business code (see instructions)
524290

**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. | 10/14/2010 | TINA WHITELAW |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2010 | TINA WHITELAW |
| | **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")
AUTOMOBILE PROTECTION CORPORATION

6010 ATLANTIC BOULEVARD
NORCROSS, GA 30071

**3b** Administrator's EIN
58-1582432

**3c** Administrator's telephone number
678-225-1000

**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** | 299 |
| **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** | 250 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 45 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 295 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 295 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 277 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 14 |
| **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 3D 2G 2J 2K 2R 2T 2S

**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
AUTOMOBILE PROTECTION CORPORATION 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500.
AUTOMOBILE PROTECTION CORPORATION

**D** Employer Identification Number (EIN)
58-1582432

## 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-039388 | 295 | 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 | 0 |

**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

| **(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 | |
| | | | |

**(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 | 1734242 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 0 |

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 | 1838568 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 179564 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 43676 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | 319016 | | |
| | ▶ LOAN REPAYMENTS, FORFEITURES, MISCELLANEOUS, EXCHANGES | | | | |
| | (6) Total additions | | | 7c(6) | 542256 |
| d | Total of balance and additions (add **b** and **c(6)**) | | | 7d | 2380824 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 183822 | | |
| | (2) Administration charge made by carrier | 7e(2) | 1723 | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | 461037 | | |
| | ▶ LOAN INITIATIONS, FORFEITURES, MISCELLANEOUS, EXCHANGES | | | | |
| | (5) Total deductions | | | 7e(5) | 646582 |
| f | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 1734242 |

## 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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2009**<br>**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
AUTOMOBILE PROTECTION CORPORATION 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AUTOMOBILE PROTECTION CORPORATION

**D** Employer Identification Number (EIN)
58-1582432

## 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

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

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

CH ADVISORS

267 W. WIEUCA ROAD
SUITE 203
ATLANTA, GA 30342

| (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? |
|---|---|---|---|---|---|---|
| 27 | NONE | 13703 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(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? |
|---|---|---|---|---|---|---|
| 37 50 | NONE | 7775 | 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? |
|---|---|---|---|---|---|---|
| 63 | 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<br><br>06-1500307 | 25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 ALLIANZ NFJ SM CAP VAL 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<br><br>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. |
|---|---|
| COLUMBIA MANAGEMENT DISTRIBUTORS, I<br><br>04-3156901 | 25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 COL MARSICO FOCUSED EQ 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. |
|---|---|
| DAVIS DISTRIBUTORS, LLC<br><br>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 |

| **(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. |
|---|---|
| EATON VANCE DISTRIBUTORS, INC.<br><br>04-3239487 | 25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 EATON VANCE LG CAP VAL 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. |
|---|---|
| EATON VANCE DISTRIBUTORS, INC.<br><br>04-3239487 | 25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 EATON VANCE WWIDE HEALTH |

## 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. |
|---|---|
| GOLDMAN, SACHS & CO.<br><br>13-5108880 | 25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 GOLD SACHS REAL ESTATE 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. |
|---|---|
| INVESCO AIM DISTRIBUTORS, INC.<br><br>74-1894784 | 25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 AIM DEVELOPING MARKETS 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. |
|---|---|
| INVESCO AIM DISTRIBUTORS, INC.<br><br>74-1894784 | 25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 AIM MID CAP EQUITY 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. |
|---|---|
| LORD ABBETT DISTRIBUTOR LLC<br><br>13-3897544 | 30.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 LORD ABBETT SMA CAP VAL 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. |
|---|---|
| PRUDENTIAL INV MGMT SRVC LLC<br><br>22-1211670 | 30.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 JENNISON SMALL COMPANY FUND |

| **(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<br><br>85-0318563 | 50.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 THORNBURG INTERN VALUE 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 |
|---|---|---|
| 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. |
|---|---|
| AIM INVESTMENT SERVICES INC<br><br>76-0528004 | 25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 AIM DEVELOPING MARKETS 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. |
|---|---|
| BISYS FUND SERVICES OHIO INC<br><br>13-3532663 | 0.000 BPS AND $16.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 3/31/2009 VICTORY ESTABLISHED VALUE |

| **(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. |
|---|---|
| BISYS FUND SERVICES OHIO INC<br><br>13-3532663 | 20.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 4/1/2009 TO 12/31/2009 VICTORY ESTABLISHED VALUE |

## 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 SERVICE, INC<br><br>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 |

| **(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<br><br>04-2526037 | 55.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 OAKMARK EQU & INCO FD II |

| **(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<br><br>04-2526037 | 20.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 THORNBURG INTERN VALUE 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 |
|---|---|---|
| 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<br><br>04-2526037 | 25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 ALLIANZ NFJ SM CAP VAL 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. |
|---|---|
| COLUMBIA MANAGEMENT SERVICES INC<br><br>04-2838628 | 25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 COL MARSICO FOCUSED EQ 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. |
|---|---|
| DST SYSTEMS, INC.<br><br>43-1581814 | 0.000 BPS AND $16.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 LORD ABBETT SMA CAP VAL 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.<br><br>13-5108880 | 45.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 GOLD SACHS REAL ESTATE 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. |
|---|---|
| INVESCO AIM INVESTMENT SERVICES, IN<br><br>98-0557567 | 25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 AIM MID CAP EQUITY FUND 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<br><br>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 |

## 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. |
|---|---|
| PNC GLOBAL INVESMNT SRVCNG U.S. INC<br><br>04-2871943 | 25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 EATON VANCE LG CAP VAL 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<br><br>04-2871943 | 25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 EATON VANCE WWIDE HEALTH |

| **(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 | 61 72 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| PRUDENTIAL INVESTMENTS, LLC<br><br>22-3468527 | 21.500 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 6/30/2009 DRYDEN STOCK INDEX FUND |

## 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 | 61 72 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| PRUDENTIAL INVESTMENTS, LLC<br><br>22-3468527 | 21.500 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 6/30/2009 JENNISON SMALL COMPANY FUND |

| **(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 | 61 72 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| PRUDENTIAL INVESTMENTS, LLC<br><br>22-3468527 | 27.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 7/1/2009 TO 12/31/2009 JENNISON SMALL COMPANY FUND |

| **(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 | 60 | 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. |
|---|---|
| PRUDENTIAL MUTUAL FUND SERVICES, LL<br><br>22-3489487 | 13.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 DRYDEN STOCK INDEX FUND |

## 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 | 60 | 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. |
|---|---|
| PRUDENTIAL MUTUAL FUND SERVICES, LL<br><br>22-3489487 | 13.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 JENNISON SMALL COMPANY FUND |

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE 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
AUTOMOBILE PROTECTION CORPORATION 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AUTOMOBILE PROTECTION CORPORATION

**D** Employer Identification Number (EIN)
58-1582432

## 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 | 0 | 119 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 383431 | 398235 |
| **(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) | 3508644 | 4762765 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 1838568 | 1734242 |
| **(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 | 5730643 | 6895361 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **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 | 5730643 | 6895361 |

## 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) | 15228 | |
| | **(B)** Participants | 2a(1)(B) | 596148 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 611376 |
| **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) | 22459 | |
| | **(F)** Other | 2b(1)(F) | 43676 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 66135 |
| | **(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) | 55782 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 55782 |
| | **(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) | | 916078 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1649371 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 454623 | |
| (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) | | 454623 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 16144 |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | 7775 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 6111 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 13886 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 484653 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1164718 |
| 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: WILLIAMS, BENATOR, & LIBBY, LLP **(2)** EIN: 58-1460137

**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 | | 45740 |
| **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 | | 1000000 |
| **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
AUTOMOBILE PROTECTION CORPORATION 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AUTOMOBILE PROTECTION CORPORATION

**D** Employer Identification Number (EIN)
58-1582432

## 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):

# AUTOMOBILE PROTECTION CORPORATION
# PROFIT SHARING AND 401(k) PLAN

## AUDITED FINANCIAL STATEMENTS
## AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2009

with

INDEPENDENT AUDITORS' REPORT

Audited Financial Statements and Supplemental Schedules

AUTOMOBILE PROTECTION CORPORATION
PROFIT SHARING AND 401(k) PLAN

December 31, 2009

Audited Financial Statements

Independent Auditors' Report ..... 1
Statements of Net Assets Available for Benefits ..... 2
Statement of Changes in Net Assets Available for Benefits ..... 3
Notes to Financial Statements ..... 4

Supplemental Schedules Required By ERISA

Schedule H, Line 4a--Schedule of Delinquent Participant Contributions ..... 13
Schedule H, Line 4i--Schedule of Assets (Held at End of Year) ..... 14

WILLIAMS BENATOR & LIBBY, LLP

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

# INDEPENDENT AUDITORS' REPORT

Plan Administrator
Automobile Protection Corporation
Profit Sharing and 401(k) Plan
Norcross, Georgia

We were engaged to audit the accompanying statements of net assets available for benefits of Automobile Protection Corporation Profit Sharing and 401(k) Plan ("the Plan") 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 schedules H, line 4a--schedule of delinquent participant contributions and H, line 4i--schedule of assets (held at end of year). These financial statements and supplemental schedules 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 information summarized in Note K, which was certified by Prudential Insurance Company of America and Prudential Retirement Insurance and Annuity Company (collectively, "Prudential") except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that Prudential holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from Prudential as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the Plan Administrator by Prudential is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Prudential, 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.

Williams Benator + Libby, LLP

Atlanta, Georgia
October 11, 2010



1040 Crown Pointe Parkway, NE | Suite 400 | Atlanta, GA 30338
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Member of American Institute of Certified Public Accountants and Russell Bedford International

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AUTOMOBILE PROTECTION CORPORATION
PROFIT SHARING AND 401(k) PLAN

| | December 31 2009 | 2008 |
|---|---|---|
| ASSETS | | |
| INVESTMENTS | | |
| Mutual funds--Notes C and D | $ 4,762,884 | $ 3,508,646 |
| Guaranteed income fund--Notes C, D and E | 1,734,242 | 1,838,568 |
| Participant loans--Notes C and D | 398,235 | 383,431 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 6,895,361 | $ 5,730,645 |

See independent auditors' report and notes to financial statements.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

AUTOMOBILE PROTECTION CORPORATION
PROFIT SHARING AND 401(k) PLAN

Year Ended December 31, 2009

| | |
|---|---|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO: | |
| Investment income: | |
| Net appreciation in fair value of investments | $ 916,078 |
| Interest and dividends | 121,917 |
| | 1,037,995 |
| Contributions: | |
| Participants | 596,148 |
| Employer | 15,228 |
| | 611,376 |
| TOTAL ADDITIONS | 1,649,371 |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO: | |
| Benefits paid to participants | 470,767 |
| Administrative expenses | 13,888 |
| TOTAL DEDUCTIONS | 484,655 |
| NET INCREASE | 1,164,716 |
| Net assets available for benefits at beginning of year | 5,730,645 |
| NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR | $ 6,895,361 |

See independent auditors' report and notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

AUTOMOBILE PROTECTION CORPORATION
PROFIT SHARING AND 401(k) PLAN

December 31, 2009

## NOTE A--DESCRIPTION OF PLAN

The following description of the Automobile Protection Corporation Profit Sharing and 401(k) Plan ("the Plan"), as amended and restated, provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a single employer defined contribution plan covering substantially all employees of Automobile Protection Corporation ("the Employer" and "Plan Administrator"). Eligibility requirements include a minimum age of twenty-one years for employee deferrals. Participants are eligible to participate in the match and profit-sharing components of the Plan if they have met the above eligibility requirement and have been employed by the Employer for six consecutive months. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions: The Plan provides for a discretionary tax deferred contribution by the Employer and an employee elective contribution with an Employer matching provision. Plan participants make contributions from their compensation, not to exceed the Federal statutory maximum. The Employer matching contribution is a discretionary percentage determined by the Employer. The Employer matched 50% of the first 6% of base compensation that a participant contributed to the Plan until November 1, 2008, when the Employer suspended its matching contribution. An additional discretionary contribution of $15,228 was made by the Employer during the year ended December 31, 2009.

Participant Accounts: Each participant's account is credited with their contributions, the Employer's matching contributions, their account's earnings or losses, and an allocation of any Employer discretionary contribution. Allocations of Employer discretionary contributions and any allocated forfeitures are based on participant compensation, as defined in the Plan articles. All investments of employee and employer contributions are participant directed. Participants may change their investment options daily.

Vesting: Participants are immediately vested in their voluntary contributions and allocated earnings thereon. Employer matching and discretionary contributions and earnings thereon vest at the rate of 33% per year. A participant becomes fully vested after three years of credited service, or in the event of death, disability or normal retirement. Forfeited amounts related to Employer matching contributions can be used to reduce future Employer contributions to the Plan or to pay Plan expenses.

NOTE A--DESCRIPTION OF PLAN--Continued

Administration: The Plan is administered by the Employer. At December 31, 2009 and 2008, all funds in the Plan were held in trust by the Trustee, Prudential Bank & Trust, F.S.B. in combination with Prudential Insurance Company of America and Prudential Retirement Insurance and Annuity Company (collectively, "Prudential"). Prudential invests participants' and Employer contributions, as directed by the participants, in a combination of guaranteed income fund and equity and fixed income mutual funds.

Withdrawals: A participant may withdraw their tax deferred contribution plus earnings thereon and rollover contributions in the case of a financial hardship, subject to a minimum of $1,000. Withdrawals are taxable in the year received by the participant and may be subject to a penalty tax. A participant may not make elective deferrals or other contributions for a period of six months following a hardship withdrawal.

Payment of Benefits: Upon a participant's termination of employment with the Employer, the participant is entitled to receive a distribution of their vested account balance. If the participant does not elect to receive a distribution, the vested balance will be distributed after the Employer's normal retirement age (65). If the participant dies prior to receiving their entire vested account balance, the balance will be paid to the participant's beneficiary or estate.

Participant Loans: Participants may borrow from their non-forfeitable accounts a minimum of $1,000 up to a maximum of $50,000 or 50 percent of their non-forfeitable account balance, whichever is less. The loans are secured by the balance in the participant's elective account and bear interest at a reasonable rate of interest determined by the Plan Administrator. At December 31, 2009, interest rates on outstanding participant loans ranged from 3.25% to 8.25%.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

The Plan's investments are stated at fair value, as further described in Note C. Investment securities are exposed to various risks, including credit, interest, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is possible that changes in values of investment securities will occur and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES--Continued

Contributions are recorded on the accrual basis, which recognizes participants' contributions and the related Employer matching contributions at the time the participants' contributions are withheld from their salaries. Employer discretionary profit sharing contributions are recorded in the period recognized in the Employer's financial statements.

At December 31, 2009 and 2008, there were no net assets available for benefits which had been approved for payment that were not paid at year end. Benefits are recorded when paid. At December 31, 2009, the total amount allocated to the accounts of participants who have elected to receive distributions but will be paid in future years was $111,165.

Administrative expenses of the Plan are primarily paid for by the Employer directly or through forfeitures.

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the 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.

During the year ended December 31, 2009, the Plan adopted the Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") as the sole source of authoritative guidance.

Subsequent events have been evaluated through October 11, 2010, which is the date the financial statements were available to be issued.

NOTE C--FAIR VALUE MEASUREMENTS

FASB guidance establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the accounting guidance are described below:

NOTE C--FAIR VALUE MEASUREMENTS--Continued

**Level 1** Inputs to the valuation methodology are unadjusted quoted prices for identical assets and liabilities in active markets that the Plan has the ability to access.

**Level 2** Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008:

Mutual funds: Valued at the quoted market price, which represents the net asset value of shares held by the Plan at year end.

Guaranteed income fund: Valued at fair value including interest at a contracted rate, as more fully described in Note E.

Participant loans: Valued at amortized cost, which approximates fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE C--FAIR VALUE MEASUREMENTS--Continued

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

| | Assets at fair value as of December 31, 2009 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Investments: | | | | |
| Mutual Funds: | | | | |
| Diversified markets equity | $ 102,250 | $ -0- | $ -0- | $ 102,250 |
| International equity | 631,048 | -0- | -0- | 631,048 |
| Specialty equity | 67,948 | -0- | -0- | 67,948 |
| Bond | 657,744 | -0- | -0- | 657,744 |
| Large cap equity | 2,534,266 | -0- | -0- | 2,534,266 |
| Mid cap equity | 155,165 | -0- | -0- | 155,165 |
| Moderate allocation | 77,508 | -0- | -0- | 77,508 |
| Small cap equity | 536,955 | -0- | -0- | 536,955 |
| Total mutual funds | 4,762,884 | -0- | -0- | 4,762,884 |
| Guaranteed income fund | -0- | 1,734,242 | -0- | 1,734,242 |
| Participant loans | -0- | -0- | 398,235 | 398,235 |
| Total assets at fair value | $4,762,884 | $1,734,242 | $ 398,235 | $6,895,361 |

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

| | Assets at fair value as of December 31, 2008 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Investments: | | | | |
| Mutual funds | $3,508,646 | $ -0- | $ -0- | $3,508,646 |
| Guaranteed income fund | -0- | 1,838,568 | -0- | 1,838,568 |
| Participant loans | -0- | -0- | 383,431 | 383,431 |
| Total assets at fair value | $3,508,646 | $1,838,568 | $ 383,431 | $5,730,645 |

NOTE C--FAIR VALUE MEASUREMENTS--Continued

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

| | Level 3 Assets Participant Loans |
|---|---|
| Balance, beginning of year | $ 383,431 |
| Loan repayments and disbursements, net | 14,804 |
| Balance, end of year | $ 398,235 |

NOTE D--INVESTMENTS

At December 31, 2009 and 2008, the Plan's investments were held by Prudential. The following table presents investments that represented 5% or more of the Plan's net assets at the beginning of the year for the years ended December 31:

| | 2009 | 2008 |
|---|---|---|
| Prudential Guaranteed Income Fund | $1,734,242 | $1,838,568 |
| Columbia Marsico Focused Equity Fund Class A | 1,021,284 | 784,409 |
| Davis New York Venture Fund Class A | 662,248 | 543,284 |
| Pimco Total Return Fund Class A | 657,744 | 419,670 |
| Thornburg International Value Fund Class R3 | 631,048 | 513,559 |
| Eaton Vance Large Cap Value Fund Class A | 482,797 | 404,043 |
| Participant loans | 398,235 | 383,431 |
| Dryden Stock Index Fund Z | 367,937 | N/A |

During the year ended December 31, 2009, the Plan's investments (including gains and losses on investments bought and sold during the year as well as held during the year) appreciated in value by $916,078 as follows:

| | |
|---|---|
| Mutual funds | $ 916,078 |

NOTE D--INVESTMENTS--Continued

Gains and losses (realized and unrealized) included in changes in net assets for the year ended December 31, 2009 above are reported in net appreciation in fair market value of investments in the statement of changes in net assets available for benefits.

NOTE E--GUARANTEED INCOME FUND

Investments in the guaranteed income fund are fully benefit-responsive and are stated at fair value, which is equal to contract value, in the accompanying statements of net assets available for plan benefits. FASB ASC Topic 962 - "Plan Accounting - Defined Contribution Pension Plans" requires the reporting of investment contracts that are fully benefit-responsive at fair value. Contract value of fully benefit-responsive investments equals contributions made under the contracts plus interest at the contract rate, less funds used to pay retirement benefits. There was no difference between the fair value and contract value of the Plan's fully benefit-responsive investment contract at December 31, 2009 and 2008. The contract interest rate for the guaranteed account is announced semiannually and is guaranteed against change for six-month periods. For the period from January 1, 2009 through June 30, 2009, the interest rate was guaranteed at 3.3% less an asset charge of 1.25% for a net rate of 2.05%. For the remaining of year ended December 31, 2009, the interest rate was guaranteed at 3.05% less an asset charge of 1.0% for a net rate of 2.05%. The interest rate was guaranteed at 4% less an asset charge of 1.25% for a net rate of 2.75% for the first six months of 2008. For the period from July 1 to December 31, 2008, the interest rate was guaranteed at 3.85% less an asset charge of 1.25% for a net rate of 2.60%.

NOTE F--TRANSACTIONS WITH PARTIES IN INTEREST

The Plan has an agreement with Prudential to maintain the investments of the Plan and to provide administrative and participant record keeping services for the Plan. For the year ended December 31, 2009, contributions to the Plan of $611,376 were deposited with Prudential for investment, and participants of the Plan received distributions of $470,767 from funds held by Prudential. At December 31, 2009 and 2008, respectively, the Plan had $6,895,361 and $5,730,645 of investments under Prudential's custody.

## NOTE G--TAX STATUS

The Plan is intended to satisfy the tax qualification requirements under Section 401(a) of the Internal Revenue Code ("IRC"); therefore, the funds of the Plan are intended to be exempt from Federal income taxes. The Plan has not requested a favorable determination letter from the Internal Revenue Service since the prototype on which the Plan is based has been determined to be qualified under Section 401(a) of the IRC. However, the Plan Administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC.

## NOTE H--PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their accounts.

## NOTE I--FORFEITED NON-VESTED ACCOUNTS

Prior to January 1, 2001, the Plan document required that a certain portion of forfeitures was to be reallocated to participants. The Plan document, as amended, restates that all forfeited non-vested account balances will be used to offset the Employer's contributions and pay Plan expenses. At December 31, 2009 and 2008, investments included forfeited accounts of $7,292 and $8,387, respectively. During the year ended December 31, 2009, the forfeiture account was utilized for Employer contributions totaling $12,271.

## NOTE J--RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

For the year ended December 31, 2009, there were no differences between the financial statements and Internal Revenue Service Form 5500.

## NOTE K--SUMMARY OF INFORMATION CERTIFIED BY PRUDENTIAL

The total value of the Plan's net assets was $6,895,361 and $5,730,645 at December 31, 2009 and 2008, respectively. Prudential has supplied the Plan Administrator with a certification as to the completeness and accuracy of all information presented in the accompanying statements of net

NOTE K--SUMMARY OF INFORMATION CERTIFIED BY PRUDENTIAL--Continued

assets available for benefits as of December 31, 2009 and 2008, and in the statement of changes in net assets available for benefits for the year ended December 31, 2009, with regard to investment activity.

The Plan's independent auditors 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 schedules.

SUPPLEMENTAL INFORMATION REQUIRED BY ERISA

SCHEDULE H, LINE 4A--SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

AUTOMOBILE PROTECTION CORPORATION
PROFIT SHARING AND 401(k) PLAN

Employer Identification Number 58-1582432, Plan 001

December 31, 2009

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| $ 30,512 | $ -0- | $ -0- | $ -0- | $ 30,512 |
| $ 15,228 | $ -0- | $ -0- | $ -0- | $ 15,228 |

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUTOMOBILE PROTECTION CORPORATION
PROFIT SHARING AND 401(k) PLAN

Employer Identification Number 58-1582432, Plan 001

December 31, 2009

| (a) Party in interest | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (e) Current value |
|---|---|---|---|
| * | Guaranteed Income Fund | Guaranteed Income Fund | $1,734,242 |
| | Jennison Small Company Fund Class A | Mutual Fund | 195,745 |
| | Thornburg International Value Fund Class R3 | Mutual Fund | 631,048 |
| | PIMCO Funds Total Return Fund Class A | Mutual Fund | 657,744 |
| | Allianz NFJ Small Cap Value Class A Fund | Mutual Fund | 258,398 |
| | Eaton Vance Large Cap Value Fund Class A | Mutual Fund | 482,797 |
| | Davis New York Venture Fund Class A | Mutual Fund | 662,248 |
| | Lord Abbett Small Cap Ser A | Mutual Fund | 82,811 |
| | Victory Established Value Fund | Mutual Fund | 75,777 |
| | AIM Mid Cap Equity Fund Class A | Mutual Fund | 102,250 |
| | Columbia Marsico Focused Equity Fund Class A | Mutual Fund | 1,021,284 |
| | Oakmark Equity & Income Fund Class II | Mutual Fund | 77,508 |
| | Dryden Stock Index Fund Class Z | Mutual Fund | 367,937 |
| * | LN AP Fund | Prudential Insurance Company | 119 |
| | Eaton Vance Worldwide Health Sciences Fund Class A | Mutual Fund | 62,393 |
| | Goldman Sachs Real Estate Class A | Mutual Fund | 5,436 |
| | AIM Developing Markets Class A | Mutual Fund | 79,389 |
| * | Participant loans | Interest rates ranging from 3.25% to 8.25% with maturities ranging from January 2010 through September 2020 | 398,235 |
| | | | $6,895,361 |

* Indicates party in interest

See independent auditors' report.

RUN DATE: 01/24/10
CYCLE: 1003YEE
PLAN NBR: 007849

PLAN NAME: AUTOMOBILE PROTECTION

PLAN SPONSOR EIN: 581582432

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 |
|---|---|---|---|
| THE PRUDENTIAL INSURANCE COMPANY OF AMERICA | GUARANTEED INCOME FUND | 1,734,242 | 1,734,242 |
| PRUDENTIAL MUTUAL FUNDS | GOLD SACHS REAL ESTATE A | 5,133 | 5,436 |
| PRUDENTIAL MUTUAL FUNDS | JENNISON SMALL CO FD A | 204,417 | 195,745 |
| PRUDENTIAL MUTUAL FUNDS | EATON VANCE WWIDE HEALTH | 68,610 | 62,393 |
| PRUDENTIAL MUTUAL FUNDS | DAVIS NY VENTURE FUND A | 670,028 | 662,248 |
| PRUDENTIAL MUTUAL FUNDS | THORNBURG INTERN VALUE R3 | 637,166 | 631,048 |
| PRUDENTIAL MUTUAL FUNDS | DRYDEN STOCK INDEX FUND Z | 328,549 | 367,937 |
| PRUDENTIAL MUTUAL FUNDS | LORD ABBETT SMA CAP VAL A | 86,323 | 82,811 |
| PRUDENTIAL MUTUAL FUNDS | PIMCO TOTAL RETURN A | 646,789 | 657,744 |
| PRUDENTIAL MUTUAL FUNDS | ALLIANZ NFJ SM CAP VAL A | 296,509 | 258,398 |
| PRUDENTIAL MUTUAL FUNDS | AIM MID CAP EQUITY FUND A | 91,526 | 79,389 |
| PRUDENTIAL MUTUAL FUNDS | COL MARSICO FOCUSED EQ A | 791,645 | 1,021,284 |
| PRUDENTIAL MUTUAL FUNDS | EATON VANCE LG CAP VAL A | 565,786 | 482,797 |
| PRUDENTIAL MUTUAL FUNDS | VICTORY ESTABLISHED VALUE | 56,940 | 75,777 |
| PRUDENTIAL MUTUAL FUNDS | AIM DEVELOPING MARKETS A | 91,496 | 102,250 |
| PRUDENTIAL MUTUAL FUNDS | OAKMARK EQU & INCO FD II | 76,583 | 77,508 |
| THE PRUDENTIAL INSURANCE COMPANY OF AMERICA | LN AP FUND | 119 | 119 |
| PARTICIPANT LOANS | 3.25% - 8.25% | 0 | 398,235 |

# AUTOMOBILE PROTECTION CORPORATION
# PROFIT SHARING AND 401(k) PLAN

## AUDITED FINANCIAL STATEMENTS
## AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2009

with

INDEPENDENT AUDITORS' REPORT

Audited Financial Statements and Supplemental Schedules

AUTOMOBILE PROTECTION CORPORATION
PROFIT SHARING AND 401(k) PLAN

December 31, 2009

Audited Financial Statements

Independent Auditors' Report ..... 1
Statements of Net Assets Available for Benefits ..... 2
Statement of Changes in Net Assets Available for Benefits ..... 3
Notes to Financial Statements ..... 4

Supplemental Schedules Required By ERISA

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Schedule H, Line 4i--Schedule of Assets (Held at End of Year) ..... 14

WILLIAMS BENATOR & LIBBY, LLP

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

# INDEPENDENT AUDITORS' REPORT

Plan Administrator
Automobile Protection Corporation
Profit Sharing and 401(k) Plan
Norcross, Georgia

We were engaged to audit the accompanying statements of net assets available for benefits of Automobile Protection Corporation Profit Sharing and 401(k) Plan ("the Plan") 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 schedules H, line 4a--schedule of delinquent participant contributions and H, line 4i--schedule of assets (held at end of year). These financial statements and supplemental schedules 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 information summarized in Note K, which was certified by Prudential Insurance Company of America and Prudential Retirement Insurance and Annuity Company (collectively, "Prudential") except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that Prudential holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from Prudential as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the Plan Administrator by Prudential is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Prudential, 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.

Williams Benator + Libby, LLP

Atlanta, Georgia
October 11, 2010



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Member of American Institute of Certified Public Accountants and Russell Bedford International

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AUTOMOBILE PROTECTION CORPORATION
PROFIT SHARING AND 401(k) PLAN

| | December 31 2009 | 2008 |
|---|---|---|
| ASSETS | | |
| INVESTMENTS | | |
| Mutual funds--Notes C and D | $ 4,762,884 | $ 3,508,646 |
| Guaranteed income fund--Notes C, D and E | 1,734,242 | 1,838,568 |
| Participant loans--Notes C and D | 398,235 | 383,431 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 6,895,361 | $ 5,730,645 |

See independent auditors' report and notes to financial statements.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

AUTOMOBILE PROTECTION CORPORATION
PROFIT SHARING AND 401(k) PLAN

Year Ended December 31, 2009

| | |
|---|---|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO: | |
| Investment income: | |
| Net appreciation in fair value of investments | $ 916,078 |
| Interest and dividends | 121,917 |
| | 1,037,995 |
| Contributions: | |
| Participants | 596,148 |
| Employer | 15,228 |
| | 611,376 |
| TOTAL ADDITIONS | 1,649,371 |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO: | |
| Benefits paid to participants | 470,767 |
| Administrative expenses | 13,888 |
| TOTAL DEDUCTIONS | 484,655 |
| NET INCREASE | 1,164,716 |
| Net assets available for benefits at beginning of year | 5,730,645 |
| NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR | $ 6,895,361 |

See independent auditors' report and notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

AUTOMOBILE PROTECTION CORPORATION
PROFIT SHARING AND 401(k) PLAN

December 31, 2009

## NOTE A--DESCRIPTION OF PLAN

The following description of the Automobile Protection Corporation Profit Sharing and 401(k) Plan ("the Plan"), as amended and restated, provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a single employer defined contribution plan covering substantially all employees of Automobile Protection Corporation ("the Employer" and "Plan Administrator"). Eligibility requirements include a minimum age of twenty-one years for employee deferrals. Participants are eligible to participate in the match and profit-sharing components of the Plan if they have met the above eligibility requirement and have been employed by the Employer for six consecutive months. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions: The Plan provides for a discretionary tax deferred contribution by the Employer and an employee elective contribution with an Employer matching provision. Plan participants make contributions from their compensation, not to exceed the Federal statutory maximum. The Employer matching contribution is a discretionary percentage determined by the Employer. The Employer matched 50% of the first 6% of base compensation that a participant contributed to the Plan until November 1, 2008, when the Employer suspended its matching contribution. An additional discretionary contribution of $15,228 was made by the Employer during the year ended December 31, 2009.

Participant Accounts: Each participant's account is credited with their contributions, the Employer's matching contributions, their account's earnings or losses, and an allocation of any Employer discretionary contribution. Allocations of Employer discretionary contributions and any allocated forfeitures are based on participant compensation, as defined in the Plan articles. All investments of employee and employer contributions are participant directed. Participants may change their investment options daily.

Vesting: Participants are immediately vested in their voluntary contributions and allocated earnings thereon. Employer matching and discretionary contributions and earnings thereon vest at the rate of 33% per year. A participant becomes fully vested after three years of credited service, or in the event of death, disability or normal retirement. Forfeited amounts related to Employer matching contributions can be used to reduce future Employer contributions to the Plan or to pay Plan expenses.

NOTE A--DESCRIPTION OF PLAN--Continued

Administration: The Plan is administered by the Employer. At December 31, 2009 and 2008, all funds in the Plan were held in trust by the Trustee, Prudential Bank & Trust, F.S.B. in combination with Prudential Insurance Company of America and Prudential Retirement Insurance and Annuity Company (collectively, "Prudential"). Prudential invests participants' and Employer contributions, as directed by the participants, in a combination of guaranteed income fund and equity and fixed income mutual funds.

Withdrawals: A participant may withdraw their tax deferred contribution plus earnings thereon and rollover contributions in the case of a financial hardship, subject to a minimum of $1,000. Withdrawals are taxable in the year received by the participant and may be subject to a penalty tax. A participant may not make elective deferrals or other contributions for a period of six months following a hardship withdrawal.

Payment of Benefits: Upon a participant's termination of employment with the Employer, the participant is entitled to receive a distribution of their vested account balance. If the participant does not elect to receive a distribution, the vested balance will be distributed after the Employer's normal retirement age (65). If the participant dies prior to receiving their entire vested account balance, the balance will be paid to the participant's beneficiary or estate.

Participant Loans: Participants may borrow from their non-forfeitable accounts a minimum of $1,000 up to a maximum of $50,000 or 50 percent of their non-forfeitable account balance, whichever is less. The loans are secured by the balance in the participant's elective account and bear interest at a reasonable rate of interest determined by the Plan Administrator. At December 31, 2009, interest rates on outstanding participant loans ranged from 3.25% to 8.25%.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

The Plan's investments are stated at fair value, as further described in Note C. Investment securities are exposed to various risks, including credit, interest, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is possible that changes in values of investment securities will occur and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES--Continued

Contributions are recorded on the accrual basis, which recognizes participants' contributions and the related Employer matching contributions at the time the participants' contributions are withheld from their salaries. Employer discretionary profit sharing contributions are recorded in the period recognized in the Employer's financial statements.

At December 31, 2009 and 2008, there were no net assets available for benefits which had been approved for payment that were not paid at year end. Benefits are recorded when paid. At December 31, 2009, the total amount allocated to the accounts of participants who have elected to receive distributions but will be paid in future years was $111,165.

Administrative expenses of the Plan are primarily paid for by the Employer directly or through forfeitures.

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the 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.

During the year ended December 31, 2009, the Plan adopted the Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") as the sole source of authoritative guidance.

Subsequent events have been evaluated through October 11, 2010, which is the date the financial statements were available to be issued.

NOTE C--FAIR VALUE MEASUREMENTS

FASB guidance establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the accounting guidance are described below:

NOTE C--FAIR VALUE MEASUREMENTS--Continued

**Level 1** Inputs to the valuation methodology are unadjusted quoted prices for identical assets and liabilities in active markets that the Plan has the ability to access.

**Level 2** Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008:

Mutual funds: Valued at the quoted market price, which represents the net asset value of shares held by the Plan at year end.

Guaranteed income fund: Valued at fair value including interest at a contracted rate, as more fully described in Note E.

Participant loans: Valued at amortized cost, which approximates fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE C--FAIR VALUE MEASUREMENTS--Continued

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

| | Assets at fair value as of December 31, 2009 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Investments: | | | | |
| Mutual Funds: | | | | |
| Diversified markets equity | $ 102,250 | $ -0- | $ -0- | $ 102,250 |
| International equity | 631,048 | -0- | -0- | 631,048 |
| Specialty equity | 67,948 | -0- | -0- | 67,948 |
| Bond | 657,744 | -0- | -0- | 657,744 |
| Large cap equity | 2,534,266 | -0- | -0- | 2,534,266 |
| Mid cap equity | 155,165 | -0- | -0- | 155,165 |
| Moderate allocation | 77,508 | -0- | -0- | 77,508 |
| Small cap equity | 536,955 | -0- | -0- | 536,955 |
| Total mutual funds | 4,762,884 | -0- | -0- | 4,762,884 |
| Guaranteed income fund | -0- | 1,734,242 | -0- | 1,734,242 |
| Participant loans | -0- | -0- | 398,235 | 398,235 |
| Total assets at fair value | $4,762,884 | $1,734,242 | $ 398,235 | $6,895,361 |

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

| | Assets at fair value as of December 31, 2008 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Investments: | | | | |
| Mutual funds | $3,508,646 | $ -0- | $ -0- | $3,508,646 |
| Guaranteed income fund | -0- | 1,838,568 | -0- | 1,838,568 |
| Participant loans | -0- | -0- | 383,431 | 383,431 |
| Total assets at fair value | $3,508,646 | $1,838,568 | $ 383,431 | $5,730,645 |

NOTE C--FAIR VALUE MEASUREMENTS--Continued

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

| | Level 3 Assets Participant Loans |
|---|---|
| Balance, beginning of year | $ 383,431 |
| Loan repayments and disbursements, net | 14,804 |
| Balance, end of year | $ 398,235 |

NOTE D--INVESTMENTS

At December 31, 2009 and 2008, the Plan's investments were held by Prudential. The following table presents investments that represented 5% or more of the Plan's net assets at the beginning of the year for the years ended December 31:

| | 2009 | 2008 |
|---|---|---|
| Prudential Guaranteed Income Fund | $1,734,242 | $1,838,568 |
| Columbia Marsico Focused Equity Fund Class A | 1,021,284 | 784,409 |
| Davis New York Venture Fund Class A | 662,248 | 543,284 |
| Pimco Total Return Fund Class A | 657,744 | 419,670 |
| Thornburg International Value Fund Class R3 | 631,048 | 513,559 |
| Eaton Vance Large Cap Value Fund Class A | 482,797 | 404,043 |
| Participant loans | 398,235 | 383,431 |
| Dryden Stock Index Fund Z | 367,937 | N/A |

During the year ended December 31, 2009, the Plan's investments (including gains and losses on investments bought and sold during the year as well as held during the year) appreciated in value by $916,078 as follows:

| | |
|---|---|
| Mutual funds | $ 916,078 |

NOTE D--INVESTMENTS--Continued

Gains and losses (realized and unrealized) included in changes in net assets for the year ended December 31, 2009 above are reported in net appreciation in fair market value of investments in the statement of changes in net assets available for benefits.

NOTE E--GUARANTEED INCOME FUND

Investments in the guaranteed income fund are fully benefit-responsive and are stated at fair value, which is equal to contract value, in the accompanying statements of net assets available for plan benefits. FASB ASC Topic 962 - "Plan Accounting - Defined Contribution Pension Plans" requires the reporting of investment contracts that are fully benefit-responsive at fair value. Contract value of fully benefit-responsive investments equals contributions made under the contracts plus interest at the contract rate, less funds used to pay retirement benefits. There was no difference between the fair value and contract value of the Plan's fully benefit-responsive investment contract at December 31, 2009 and 2008. The contract interest rate for the guaranteed account is announced semiannually and is guaranteed against change for six-month periods. For the period from January 1, 2009 through June 30, 2009, the interest rate was guaranteed at 3.3% less an asset charge of 1.25% for a net rate of 2.05%. For the remaining of year ended December 31, 2009, the interest rate was guaranteed at 3.05% less an asset charge of 1.0% for a net rate of 2.05%. The interest rate was guaranteed at 4% less an asset charge of 1.25% for a net rate of 2.75% for the first six months of 2008. For the period from July 1 to December 31, 2008, the interest rate was guaranteed at 3.85% less an asset charge of 1.25% for a net rate of 2.60%.

NOTE F--TRANSACTIONS WITH PARTIES IN INTEREST

The Plan has an agreement with Prudential to maintain the investments of the Plan and to provide administrative and participant record keeping services for the Plan. For the year ended December 31, 2009, contributions to the Plan of $611,376 were deposited with Prudential for investment, and participants of the Plan received distributions of $470,767 from funds held by Prudential. At December 31, 2009 and 2008, respectively, the Plan had $6,895,361 and $5,730,645 of investments under Prudential's custody.

## NOTE G--TAX STATUS

The Plan is intended to satisfy the tax qualification requirements under Section 401(a) of the Internal Revenue Code ("IRC"); therefore, the funds of the Plan are intended to be exempt from Federal income taxes. The Plan has not requested a favorable determination letter from the Internal Revenue Service since the prototype on which the Plan is based has been determined to be qualified under Section 401(a) of the IRC. However, the Plan Administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC.

## NOTE H--PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their accounts.

## NOTE I--FORFEITED NON-VESTED ACCOUNTS

Prior to January 1, 2001, the Plan document required that a certain portion of forfeitures was to be reallocated to participants. The Plan document, as amended, restates that all forfeited non-vested account balances will be used to offset the Employer's contributions and pay Plan expenses. At December 31, 2009 and 2008, investments included forfeited accounts of $7,292 and $8,387, respectively. During the year ended December 31, 2009, the forfeiture account was utilized for Employer contributions totaling $12,271.

## NOTE J--RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

For the year ended December 31, 2009, there were no differences between the financial statements and Internal Revenue Service Form 5500.

## NOTE K--SUMMARY OF INFORMATION CERTIFIED BY PRUDENTIAL

The total value of the Plan's net assets was $6,895,361 and $5,730,645 at December 31, 2009 and 2008, respectively. Prudential has supplied the Plan Administrator with a certification as to the completeness and accuracy of all information presented in the accompanying statements of net

NOTE K--SUMMARY OF INFORMATION CERTIFIED BY PRUDENTIAL--Continued

assets available for benefits as of December 31, 2009 and 2008, and in the statement of changes in net assets available for benefits for the year ended December 31, 2009, with regard to investment activity.

The Plan's independent auditors 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 schedules.

SUPPLEMENTAL INFORMATION REQUIRED BY ERISA

SCHEDULE H, LINE 4A--SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

AUTOMOBILE PROTECTION CORPORATION
PROFIT SHARING AND 401(k) PLAN

Employer Identification Number 58-1582432, Plan 001

December 31, 2009

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| $ 30,512 | $ -0- | $ -0- | $ -0- | $ 30,512 |
| $ 15,228 | $ -0- | $ -0- | $ -0- | $ 15,228 |

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUTOMOBILE PROTECTION CORPORATION
PROFIT SHARING AND 401(k) PLAN

Employer Identification Number 58-1582432, Plan 001

December 31, 2009

| (a) Party in interest | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (e) Current value |
|---|---|---|---|
| * | Guaranteed Income Fund | Guaranteed Income Fund | $1,734,242 |
| | Jennison Small Company Fund Class A | Mutual Fund | 195,745 |
| | Thornburg International Value Fund Class R3 | Mutual Fund | 631,048 |
| | PIMCO Funds Total Return Fund Class A | Mutual Fund | 657,744 |
| | Allianz NFJ Small Cap Value Class A Fund | Mutual Fund | 258,398 |
| | Eaton Vance Large Cap Value Fund Class A | Mutual Fund | 482,797 |
| | Davis New York Venture Fund Class A | Mutual Fund | 662,248 |
| | Lord Abbett Small Cap Ser A | Mutual Fund | 82,811 |
| | Victory Established Value Fund | Mutual Fund | 75,777 |
| | AIM Mid Cap Equity Fund Class A | Mutual Fund | 102,250 |
| | Columbia Marsico Focused Equity Fund Class A | Mutual Fund | 1,021,284 |
| | Oakmark Equity & Income Fund Class II | Mutual Fund | 77,508 |
| | Dryden Stock Index Fund Class Z | Mutual Fund | 367,937 |
| * | LN AP Fund | Prudential Insurance Company | 119 |
| | Eaton Vance Worldwide Health Sciences Fund Class A | Mutual Fund | 62,393 |
| | Goldman Sachs Real Estate Class A | Mutual Fund | 5,436 |
| | AIM Developing Markets Class A | Mutual Fund | 79,389 |
| * | Participant loans | Interest rates ranging from 3.25% to 8.25% with maturities ranging from January 2010 through September 2020 | 398,235 |
| | | | $6,895,361 |

* Indicates party in interest

See independent auditors' report.

SCHEDULE H, LINE 4A--SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

AUTOMOBILE PROTECTION CORPORATION
PROFIT SHARING AND 401(k) PLAN

Employer Identification Number 58-1582432, Plan 001

December 31, 2009

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| $ 30,512 | $ -0- | $ -0- | $ -0- | $ 30,512 |
| $ 15,228 | $ -0- | $ -0- | $ -0- | $ 15,228 |