Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AUTOINC 401K PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1998

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

901 SOUTH FILLMORE, SUITE 200
AMARILLO, TX 79101-3515

901 SOUTH FILLMORE, SUITE 200
AMARILLO, TX 79101-3515

2b Employer Identification Number (EIN)
75-1628221

2c Sponsor's telephone number
806-372-9600

2d Business code (see instructions)
441110

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.	10/11/2010	KENNETH W. SQUYERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2010	KENNETH W. SQUYERS
	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")

AUTO, LP

901 SOUTH FILLMORE, SUITE 200
AMARILLO, TX 79101-3515

3b Administrator's EIN
75-1628221

3c Administrator's telephone number
806-372-9600

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**	298
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**	204
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	38
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	246
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	246
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	176
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	37
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 2F 2G 2J 3D

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)			**C** (Service Provider Information)
(5)	X		**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
AUTOINC 401K PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500.
AUTO, LP

D Employer Identification Number (EIN)
75-1628221

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
JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

(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
01-0233346	65838	14965	259	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	3117

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
ACTUARIES & ASSOCIATES
701 SOUTH TYLER STREET
AMARILLO, TX 79101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	1585	TPA COMPENSATION	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DOSHIER, PICKENS & FRANCIS, LLC
PO BOX 9938
AMARILLO, TX 79105

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	1170	OTHER PAYMENTS	0

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

T. ROWE PRICE ASSOCIATES, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	176	REDEMPTION FEES	6

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

VANGUARD GROUP, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	165	REDEMPTION FEES	6

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

ACTUARIES & ASSOCIATES
701 SOUTH TYLER STREET
AMARILLO, TX 79101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	20	OTHER ALLOWANCES	5

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

DWS INVESTMENTS SERVICE COMPANY

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	1	REDEMPTION FEES	6

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	3907836

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 ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add **b** and **c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)	0		
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
AUTOINC 401K PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AUTO, LP

D Employer Identification Number (EIN)
75-1628221

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFECYCLE 2010

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	2385

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFECYCLE 2015

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	6822

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFECYCLE 2020

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	4069

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFECYCLE 2030

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	6329

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFECYCLE 2045

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	3733

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	45204

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	56624

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BALANCED			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	573779
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE GROWTH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	896652
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE AGGRESSIVE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	390749
a Name of MTIA, CCT, PSA, or 103-12 IE: JH T. ROWE PRICE SPECTRUM INC			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2104
a Name of MTIA, CCT, PSA, or 103-12 IE: JH OPPENHEIMER INTL BOND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11377
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LM PARTNERS GLB HIGH YIELD			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9133
a Name of MTIA, CCT, PSA, or 103-12 IE: JH PIMCO REAL RETURN			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22600
a Name of MTIA, CCT, PSA, or 103-12 IE: JH PIMCO GLOBAL BOND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4006
a Name of MTIA, CCT, PSA, or 103-12 IE: JH PIMCO TOTAL RETURN			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	136019
a Name of MTIA, CCT, PSA, or 103-12 IE: JH SHORT-TERM FEDERAL			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29902

a Name of MTIA, CCT, PSA, or 103-12 IE: JH PIMCO ALL ASSET			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1095
a Name of MTIA, CCT, PSA, or 103-12 IE: JH AMERICAN BALANCED FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2529
a Name of MTIA, CCT, PSA, or 103-12 IE: JH INVESTMENT COMPANY OF AMERICA			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1036
a Name of MTIA, CCT, PSA, or 103-12 IE: JH BLACKROCK GLOBAL ALLOCATION			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5230
a Name of MTIA, CCT, PSA, or 103-12 IE: JH WASHINGTON MUTUAL INVESTORS			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1007
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MUTUAL BEACON			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28282
a Name of MTIA, CCT, PSA, or 103-12 IE: JH T. ROWE PRICE EQUITY INC			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11516
a Name of MTIA, CCT, PSA, or 103-12 IE: JH DAVIS NEW YORK VENTURE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11037
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MUTUAL GLOBAL DISCOVERY			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14779
a Name of MTIA, CCT, PSA, or 103-12 IE: JH THE GROWTH FUND OF AMERICA			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2166

a Name of MTIA, CCT, PSA, or 103-12 IE: JH JENNISON GROWTH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8503
a Name of MTIA, CCT, PSA, or 103-12 IE: JH TEMPLETON WORLD			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2522
a Name of MTIA, CCT, PSA, or 103-12 IE: JH BLACKROCK LARGE VALUE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3533
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MFS UTILITIES			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12473
a Name of MTIA, CCT, PSA, or 103-12 IE: JH DOMINI SOCIAL EQUITY			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6205
a Name of MTIA, CCT, PSA, or 103-12 IE: JH OPPENHEIMER GLOBAL			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16574
a Name of MTIA, CCT, PSA, or 103-12 IE: JH T. ROWE PRICE SML CAP VAL			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	42036
a Name of MTIA, CCT, PSA, or 103-12 IE: JH FRANKLIN BALANCE SHEET			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	18625
a Name of MTIA, CCT, PSA, or 103-12 IE: JH JPM MIDCAP VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	44398
a Name of MTIA, CCT, PSA, or 103-12 IE: JH COLUMBIA VALUE & RESTRUCTURING			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17274

a Name of MTIA, CCT, PSA, or 103-12 IE: JH EUROPACIFIC GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22305

a Name of MTIA, CCT, PSA, or 103-12 IE: JH T. ROWE PRICE HEALTH SCI

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60241

a Name of MTIA, CCT, PSA, or 103-12 IE: JH FRANKLIN SMALL-MID GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9240

a Name of MTIA, CCT, PSA, or 103-12 IE: JH AIM SMALL CAP GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3546

a Name of MTIA, CCT, PSA, or 103-12 IE: JH BRIDGEWAY ULTRA-SMALL CO

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2807

a Name of MTIA, CCT, PSA, or 103-12 IE: JH AMERICAN CENTURY VISTA

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23628

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41413

a Name of MTIA, CCT, PSA, or 103-12 IE: JH SMALL CAP GROWTH INDEX

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2166

a Name of MTIA, CCT, PSA, or 103-12 IE: JH DFA U.S. SMALL CAP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3549

a Name of MTIA, CCT, PSA, or 103-12 IE: JH SMALL CAP VALUE INDEX

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 125

a Name of MTIA, CCT, PSA, or 103-12 IE: JH DFA INTERNATIONAL VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 642

a Name of MTIA, CCT, PSA, or 103-12 IE: JH T. ROWE PRICE SCI & TECH

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31991

a Name of MTIA, CCT, PSA, or 103-12 IE: JH OPPENHEIMER DEVELOPING MKT

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126374

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 198340

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4563

a Name of MTIA, CCT, PSA, or 103-12 IE: JH DFA EMERGING MARKETS VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39642

a Name of MTIA, CCT, PSA, or 103-12 IE: JH FIDELITY ADVISOR GOLD FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11623

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MONEY MARKET FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 458458

a Name of MTIA, CCT, PSA, or 103-12 IE: JH TOTAL BOND MARKET FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45477

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 500 INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101031

a Name of MTIA, CCT, PSA, or 103-12 IE: JH OPTIMIZED VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8196

a Name of MTIA, CCT, PSA, or 103-12 IE: JH ALL CAP VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19522

a Name of MTIA, CCT, PSA, or 103-12 IE: JH CAPITAL APPRECIATION FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7300

a Name of MTIA, CCT, PSA, or 103-12 IE: JH TOTAL STOCK MARKET INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80471

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46303

a Name of MTIA, CCT, PSA, or 103-12 IE: JH BLUE CHIP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13018

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MID CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10511

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MID VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2016

a Name of MTIA, CCT, PSA, or 103-12 IE: JH OPTIMIZED ALL CAP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11997

a Name of MTIA, CCT, PSA, or 103-12 IE: JH REAL EST. SECURITIES FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35331

a Name of MTIA, CCT, PSA, or 103-12 IE: JH ALL CAP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5046

a Name of MTIA, CCT, PSA, or 103-12 IE: JH SMALL CAP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1072

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MID CAP STOCK FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3998

a Name of MTIA, CCT, PSA, or 103-12 IE: JH INTERNATIONAL VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5867

a Name of MTIA, CCT, PSA, or 103-12 IE: JH SCIENCE & TECHNOLOGY FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17040

a Name of MTIA, CCT, PSA, or 103-12 IE: JH INTERNATIONAL OPPS FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPNAY

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 677

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
AUTOINC 401K PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
AUTO, LP

D Employer Identification Number (EIN)
75-1628221

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4495	5239
(2) Participant contributions	1b(2)	12161	41412
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1258	0
(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)	155652	188357
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3005251	
(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)		3907836
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	3178817	4142844
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	21413	13744
k	Total liabilities (add all amounts in lines 1g through1j)	1k	21413	13744
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3157404	4129100

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)	153705	
	(B) Participants	2a(1)(B)	408420	
	(C) Others (including rollovers)	2a(1)(C)	30774	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		592899
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)	9637	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9637
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(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)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		763805
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1366341
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	393147	
(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)		393147
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1156	
(3) Investment advisory and management fees	2i(3)	342	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1498
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		394645
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		971696
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: DOSHIER, PICKENS & FRANCIS, LLC (2) EIN: 26-3902769

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		11860
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
AUTOINC 401K PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
AUTO, LP

D Employer Identification Number (EIN)
75-1628221

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): 01-0233346

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):

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806.373.3011
www.dpfcpa.com

Trustee
AutoInc
401(k) Plan
Amarillo, Texas

Independent Auditors' Report

We were engaged to audit the financial statements of AutoInc 401(k) Plan as of December 31, 2009 and 2008 and for the years then ended, and the supplemental schedules as of the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and 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 4, which was certified by John Hancock Life Insurance Company, (U.S.A.), the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodian is complete and accurate.

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

Doshier, Pickens & Francis, L.L.C.

Doshier, Pickens & Francis, LLC

October 8, 2010

AUTOINC
401(k) PLAN

Schedule H (Form 5500), Line 4i - Schedule of Assets Held at End of Year
December 31, 2009

Employer Identification Number (EIN): 75-1628221
Plan Number: 003

(a)	(b)	(c)				(d)	(e)
		Description of investment including:					
	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Collateral, Shares or # of Units	Par or Maturity Value	Cost	Current Value
*	JH Lifecycle 2010	n/a	-	236.062048	-	$ 2,069	$ 2,385
*	JH Lifecycle 2015	n/a	-	689.575684	-	7,180	6,822
*	JH Lifecycle 2020	n/a	-	418.859853	-	3,611	4,069
*	JH Lifecycle 2030	n/a	-	681.224396	-	5,422	6,329
*	JH Lifecycle 2045	n/a	-	400.299995	-	3,029	3,733
*	JH Lifestyle Conservative	n/a	-	249.641300	-	38,129	45,204
*	JH Lifestyle Moderate	n/a	-	352.424053	-	48,211	56,624
*	JH Lifestyle Balanced	n/a	-	2,838.343989	-	504,643	573,779
*	JH Lifestyle Growth	n/a	-	3,196.745093	-	798,641	896,652
*	JH Lifestyle Aggressive	n/a	-	1,364.484719	-	375,847	390,749
*	JH T. Rowe Price Spectrum Inc	n/a	-	71.915874	-	1,801	2,104
*	JH Oppenheimer Intl Bond	n/a	-	1,613.056789	-	11,605	11,377
*	JH LM Partners Glb High Yield	n/a	-	322.450550	-	6,107	9,133
*	JH PIMCO Real Return	n/a	-	1,394.148528	-	21,861	22,600
*	JH PIMCO Global Bond	n/a	-	267.221121	-	3,584	4,006
*	JH PIMCO Total Return	n/a	-	6,745.461268	-	120,117	136,019
*	JH Short-Term Federal	n/a	-	1,503.592086	-	29,164	29,902
*	JH PIMCO All Asset	n/a	-	65.491784	-	1,018	1,095
*	JH American Balanced Fund	n/a	-	121.880246	-	2,373	2,529
*	JH Investment Company of America	n/a	-	30.085147	-	1,004	1,036
*	JH BlackRock Global Allocation	n/a	-	273.979343	-	5,180	5,230
*	JH Washington Mutual Investors	n/a	-	31.544919	-	1,003	1,007
*	JH Mutual Beacon	n/a	-	287.563405	-	23,583	28,282
*	JH T. Rowe Price Equity Inc	n/a	-	346.884831	-	11,013	11,516
*	JH Davis New York Venture	n/a	-	427.108488	-	10,275	11,037
*	JH Mutual Global Discovery	n/a	-	236.533550	-	12,235	14,779
*	JH The Growth Fund of America	n/a	-	70.060478	-	2,169	2,166
*	JH Jennison Growth	n/a	-	470.385775	-	8,469	8,503
*	JH Templeton World	n/a	-	75.340572	-	2,451	2,522
*	JH Blackrock Large Value	n/a	-	215.110426	-	3,801	3,533

* Indicates transactions with a party-in-interest

(Continued)

AUTOINC
401(k) PLAN

Schedule H (Form 5500), Line 4i - Schedule of Assets Held at End of Year
December 31, 2009

Employer Identification Number (EIN): 75-1628221
Plan Number: 003

(a)	(b)	(c)				(d)	(e)
		Description of investment including:					
	Continuation Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Collateral, Shares or # of Units	Par or Maturity Value	Cost	Current Value
*	JH MFS Utilities	n/a	-	656.057341	-	11,963	12,473
*	JH Domini Social Equity	n/a	-	185.902646	-	5,963	6,206
*	JH Oppenheimer Global	n/a	-	452.720685	-	14,601	16,574
*	JH T. Rowe Price Sml Cap Val	n/a	-	962.344209	-	37,154	42,036
*	JH Franklin Balance Sheet	n/a	-	229.330988	-	18,115	18,625
*	JH JPM MidCap Value Fund	n/a	-	1,945.352983	-	43,164	44,398
*	JH Columbia Value & Restructuring	n/a	-	365.290506	-	15,150	17,274
*	JH EuroPacific Growth Fund	n/a	-	432.009656	-	20,096	22,305
*	JH T. Rowe Price Health Sci	n/a	-	1,911.654521	-	49,107	60,241
*	JH Franklin Small-Mid Growth	n/a	-	242.074194	-	8,393	9,240
*	JH AIM Small Cap Growth	n/a	-	179.375076	-	2,937	3,547
*	JH Bridgeway Ultra-Small Co	n/a	-	196.746854	-	2,469	2,807
*	JH American Century Vista	n/a	-	767.607100	-	27,654	23,628
*	JH Davis Financial	n/a	-	1,050.474277	-	34,968	41,413
*	JH Small Cap Growth Index	n/a	-	128.254145	-	1,597	2,166
*	JH DFA U.S. Small Cap Fund	n/a	-	188.354098	-	2,787	3,549
*	JH Small Cap Value Index	n/a	-	8.910210	-	110	125
*	JH DFA International Value	n/a	-	33.508359	-	593	642
*	JH T. Rowe Price Sci & Tech	n/a	-	835.712773	-	26,939	31,991
*	JH Oppenheimer Developing Mkt	n/a	-	2,357.524315	-	113,605	126,374
*	JH Energy	n/a	-	2,415.872886	-	170,145	198,340
*	JH Royce Opportunity	n/a	-	306.227204	-	3,343	4,563
*	JH DFA Emerging Markets Value	n/a	-	965.059971	-	36,212	39,642
*	JH Fidelity Advisor Gold Fund	n/a	-	267.671694	-	12,031	11,623
*	JH Money Market Fund	n/a	-	35,071.068870	-	453,303	458,458
*	JH Total Bond Market Fund	n/a	-	2,980.068941	-	42,659	45,477
*	JH 500 Index Fund	n/a	-	160.599729	-	84,644	101,032
*	JH Optimized Value Fund	n/a	-	103.763421	-	8,129	8,196
*	JH All Cap Value Fund	n/a	-	1,159.147457	-	14,747	19,522
*	JH Capital Appreciation Fund	n/a	-	715.788557	-	6,993	7,301

* Indicates transactions with a party-in-interest

(Continued)

AUTOINC
401(k) PLAN

Schedule H (Form 5500), Line 4i - Schedule of Assets Held at End of Year
December 31, 2009

Employer Identification Number (EIN): 75-1628221
Plan Number: 003

(a)	(b)	(c)				(d)	(e)
		Description of investment including:					
Continuation	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Collateral, Shares or # of Units	Par or Maturity Value	Cost	Current Value
*	JH Total Stock Market Index Fund	n/a	-	6,783.369770	-	62,613	80,471
*	JH Utilities Fund	n/a	-	2,331.098424	-	40,892	46,303
*	JH Blue Chip Growth Fund	n/a	-	598.503203		12,615	13,018
*	JH Mid Cap Index Fund	n/a	-	525.698042	-	9,277	10,511
*	JH Mid Value Fund	n/a	-	139.185978	-	1,300	2,016
*	JH Optimized All Cap Fund	n/a	-	708.355760	-	12,855	11,997
*	JH Real Est. Securities Fund	n/a	-	916.283547	-	32,472	35,331
*	JH All Cap Growth Fund	n/a	-	317.869994	-	4,085	5,046
*	JH Small Cap Growth Fund	n/a	-	98.123719	-	794	1,072
*	JH Mid Cap Stock Fund	n/a	-	241.730391	-	4,520	3,998
*	JH International Value Fund	n/a	-	299.921681	-	6,873	5,867
*	JH Science & Technology Fund	n/a	-	1,048.448937	-	16,144	17,040
*	JH International Opps Fund	n/a	-	43.036741	-	685	677
*	Participant Loans	n/a	4.25-9.25%	n/a	-	-	188,357
						$ 3,540,291	$ 4,096,193

* Indicates transactions with a party-in-interest

The above information has been certified by John Hancock Life Insurance Company (U.S.A.), as custodian, as complete and accurate.

AUTOINC
401(k) PLAN

Schedule H (Form 5500), Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2009

Employer Identification Number (EIN): 75-1628221
Plan Number: 003

	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 11,860	$ -	$ 11,860	$ -	$ -

AUTOINC
401(k) PLAN

Financial Statements

For Years Ended
December 31, 2009 and 2008

AUTOINC
401(k) PLAN

FINANCIAL STATEMENTS

For Years Ended
December 31, 2009 and 2008

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Trustee
AutoInc 401(k) Plan
Amarillo, Texas

Independent Auditors' Report

We were engaged to audit the financial statements of AutoInc 401(k) Plan as of December 31, 2009 and 2008 and for the years then ended, and the supplemental schedules as of the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and 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 4, which was certified by John Hancock Life Insurance Company, (U.S.A.), the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodian is complete and accurate.

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

Doshier, Pickens & Francis, L.L.C.

Doshier, Pickens & Francis, LLC

October 8, 2010

AUTOINC
401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	2009	2008
ASSETS		
Participant-directed investments, at fair value:		
Pooled separate accounts	$ 3,907,836	$ 3,005,251
Participant loans	188,357	155,652
Total participant-directed investments, at fair value	4,096,193	3,160,903
Receivables:		
Employer	5,239	4,495
Participants	41,412	12,161
Total receivables	46,651	16,656
Cash and cash equivalents	-	1,258
Total Assets	4,142,844	3,178,817
LIABILITIES		
Excess contributions payable	13,744	21,413
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,129,100	$ 3,157,404

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

AUTOINC
401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For Years Ended December 31, 2009 and 2008

	2009	2008
ADDITIONS (REDUCTIONS):		
Additions to (reductions from) net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in the fair value of investments	$ 763,805	$ (1,514,333)
Interest on participant loans	9,637	11,722
Total investment income (loss)	773,442	(1,502,611)
Contributions:		
Participant	408,420	475,022
Employer	153,705	181,340
Participant rollover	30,774	-
Total contributions	592,899	656,362
Total additions (reductions)	1,366,341	(846,249)
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	393,147	296,662
Administrative expenses	1,498	2,203
Total deductions	394,645	298,865
Net increase (decrease)	971,696	(1,145,114)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	3,157,404	4,302,518
End of year	$ 4,129,100	$ 3,157,404

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

AUTOINC
401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 1 – DESCRIPTION OF PLAN

The following description of the AutoInc (Company) 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full–time employees of the Company and its subsidiaries who have completed one year of service and are age twenty–one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to the maximum amount allowed by law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The plan currently offers various pooled separate accounts as investment options for participants. The Company contributes 50 percent of the first 4 percent of base compensation that a participant contributes to the Plan. The matching contribution is invested into the options elected by each participant. Additional profit sharing amounts may be contributed at the option of the Company and are invested into the options elected by each participant. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (1) the Company's contribution, (2) the Plan earnings, and (3) forfeitures of terminated participants' non-vested accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

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

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at the rate of prime plus one percent. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or in installments over a period of not more than the assumed life expectancy of the participant. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Continued

NOTE 1 – DESCRIPTION OF PLAN – Continuation

Forfeited Accounts

Forfeited nonvested accounts for December 31, 2009 and 2008 totaled $22,593 and $22,526, respectively. Forfeitures are allocated to remaining plan participants.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

Subsequent events were evaluated through October 8, 2010, which is the date the financial statements were available to be issued.

Basis of Accounting

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

Estimates

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 changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

All expenses of maintaining the plan are paid by the Company.

NOTE 3 – INVESTMENTS

The following presents investments that represent 5 percent or more of the Plan's net assets.

	2009	2008
Pooled separate accounts		
JH Lifestyle Fund – Balanced Portfolio	$ 573,779	$ 445,504
JH Lifestyle Fund – Growth Portfolio	896,652	910,051
JH Lifestyle Fund – Aggressive Portfolio	390,749	268,915
JH Money Market Fund	458,458	430,839

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2009	2008
Pooled separate accounts	$ 763,805	$ (1,514,333)

NOTE 4 – INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information and the investment information in the supplemental schedule was certified by John Hancock Life Insurance Company (U.S.A.) (John Hancock) and was not subjected to any auditing procedures performed by the independent public accountants:

	2009	2008
Investments at fair value:		
Pooled separate accounts	$ 3,907,836	$ 3,005,251
Participant loans	188,357	155,652
Total Investments	$ 4,096,193	$ 3,160,903
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ 763,805	$ (1,514,333)
Interest on participant loans	9,637	11,722
Total Investment Income (Loss)	$ 773,442	$ (1,502,611)

NOTE 5 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

	Fair Value Measurements Using:		
	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value
December 31, 2009			
Pooled separate accounts	$ 3,907,836	$ -	$ 3,907,836
Participant loans	-	188,357	188,357
Total assets at fair value	$ 3,907,836	$ 188,357	$ 4,096,193
December 31, 2008			
Pooled separate accounts	$ 3,005,251	$ -	$ 3,005,251
Participant loans	-	155,652	155,652
Total assets at fair value	$ 3,005,251	$ 155,652	$ 3,160,903

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 and Level 3 inputs are only used when Level 1 inputs are not available.

Level 2 Fair Value Measurements

The fair value of the pooled separate accounts is based on the current market value of the underlying assets of the fund.

Level 3 Fair Value Measurements

The participant loans are valued at cost which approximates fair value.

Continued

NOTE 5 – FAIR VALUE MEASUREMENTS – Continuation

The following table 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 Year Ended December 31, 2009

	Participant Loans
Balance, beginning of year	$ 155,652
Realized gains/(losses)	9,637
Unrealized gains/(losses) relating to instruments still held at the reporting date	-
Purchases, sales, issuances, and settlements (net)	23,068
Balance, end of year	$ 188,357

NOTE 6 – RELATED PARTY TRANSACTIONS

Certain Plan investments are units of pooled separate accounts managed by John Hancock. John Hancock is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services amounted to $1,498 for the year ended December 31, 2009.

NOTE 7 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants would become 100% vested in their employer contributions.

NOTE 8 – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008, that this prototype plan and related trust are designed in accordance with applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 9 – RISKS AND UNCERTAINTIES

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

SUPPLEMENTAL SCHEDULES

AUTOINC
401(k) PLAN

Schedule H (Form 5500), Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2009

Employer Identification Number (EIN): 75-1628221
Plan Number: 003

	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 11,860	$ -	$ 11,860	$ -	$ -

AUTOINC
401(k) PLAN

Schedule H (Form 5500), Line 4i - Schedule of Assets Held at End of Year
December 31, 2009

Employer Identification Number (EIN): 75-1628221
Plan Number: 003

(a)	(b)	(c)				(d)	(e)
		Description of investment including:					
	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Collateral, Shares or # of Units	Par or Maturity Value	Cost	Current Value
*	JH Lifecycle 2010	n/a	-	236.062048	-	$ 2,069	$ 2,385
*	JH Lifecycle 2015	n/a	-	689.575684	-	7,180	6,822
*	JH Lifecycle 2020	n/a	-	418.859853	-	3,611	4,069
*	JH Lifecycle 2030	n/a	-	681.224396	-	5,422	6,329
*	JH Lifecycle 2045	n/a	-	400.299995	-	3,029	3,733
*	JH Lifestyle Conservative	n/a	-	249.641300	-	38,129	45,204
*	JH Lifestyle Moderate	n/a	-	352.424053	-	48,211	56,624
*	JH Lifestyle Balanced	n/a	-	2,838.343989	-	504,643	573,779
*	JH Lifestyle Growth	n/a	-	3,196.745093	-	798,641	896,652
*	JH Lifestyle Aggressive	n/a	-	1,364.484719	-	375,847	390,749
*	JH T. Rowe Price Spectrum Inc	n/a	-	71.915874	-	1,801	2,104
*	JH Oppenheimer Intl Bond	n/a	-	1,613.056789	-	11,605	11,377
*	JH LM Partners Glb High Yield	n/a	-	322.450550	-	6,107	9,133
*	JH PIMCO Real Return	n/a	-	1,394.148528	-	21,861	22,600
*	JH PIMCO Global Bond	n/a	-	267.221121	-	3,584	4,006
*	JH PIMCO Total Return	n/a	-	6,745.461268	-	120,117	136,019
*	JH Short-Term Federal	n/a	-	1,503.592086	-	29,164	29,902
*	JH PIMCO All Asset	n/a	-	65.491784	-	1,018	1,095
*	JH American Balanced Fund	n/a	-	121.880246	-	2,373	2,529
*	JH Investment Company of America	n/a	-	30.085147	-	1,004	1,036
*	JH BlackRock Global Allocation	n/a	-	273.979343	-	5,180	5,230
*	JH Washington Mutual Investors	n/a	-	31.544919	-	1,003	1,007
*	JH Mutual Beacon	n/a	-	287.563405	-	23,583	28,282
*	JH T. Rowe Price Equity Inc	n/a	-	346.884831	-	11,013	11,516
*	JH Davis New York Venture	n/a	-	427.108488	-	10,275	11,037
*	JH Mutual Global Discovery	n/a	-	236.533550	-	12,235	14,779
*	JH The Growth Fund of America	n/a	-	70.060478	-	2,169	2,166
*	JH Jennison Growth	n/a	-	470.385775	-	8,469	8,503
*	JH Templeton World	n/a	-	75.340572	-	2,451	2,522
*	JH Blackrock Large Value	n/a	-	215.110426	-	3,801	3,533

* Indicates transactions with a party-in-interest

(Continued)

AUTOINC
401(k) PLAN

Schedule H (Form 5500), Line 4i - Schedule of Assets Held at End of Year
December 31, 2009

Employer Identification Number (EIN): 75-1628221
Plan Number: 003

(a)	(b)	(c)				(d)	(e)
		Description of investment including:					
Continuation	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Collateral, Shares or # of Units	Par or Maturity Value	Cost	Current Value
*	JH MFS Utilities	n/a	-	656.057341	-	$ 11,963	$ 12,473
*	JH Domini Social Equity	n/a	-	185.902646	-	5,963	6,206
*	JH Oppenheimer Global	n/a	-	452.720685	-	14,601	16,574
*	JH T. Rowe Price Sml Cap Val	n/a	-	962.344209	-	37,154	42,036
*	JH Franklin Balance Sheet	n/a	-	229.330988	-	18,115	18,625
*	JH JPM MidCap Value Fund	n/a	-	1,945.352983	-	43,164	44,398
*	JH Columbia Value & Restructuring	n/a	-	365.290506	-	15,150	17,274
*	JH EuroPacific Growth Fund	n/a	-	432.009656	-	20,096	22,305
*	JH T. Rowe Price Health Sci	n/a	-	1,911.654521	-	49,107	60,241
*	JH Franklin Small-Mid Growth	n/a	-	242.074194	-	8,393	9,240
*	JH AIM Small Cap Growth	n/a	-	179.375076	-	2,937	3,547
*	JH Bridgeway Ultra-Small Co	n/a	-	196.746854	-	2,469	2,807
*	JH American Century Vista	n/a	-	767.607100	-	27,654	23,628
*	JH Davis Financial	n/a	-	1,050.474277	-	34,968	41,413
*	JH Small Cap Growth Index	n/a	-	128.254145	-	1,597	2,166
*	JH DFA U.S. Small Cap Fund	n/a	-	188.354098	-	2,787	3,549
*	JH Small Cap Value Index	n/a	-	8.910210	-	110	125
*	JH DFA International Value	n/a	-	33.508359	-	593	642
*	JH T. Rowe Price Sci & Tech	n/a	-	835.712773	-	26,939	31,991
*	JH Oppenheimer Developing Mkt	n/a	-	2,357.524315	-	113,605	126,374
*	JH Energy	n/a	-	2,415.872886	-	170,145	198,340
*	JH Royce Opportunity	n/a	-	306.227204	-	3,343	4,563
*	JH DFA Emerging Markets Value	n/a	-	965.059971	-	36,212	39,642
*	JH Fidelity Advisor Gold Fund	n/a	-	267.671694	-	12,031	11,623
*	JH Money Market Fund	n/a	-	35,071.068870	-	453,303	458,458
*	JH Total Bond Market Fund	n/a	-	2,980.068941	-	42,659	45,477
*	JH 500 Index Fund	n/a	-	160.599729	-	84,644	101,032
*	JH Optimized Value Fund	n/a	-	103.763421	-	8,129	8,196
*	JH All Cap Value Fund	n/a	-	1,159.147457	-	14,747	19,522
*	JH Capital Appreciation Fund	n/a	-	715.788557	-	6,993	7,301

* Indicates transactions with a party-in-interest

(Continued)

AUTOINC
401(k) PLAN

Schedule H (Form 5500), Line 4i - Schedule of Assets Held at End of Year
December 31, 2009

Employer Identification Number (EIN): 75-1628221
Plan Number: 003

(a)	(b)	(c)				(d)	(e)
		Description of investment including:					
Continuation	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Collateral, Shares or # of Units	Par or Maturity Value	Cost	Current Value
*	JH Total Stock Market Index Fund	n/a	-	6,783.369770	-	$ 62,613	$ 80,471
*	JH Utilities Fund	n/a	-	2,331.098424	-	40,892	46,303
*	JH Blue Chip Growth Fund	n/a	-	598.503203		12,615	13,018
*	JH Mid Cap Index Fund	n/a	-	525.698042	-	9,277	10,511
*	JH Mid Value Fund	n/a	-	139.185978	-	1,300	2,016
*	JH Optimized All Cap Fund	n/a	-	708.355760	-	12,855	11,997
*	JH Real Est. Securities Fund	n/a	-	916.283547	-	32,472	35,331
*	JH All Cap Growth Fund	n/a	-	317.869994	-	4,085	5,046
*	JH Small Cap Growth Fund	n/a	-	98.123719	-	794	1,072
*	JH Mid Cap Stock Fund	n/a	-	241.730391	-	4,520	3,998
*	JH International Value Fund	n/a	-	299.921681	-	6,873	5,867
*	JH Science & Technology Fund	n/a	-	1,048.448937	-	16,144	17,040
*	JH International Opps Fund	n/a	-	43.036741	-	685	677
*	Participant Loans	n/a	4.25-9.25%	n/a	-	-	188,357
						$ 3,540,291	$ 4,096,193

* Indicates transactions with a party-in-interest

The above information has been certified by John Hancock Life Insurance Company (U.S.A.), as custodian, as complete and accurate.