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
BENEFIT AND RISK MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1995

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
BENEFIT AND RISK MANAGEMENT SERVICES, IN

10860 GOLD CENTER DRIVE
SUITE 300
RANCHO CORDOVA, CA 95670

BENEFIT AND RISK MANAGEMENT SERVICE
10860 GOLD CENTER DRIVE, STE. 300
RANCHO CORDOVA, CA 95670-6024

2b Employer Identification Number (EIN)
68-0306908

2c Sponsor's telephone number
916-858-2950

2d Business code (see instructions)
541600

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.	10/15/2010	STACIE LAUTRUP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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")
BENEFIT AND RISK MANAGEMENT SERVICES, IN

10860 GOLD CENTER DRIVE
SUITE 300
RANCHO CORDOVA, CA 95670

3b Administrator's EIN
68-0306908

3c Administrator's telephone number
916-858-2950

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**	155
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**	137
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	11
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	149
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	149
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	127
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	20
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:
2A 2E 2G 2J 2K 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)		**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
BENEFIT AND RISK MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
BENEFIT AND RISK MANAGEMENT SERVICES, IN

D Employer Identification Number (EIN)
68-0306908

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
LINCOLN NATIONAL LIFE INSURANCE CO.

(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
35-0472300	65676	GP76339	131	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
9285	43

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

CAMBRIDGE INVESTMENTS
1776 PLEASANT PLAIN RD
FAIRFIELD, IA 52556-8757

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9285	43	NON-MONETARY COMPENSATION TO SALES REP	4

(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	2218
5	Current value of plan's interest under this contract in separate accounts at year end	5	1016159

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 ▶ GROUP VAR ANNUITY W/GUAR FUND

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	0		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	2218		
	▶ LOAN REPAY/FORF/TAKEOVER ADJ.				
	(6) Total additions			7c(6)	2218
d	Total of balance and additions (add **b** and **c(6)**)			7d	2218
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(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	2218

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
BENEFIT AND RISK MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BENEFIT AND RISK MANAGEMENT SERVICES, IN

D Employer Identification Number (EIN)
68-0306908

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: CORE EQUITY

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

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)
35-0472300-111	P	16590

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

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

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)
35-0472300-114	P	29870

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

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

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)
35-0472300-401	P	875

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUNDS CAPWRLDGR&INC

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

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)
35-0472300-401	P	16924

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

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

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)
35-0472300-401	P	52601

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

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

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)
35-0472300-401	P	1193

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

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

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)
35-0472300-401	P	598

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUNDS NEW ECONOMY			
b Name of sponsor of entity listed in (a): LNL			
c EIN-PN 35-0472300-401	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	307
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUNDS NEW PERSPECTIVE			
b Name of sponsor of entity listed in (a): LNL			
c EIN-PN 35-0472300-401	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	804
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUNDS SMALLCAP WORLD			
b Name of sponsor of entity listed in (a): LNL			
c EIN-PN 35-0472300-401	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1213
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUNDS US GOVT SEC			
b Name of sponsor of entity listed in (a): LNL			
c EIN-PN 35-0472300-401	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	578
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY			
b Name of sponsor of entity listed in (a): LNL			
c EIN-PN 35-0472300-122	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17666
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP EQUITY			
b Name of sponsor of entity listed in (a): LNL			
c EIN-PN 35-0472300-123	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	318
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP EQUITY			
b Name of sponsor of entity listed in (a): LNL			
c EIN-PN 35-0472300-124	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1339
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA S&P 500 INDEX			
b Name of sponsor of entity listed in (a): LNL			
c EIN-PN 35-0472300-127	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	76615
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP T.ROWE GROWTH STOCK			
b Name of sponsor of entity listed in (a): LNL			
c EIN-PN 35-0472300-129	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2577
a Name of MTIA, CCT, PSA, or 103-12 IE: CONSERVATIVE BALANCED			
b Name of sponsor of entity listed in (a): LNL			
c EIN-PN 35-0472300-130	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15621

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

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

c EIN-PN 35-0472300-706	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94101

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DEL FNDTN AGGRESSALL

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

c EIN-PN 35-0472300-197	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121797

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP WLSH 2020

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

c EIN-PN 35-0472300-702	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 948

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA INTERNAT L INDX

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

c EIN-PN 35-0472300-708	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56925

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA BOND INDEX

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

c EIN-PN 35-0472300-709	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53610

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS LC IX NON-LN

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

c EIN-PN 35-0472300-711	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34873

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS LC GR IX NON-LN

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

c EIN-PN 35-0472300-712	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23638

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MIDCP IDX NON-LN

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

c EIN-PN 35-0472300-713	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29715

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS SC VI IX NON-LN

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

c EIN-PN 35-0472300-714	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10734

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS SC GR IX NON-LN

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

c EIN-PN 35-0472300-715	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10797

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

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

c EIN-PN 35-0472300-707	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132898

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

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

c EIN-PN 35-0472300-131	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 313

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

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

c EIN-PN 35-0472300-132	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5460

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

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

c EIN-PN 35-0472300-136	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28197

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

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

c EIN-PN 35-0472300-162	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5963

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

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

c EIN-PN 35-0472300-170	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16954

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LARGE CAP VALUE

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

c EIN-PN 35-0472300-180	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6345

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMP GLBAL BND SECURITIES

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

c EIN-PN 35-0472300-186	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16295

a Name of MTIA, CCT, PSA, or 103-12 IE: AC VP INFLATION PROTECT

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

c EIN-PN 35-0472300-192	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 584

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

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

c EIN-PN 35-0472300-193	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1178

a Name of MTIA, CCT, PSA, or 103-12 IE: DEL VIP EMERGING MARKETS

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

c EIN-PN 35-0472300-194	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 129145

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
BENEFIT AND RISK MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BENEFIT AND RISK MANAGEMENT SERVICES, IN

D Employer Identification Number (EIN)
68-0306908

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	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	6195
(2) Participant contributions	1b(2)	0	15119
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	31849	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	20630	21359
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	1016159
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	606434	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	2218
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	658913	1061050
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	658913	1061050

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)	103665	
(B) Participants	2a(1)(B)	205397	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		309062
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	74	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	1481	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1555
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		138219
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		18462
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		467298
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	54883	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		54883
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	5107	
(3) Investment advisory and management fees	2i(3)	5171	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		10278
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		65161
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		402137
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: CAMPBELL TAYLOR & COMPANY **(2)** EIN: 68-0251243

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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)

Financial Statements of

BENEFIT & RISK MANAGEMENT SERVICES, INC.
401(k) PROFIT SHARING PLAN & TRUST

December 31, 2009 and 2008

BENEFIT & RISK MANAGEMENT SERVICES, INC.
401(k) PROFIT SHARING PLAN & TRUST

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CAMPBELL TAYLOR & COMPANY ♦ An Accountancy Corporation
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

Steven A. Campbell
Stephen B. Taylor
Linda L. House
Kelly L. O'Brien
E. Preston Hatch

INDEPENDENT AUDITOR'S REPORT

To the Plan Committee
Benefit & Risk Management Services, Inc.
401(k) Profit Sharing Plan & Trust
Folsom, CA

We were engaged to audit the financial statements of the Benefit & Risk Management Services, Inc. 401(k) Profit Sharing Plan & Trust as of December 31, 2009 and for the year then ended and the supplemental schedule as of December 31, 2009 as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Benefit & Risk Management Services, Inc. 401(k) Profit Sharing Plan & Trust as of December 31, 2008, and for the year then ended and supplemental schedule were audited by other auditors whose report dated September 30, 2009, expressed an unqualified opinion on those financial statements.

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

As discussed in Note 7, the Plan has administrator has not maintained sufficient accounting records and supporting documentation relating to participant contributions and income allocated to participant accounts for the Plan year ended December 31, 2009. We were unable to apply audit procedures as we considered necessary to test the completeness and accuracy of participant contributions and income allocated to participant accounts during 2009. The effects on the financial statements and supplemental schedule as of and for the year ended December 31, 2009 have not been determined.

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 schedule taken as a whole. Except as described in the preceding paragraph, the form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the plan 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.

Campbell Taylor & Company
An Accountancy Corporation

October 15, 2010
Roseville, California

BENEFIT & RISK MANAGEMENT SERVICES, INC.
401(k) PROFIT SHARING PLAN & TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2009 and 2008

	2009	2008
ASSETS:		
Investments, participant-directed, at fair value:		
Cash	$ -	$ 31,849
Guaranteed account	2,218	-
Pooled separate accounts	1,016,159	-
Mutual funds	-	606,434
Participant loans	21,359	20,630
Total investments	1,039,736	658,913
Receivables:		
Participant contributions	15,119	-
Employer matching contributions	6,195	-
Total receivables	21,314	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 1,061,050	$ 658,913

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

BENEFIT & RISK MANAGEMENT SERVICES, INC.
401(k) PROFIT SHARING PLAN & TRUST

STATEMENTS OF CHANGE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the Years Ended December 31, 2009 and 2008

	2009	2008
ADDITIONS TO NET ASSETS:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 156,681	$ (205,929)
Interest income	1,555	2,420
Total investment income (loss)	158,236	(203,509)
Contributions:		
Employee contributions	205,397	147,727
Employer contributions	103,665	67,877
Rollover contributions	-	6,579
Total contributions	309,062	222,183
Total additions	467,298	18,674
DEDUCTIONS FROM NET ASSETS:		
Deductions from assets attributable to:		
Benefit payments	54,883	60,713
Investment and advisor fees	5,107	-
Adminstrative expensees	5,171	171
Total deductions	65,161	60,884
Net increase (decrease)	402,137	(42,210)
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of year	658,913	701,123
End of year	$ 1,061,050	$ 658,913

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

BENEFIT & RISK MANAGEMENT SERVICES, INC.
401(k) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 1: DESCRIPTION OF PLAN

The following description of Benefit & Risk Management Services, Inc. 401(k) Profit Sharing Plan & Trust (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan, established on January 1, 1995, is a defined contribution plan with a 401(k) arrangement and profit sharing provision. The Plan is sponsored by Benefit & Risk Management Services, Inc. (the "Company") and covers all eligible employees of the Company who have completed one month of service during the Plan year. The Plan is designed to comply with Section 401(k) of the Internal Revenue Code (the "Code") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Three employees of the Company serve as trustees of the Plan.

Effective May 1, 2009, the Plan changed its custodian from Merrill Lynch Bank & Trust Company to Lincoln National Life Insurance Company.

Effective January 1, 2009, the Plan was amended to allow participants to make catch-up contributions.

Plan Year

The Plan year begins January 1 and ends December 31.

Eligibility

Employees of the Company who have completed one month of service and have attained the age of twenty-one (21) years are eligible to participate in the Plan. Eligibility is effective the first day of the month coinciding with, or next following, the date eligibility requirements are met.

Contributions

The Plan allows for the following types of contributions:

Employee Salary Deferral 401(k) Contributions

The Plan includes an elective salary deferral arrangement pursuant to section 401(k) of the Code. Employees may voluntarily contribute a percentage of their regular wages subject to various nondiscrimination tests and limitations prescribed by the Code.

Discretionary Non-elective Employer Contributions

The Plan Sponsor may make non-elective contributions at its discretion to plan members that were active participants at the end of the Plan year and completed 1,000 hours of service during the Plan year. The non-elective contributions are allocated to the accounts of eligible participants' on a pro-rata share based on compensation. The Plan Sponsor elected not to make a non-elective contribution in 2009 or 2008.

Discretionary Employer Matching Contributions

The Plan Sponsor may make matching contributions in an amount as determined by the Plan Sponsor. The Plan Sponsor elected to make matching contributions equal to 100% of a participant's elective deferrals up to 3% of a participant's eligible compensation in 2009 and 2008. The Plan Sponsor made matching contributions of $103,665 and $67,877 for the years ended December 31, 2009 and 2008, respectively.

NOTE 1: **DESCRIPTION OF PLAN (Continued)**

Employee Rollover Contributions from another Qualified Plan
Participants may make rollover contributions from another qualified plan.

Allocations
The Plan provides various investment fund options and allows participants to direct their investments. Investment earnings and losses are allocated daily to participants' accounts based on the earnings or losses of the investments selected. Plan investments are valued daily.

Vesting
Participants are immediately vested in their voluntary contributions and investment gains and losses credited thereon. Discretionary employer contributions and gains/losses credited thereon vest as follows:

Less than 2 years credited service	0%
After 2 years credited service	20%
After 3 years credited service	40%
After 4 years credited service	60%
After 5 years credited service	80%
After 6 years credited service	100%

Forfeitures may be used for the payment of administrative expenses of the Plan with any remaining amounts used to reduce the employer's contribution. Forfeited amounts available for payment of administrative expenses or the reduction of employer contributions at December 31, 2009 and 2008 were $5,424 and $1,261, respectively.

Participant Loans
The Plan allows participants to borrow against their accounts. Loans may not exceed the lesser of 50% of the vested balance in a participant's account or $50,000. Borrowings bear interest and are due within five years, or 15 years if for the acquisition of a principal residence.

Retirement
Normal retirement under the Plan is age sixty-five (65).

Payment of Benefits
Payment of benefits may be made at the following times under the Plan: 1) normal retirement; 2) termination of employment of the participant; 3) death of the participant; 4) in-service upon attaining age 59 ½; or 5) disability of the participant.

Benefit payments under the Plan are distributed to participants in a single lump sum.

Administrative Expenses
All administrative costs of the Plan are paid by the Plan or the Plan Sponsor, at the discretion of the Plan Committee.

NOTE 2: **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting
The financial statements of the Plan are maintained on the accrual basis of accounting.

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

Investments

Investments are stated at fair market value. Quoted market prices are used to value investments with a readily determinable market value. The Plan provides for participant directed investments. Investment earnings and losses are allocated to participants' accounts based on the investments selected. Investments are valued daily.

Income Taxes

The Plan adopted a non-standardized prototype plan which received a favorable opinion letter on March 31, 2008 from the Internal Revenue Service as to the prototype plan's tax exempt status. The Plan has not applied for its own determination letter and has been amended since the opinion letter. However, the plan administrator believes the Plan is designed and is currently being operated in compliance with applicable provisions of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Estimates and Assumptions

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

NOTE 3: **PLAN TERMINATION**

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

NOTE 4: **INVESTMENTS**

At December 31, 2009, investments included mutual funds that represented 5% or more of net assets available for Plan benefits as follows:

Fund	2009
Stadion Managed Growth SATG	$ 132,898
Del VIP Emergin Markets SA94	$ 129,145
LVIP Del Fndtn AggressAll SA97	$ 121,797
Stadion Managed Moderate SATM	$ 94,101
LVIP SSgA S&P 5500 Index SA27	$ 76,615
LVIP SSgA Internat'l Indx SAL5	$ 56,925
LVIP SSgA Bond Index SAL6	$ 53,610

NOTE 4: **INVESTMENTS (Continued)**

At December 31, 2008, investments included mutual funds that represented 5% or more of net assets available for Plan benefits as follows:

Fund	2008
Blackrock Global Allocation Fund B	$ 230,643
Blackrock Fundamental Growth Fund B	$ 80,011
Blackrock Basic Value Fund B	$ 61,523
Blackrock Value Opportunities Fund B	$ 70,676
Blackrock Total Return Fund B	$ 74,702
Blackrock Government Income Portfolio B	$ 68,204

NOTE 5: **INFORMATION CERTIFIED BY PLAN CUSTODIAN**

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the plan custodian, Lincoln National Life Insurance Company, as of and for the year ended December 31, 2009:

	2009
Guaranteed account	$ 2,218
Pooled separate accounts	$ 1,016,159
Net appreciation in fair value of investments	$ 138,219
Administrative expenses	$ 4,691

NOTE 6: **FAIR VALUE MEASUREMENTS**

The Financial Accounting Standards for Fair Value Measurements establishes a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three levels: Level 1 inputs consist of unadjusted quoted market prices in active markets for identical assets and have the highest priority; Level 2 inputs include quoted market prices for identical or similar assets and liabilities in active or inactive markets or inputs other than quoted market prices that are observable or corroborated by observable market data for the asset or liability; and Level 3 inputs have the lowest priority and are unobservable and significant to the fair value measurement. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

The 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.

	Level 1	Level 2	Level 3
Pooled separate accounts	$ 1,016,159	$ -	$ -
Guaranteed account	-	2,218	-
Participant loans	-	-	21,359
	$ 1,016,159	$ 2,218	$ 21,359

NOTE 6: **FAIR VALUE MEASUREMENTS (Continued)**

The fair value of participant loans is determined using level 3 inputs. The following table provides further detail of the Level 3 fair value measurement:

	Participant Loans
Fair value, beginning of year	$ 20,630
New loans issued	10,023
Principal payments received	(9,294)
Fair value, end of year	$ 21,359

NOTE 7: **INCOMPLETE FINANCIAL INFORMATION**

The Plan Administrator has not maintained documentation for certain investment information to support participant contributions and income allocated to participant accounts during the Plan year ended December 31, 2009. However, the Plan Administrator believes there were no irregularities with contributions made by participants or with income allocations to participant accounts.

NOTE 8: **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 statement of net assets available for plan benefits.

NOTE 9: **SUBSEQUENT EVENTS**

Plan management has evaluated subsequent events through October 15, 2010, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

BENEFIT & RISK MANAGEMENT SERVICES, INC.
401(k) Profit Sharing Plan & Trust
EIN: 68-0306908 / PLAN: 001

SCHEDULE H LINE 4i SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2009

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	Lincoln National Life - Director	Stadion Managed Growth SATG	$ 128,210	$ 132,898
*	Lincoln National Life - Director	Del VIP Emergin Markets SA94	96,798	129,145
*	Lincoln National Life - Director	LVIP Del Fndtn AggressAll SA97	102,048	121,797
*	Lincoln National Life - Director	Stadion Managed Moderate SATM	92,197	94,101
*	Lincoln National Life - Director	LVIP SSgA S&P 5500 Index SA27	64,510	76,615
*	Lincoln National Life - Director	LVIP SSgA Internat'l Indx SAL5	48,476	56,925
*	Lincoln National Life - Director	LVIP SSgA Bond Index SAL6	52,285	53,610
*	Lincoln National Life - Director	AmerFunds EuroPac growth SA1I	43,081	52,601
*	Lincoln National Life - Director	SSgA Russ LC V1 Ix Non-Ln SAL8	29,208	34,873
*	Lincoln National Life - Director	Short Term SA14	29,873	29,870
*	Lincoln National Life - Director	SSgA S&P MidCp Idx Non-Ln SAL9	24,314	29,715
*	Lincoln National Life - Director	LVIP SSgA Small-Cap Index SA36	23,509	28,197
*	Lincoln National Life - Director	SSgA Russ LC Gr Ix Non-Ln SAL9	19,752	23,638
*	Lincoln National Life - Director	International Equity SA22	14,388	17,666
*	Lincoln National Life - Director	Janus Aspen Janus SA 70	13,950	16,954
*	Lincoln National Life - Director	AmerFunds CapWrorl Gr & Inc SA1H	13,949	16,924
*	Lincoln National Life - Director	Core Equity SA11	13,949	16,590
*	Lincoln National Life - Director	Temp Glbal Bnd Securities SA86	14,851	16,295
*	Lincoln National Life - Director	Conservative Balanced	13,950	15,621
*	Lincoln National Life - Director	SSgA Russ SC Gr Ix Non-Ln SALC	10,003	10,797
*	Lincoln National Life - Director	SSgA Russ SC V1 Ix Non-Ln SALB	10,005	10,734
*	Lincoln National Life - Director	BlackRock Large Cap Value SA80	5,511	6,345
*	Lincoln National Life - Director	LVIP Templeton Growth SA62	5,088	5,963
*	Lincoln National Life - Director	Aggressive Balanced	4,691	5,460
*	Lincoln National Life - Director	LVIP T. Rowe Growth Stock SA29	2,121	2,577
*	Lincoln National Life - Director	Guaranteed Account	2,218	2,218
*	Lincoln National Life - Director	Small Cap Equity	1,063	1,339
*	Lincoln National Life - Director	AmerFunds SMALLCAP World SA1S	1,141	1,213
*	Lincoln National Life - Director	AmerFunds Fundamental Inv SA1J	1,161	1,193
*	Lincoln National Life - Director	Del VIP Divesified Income SA93	1,083	1,178
*	Lincoln National Life - Director	LVIP Wlsh 2020 SAL2	904	948
*	Lincoln National Life - Director	AmerFunds Bond America SA1E	871	875
*	Lincoln National Life - Director	AmerFunds New Perspective SA1Q	709	804

BENEFIT & RISK MANAGEMENT SERVICES, INC.
401(k) Profit Sharing Plan & Trust
EIN: 95-2917562 / PLAN: 003

SCHEDULE H LINE 4i SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES(Continued)
December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
*	Lincoln National Life - Director	AmerFunds Growth America SA1K	581	598
*	Lincoln National Life - Director	AC VP Inflation Prtect SA92	581	584
*	Lincoln National Life - Director	AmerFunds US Govt Sec SA1T	581	578
*	Lincoln National Life - Director	Large Cap Equity	270	318
*	Lincoln National Life - Director	AB Global Thematic SA31	270	313
*	Lincoln National Life - Director	AmerFunds New Economy SA1P	270	307
*	Participant loans	Interest at 4.25% and 9.25%	-	21,359
			$ 888,420	$ 1,039,736

* Party in interest

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2009 and ending 12/31/2009

Name of plan

Benefit And Risk Management Services, Inc. 401(k) Profit Sharing Plan & Trust

Employer Identification Number

68-0306908

Three-digit plan number ▶ 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	GUARANTEED ACCOUNT	MUTUAL FUND		2,218
	CORE EQUITY	MUTUAL FUND		16,590
	SHORT TERM	MUTUAL FUND		29,870
	AMERFUNDS BOND AMERICA	MUTUAL FUND		875
	AMERFUNDS CAPWRLDGR&INC	MUTUAL FUND		16,924
	AMERFUNDS EUROPAC GROWTH	MUTUAL FUND		52,601
	AMERFUNDS FUNDAMENTAL INV	MUTUAL FUND		1,193
	AMERFUNDS GROWTH AMERICA	MUTUAL FUND		598
	AMERFUNDS NEW ECONOMY	MUTUAL FUND		307
	AMERFUNDS NEW PERSPECTIVE	MUTUAL FUND		804
	AMERFUNDS SMALLCAP WORLD	MUTUAL FUND		1,213
	AMERFUNDS US GOVT SEC	MUTUAL FUND		578
	INTERNATIONAL EQUITY	MUTUAL FUND		17,666
	LARGE CAP EQUITY	MUTUAL FUND		318
	SMALL CAP EQUITY	MUTUAL FUND		1,339
	LVIP SSGA S&P 500 INDEX	MUTUAL FUND		76,615
	LVIP T. ROWE GROWTH STOCK	MUTUAL FUND		2,577
	CONSERVATIVE BALANCED	MUTUAL FUND		15,621
	AB GLOBAL THEMATIC	MUTUAL FUND		313
	AGGRESSIVE BALANCED	MUTUAL FUND		5,460
	LVIP SSGA SMALLCAP INDEX	MUTUAL FUND		28,197
	LVIP TEMPLETON GROWTH	MUTUAL FUND		5,963
	JANUS ASPEN JANUS	MUTUAL FUND		16,954
	BLACKROCK LARGE CAP VALUE	MUTUAL FUND		6,345
	TEMP GLBAL BND SECURITIES	MUTUAL FUND		16,295
	AC VP INFLATION PROTECT	MUTUAL FUND		584
	DEL VIP DIVERSIFIEDINCOME	MUTUAL FUND		1,178
	DEL VIP EMERGING MARKETS	MUTUAL FUND		129,145
	LVIP DEL FNDTN AGGRESSALL	MUTUAL FUND		121,797
	LVIP WLSH 2020	MUTUAL FUND		948
	LVIP SSGA INTERNAT'L INDX	MUTUAL FUND		56,925
	LVIP SSGA BOND INDEX	MUTUAL FUND		53,610
	SSGA RUSS LC IX NON-LN	MUTUAL FUND		34,873
	SSGA RUSS LC GR IX NON-LN	MUTUAL FUND		23,638
	SSGA S&P MIDCP IDX NON-LN	MUTUAL FUND		29,715
	SSGA RUSS SC VI IX NON-LN	MUTUAL FUND		10,734
	SSGA RUS SC GR IX NON-LN	MUTUAL FUND		10,797
	STADION MANAGED GROWTH	MUTUAL FUND		132,898
	STADION MANAGED MODERATE	MUTUAL FUND		94,101