

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	<div>☐ a multiemployer plan;</div> <div>☒ a single-employer plan;</div> <div>☐ a multiple-employer plan; or</div> <div>☐ a DFE (specify) ____</div>
B This return/report is:	<div>☐ the first return/report;</div> <div>☐ the final return/report;</div> <div>☐ an amended return/report;</div> <div>☐ a short plan year return/report (less than 12 months).</div>
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	<div>☐ Form 5558;</div> <div>☐ automatic extension;</div> <div>☒ the DFVC program;</div> <div>☐ special extension (enter description)</div>

Part II	Basic Plan Information—enter all requested information
1a Name of plan U.S. IMAGING INC. EMPLOYEES SAVINGS TRUST	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/2000
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) U.S. IMAGING INC 4411 BLUEBONNET SUITE 109 STAFFORD, TX 77477	2b Employer Identification Number (EIN) 65-0683144
	2c Sponsor's telephone number 713-664-1330
	2d Business code (see instructions) 621498

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.	10/28/2010	LANCE RICHEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/28/2010	LANCE RICHEY
	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") U.S. IMAGING INC 4411 BLUEBONNET SUITE 109 STAFFORD, TX 77477	3b Administrator's EIN 65-0683144 3c Administrator's telephone number 713-664-1330
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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
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5 Total number of participants at the beginning of the plan year	5	146
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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	102
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	47
d Subtotal. Add lines 6a , 6b , and 6c	6d	149
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	150
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	150
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2G 2J 2K 2T 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan U.S. IMAGING INC. EMPLOYEES SAVINGS TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. U.S. IMAGING INC		
D Employer Identification Number (EIN) 65-0683144		

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.
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1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-008054	150	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
3419	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid HEALTHCARE CONSULTANTS INC 4615 SW FREEWAY #850 HOUSTON, TX 77027
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3419			3

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

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

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

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

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

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

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

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

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

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

(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	184171
5 Current value of plan's interest under this contract in separate accounts at year end	5	1022435

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. Specify nature of costs ▶	6d	

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 ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	149535
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c Additions: (1) Contributions deposited during the year	7c(1)	54643	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	5571	
(4) Transferred from separate account	7c(4)	14698	
(5) Other (specify below)..... ▶ LOAN PYMT	7c(5)	5103	

(6) Total additions	7c(6)	80015
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d Total of balance and additions (add b and c(6))	7d	229550
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	23966
(2) Administration charge made by carrier	7e(2)	121
(3) Transferred to separate account	7e(3)	0
(4) Other (specify below)..... ▶ LOAN W/D	7e(4)	21292

(5) Total deductions	7e(5)	45379
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f Balance at the end of the current year (subtract e(5) from d)	7f	184171
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 U.S. IMAGING INC. EMPLOYEES SAVINGS TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 U.S. IMAGING INC	D Employer Identification Number (EIN) 65-0683144	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HARTFORD LIFE INS. CO.
06-0974148

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

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

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

HARTFORD LIFE INS. CO.

06-0974148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
62 64 66	NONE	420	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan U.S. IMAGING INC. EMPLOYEES SAVINGS TRUST		B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 U.S. IMAGING INC		D Employer Identification Number (EIN) 65-0683144

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: HARTFORD ADVANTAGE TK4			
b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY			
c EIN-PN 06-0974148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 537690	
a Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD ADVANTAGE UK			
b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY			
c EIN-PN 06-0974148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 173662	
a Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD ADVANTAGE VK4			
b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY			
c EIN-PN 06-0974148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121275	
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT K4			
b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY			
c EIN-PN 06-0974148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 189808	
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)**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

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 <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>U.S. IMAGING INC. EMPLOYEES SAVINGS TRUST</u>	B Three-digit plan number (PN) <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>U.S. IMAGING INC</u>	D Employer Identification Number (EIN) <u>65-0683144</u>	

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>0</u>	<u>0</u>
(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)	<u>0</u>	<u>0</u>
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	<u>0</u>	<u>0</u>
(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)	<u>47527</u>	<u>60650</u>
(9) Value of interest in common/collective trusts	1c(9)	<u>0</u>	<u>0</u>
(10) Value of interest in pooled separate accounts	1c(10)	<u>0</u>	<u>0</u>
(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)	<u>686039</u>	<u>1022436</u>
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	<u>149535</u>	<u>184171</u>
(15) Other	1c(15)	<u>0</u>	<u>0</u>

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(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	883101	1267257

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	883101	1267257
---	-----------	--------	---------

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)	40438	
(B) Participants	2a(1)(B)	182100	
(C) Others (including rollovers)	2a(1)(C)	456	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		222994
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	3065	
(F) Other	2b(1)(F)	5571	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8636
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(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)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	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)		209271
(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)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		440901

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	56325	
(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)		56325
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	420	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		420
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		56745

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		384156
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: ADAMS, BROWN, BERAN, & BALL, CHTD.

(2) EIN: 48-1040139

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		200000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

- 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)

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

A Name of plan <u>U.S. IMAGING INC. EMPLOYEES SAVINGS TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>U.S. IMAGING INC</u>	D Employer Identification Number (EIN) <u>65-0683144</u>

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
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): <u>06-0974148</u>	
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 <u>0</u>

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

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	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
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	<u>0</u>	
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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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): _____

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Financial Statements
December 31, 2009 and 2008

ADAMS, BROWN, BERAN & BALL, CHTD.
Certified Public Accountants
Great Bend, Kansas

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Financial Statements
December 31, 2009 and 2008

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Schedule of Assets Held for Investment Purposes	10



Certified Public Accountants

Phone (620)792-2428 ■ Fax (620)792-5559 ■ www.abbb.com
Bank of America Building ■ 2006 Broadway, Suite 2A
P.O. Drawer J ■ Great Bend, Kansas 67530

INDEPENDENT AUDITORS' REPORT

U. S. Imaging, Inc.
Employees Savings Trust
4411 Bluebonnet, Suite 109
Stafford, Texas 77477

We were engaged to audit the accompanying Statements of Net Assets Available for Benefits of the **U.S. Imaging, Inc. Employees Savings Trust** as of December 31, 2009 and 2008, and the related Statements of Changes in Net Assets Available for Benefits for the years 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.

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 9 on page 9, which was certified by Hartford Life Insurance Company, the trustee/custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee/custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee/custodian as of December 31, 2009 and 2008 and for the years then ended, that the information provided to the Plan administrator by the trustee/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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee/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.

ADAMS, BROWN, BERAN & BALL, CHTD.
Certified Public Accountants

October 5, 2010

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

ASSETS

	<u>2009</u>	<u>2008</u>
Investments at Fair Market Value		
Mutual Funds	\$ 1,022,436	686,039
Insurance Contracts	190,227	149,535
Participant Loans	<u>60,650</u>	<u>47,527</u>
Total Investments at Fair Market Value	1,273,313	883,101

LIABILITIES

Accounts Payable	<u>-</u>	<u>-</u>
Net Assets Reflecting Investments at Fair Value	1,273,313	883,101
Adjustment From Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	(6,056)	(125)
Net Assets Available for Benefits	\$ <u>1,267,257</u>	<u>882,976</u>

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

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Statements of Changes in
Net Assets Available for Benefits
For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Investment Income		
Net Investment Gain (Loss) on Mutual Funds	\$ 209,396	(370,461)
Interest	<u>8,636</u>	<u>7,908</u>
Net Investment Income (Loss)	<u>218,032</u>	<u>(362,553)</u>
Contributions		
Salary Deferral	182,100	163,300
Employer	40,438	19,644
Rollovers	<u>456</u>	<u>-</u>
Total Contributions	<u>222,994</u>	<u>182,944</u>
Total Additions (Losses)	<u>441,026</u>	<u>(179,609)</u>
Deductions		
Benefits Paid to Participants	56,325	130,138
Administrative Expenses	<u>420</u>	<u>280</u>
Total Deductions	<u>56,745</u>	<u>130,418</u>
Net Increase (Decrease)	384,281	(310,027)
Net Assets Available for Benefits - Beginning of Year	<u>882,976</u>	<u>1,193,003</u>
Net Assets Available for Benefits - End of Year	\$ <u>1,267,257</u>	<u>882,976</u>

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

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Notes to Financial Statements
December 31, 2009 and 2008

NOTE 1 - DESCRIPTION OF PLAN

The following description of **U.S. Imaging, Inc. Employees Savings Trust** provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

- A. General** - The Plan is a defined contribution 401(k) Plan covering substantially all employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).
- B. Contributions** - Each participant enters into a salary reduction agreement with the employer. The employee may elect to save a portion of defined compensation by an amount up to 100%, but no less than 1%. The Company may make a discretionary contribution.
- C. Participant Accounts** - Each participant's account is credited with the participant's contribution and allocation of the Company's contribution and Plan earnings. Each participant self directs their individual account in various fund company investments.
- D. Vesting** - Participants are 100% vested at all times in their deferral accounts. For the Company's contributions the vesting schedule is 20% at 2 years, 40% at 3 years, 60% at 4 years, 80% at 5 years and 100% at 6 or more years of service.
- E. Payment of Benefits** - Benefits are recorded when paid. On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or delay receipt of benefit, if the vested account balance is greater than \$5,000.
- F. Forfeited Accounts** - At December 31, 2009 and 2008, forfeited non-vested accounts totaled \$428 and \$0-, respectively. Forfeited non-vested accounts are used to reduce future employer contributions or to pay administrative expenses.
- G. Participant Loans** - Participants may borrow from their fund account 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 rates that range from 3.25% to 8.25%, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through biweekly payroll deductions.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

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

Use of 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.

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Notes to Financial Statements
December 31, 2009 and 2008

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (continued)

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 4 for discussion of fair value measurements.

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

Operating Expenses - The employer pays a portion of the administrative expenses of the Plan.

Subsequent Events - The Plan has evaluated subsequent events through October 5, 2010, the date the financial statements were available to be issued.

NOTE 3 - INVESTMENTS

The Plan's investments are listed on page 10 in the Schedule of Assets Held for Investment Purposes. Investments that represent 5% or more of the Plan's net assets are separately identified.

During the years ending December 31, 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$209,396 and \$(370,461), respectively, as follows:

		<u>2009</u>	<u>2008</u>
Mutual Funds	\$	<u>203,824</u>	(<u>374,164</u>)
Insurance Contracts		<u>5,572</u>	<u>3,703</u>
Total	\$	<u>209,396</u>	(<u>370,461</u>)

NOTE 4 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include - <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that are observable for the asset or liability;

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Notes to Financial Statements
December 31, 2009 and 2008

NOTE 4 - FAIR VALUE MEASUREMENTS (continued)

<i>Assets at Fair Value as of December 31, 2008</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 686,039	-	-	686,039
Insurance Contracts	-	-	149,535	149,535
Participant Loans	-	-	47,527	47,527
Total Assets at Fair Value	\$ <u>686,039</u>	<u>-</u>	<u>197,062</u>	<u>883,101</u>

Level 3 Gains and Losses

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2009 and 2008:

<i>Level 3 Assets</i>		
<i>Year Ended December 31, 2009</i>		
	<u>Insurance Contracts</u>	<u>Participant Loans</u>
Balance, Beginning of Year	\$ 149,535	47,527
Realized Gains/(Losses)	2,292	-
Unrealized Gains/(Losses) Relating to Instruments Still Held at the Reporting Date	3,280	-
Purchases, Sales, Issuances, and Settlements (Net)	<u>35,120</u>	<u>13,123</u>
Balance, End of Year	\$ <u>190,227</u>	<u>60,650</u>

<i>Level 3 Assets</i>		
<i>Year Ended December 31, 2008</i>		
	<u>Insurance Contracts</u>	<u>Participant Loans</u>
Balance, Beginning of Year	\$ 108,596	57,166
Realized Gains/(Losses)	1,741	-
Unrealized Gains/(Losses) Relating to Instruments Still Held at the Reporting Date	1,962	-
Purchases, Sales, Issuances, and Settlements (Net)	<u>37,236</u>	<u>(9,639)</u>
Balance, End of Year	\$ <u>149,535</u>	<u>47,527</u>

NOTE 5 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan entered into a benefit-responsive guaranteed investment contract with Hartford Life Insurance Company. Hartford Life Insurance Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Notes to Financial Statements
December 31, 2009 and 2008

NOTE 5 - INVESTMENT CONTRACT WITH INSURANCE COMPANY (continued)

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by Hartford Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2009 and 2008 was \$190,227 and \$149,535, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 3 percent. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Average Yields	<u>2009</u>	<u>2008</u>
Based on Actual Earnings	3.01%	3.25%
Based on Interest Rate Credited to Participants	3.01%	3.25%

NOTE 6 - 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 Plan termination, participants would become 100 percent vested in their employer contributions.

NOTE 7 - TAX STATUS

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and, accordingly, the trust net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service and the Plan sponsor believes that the Plan continues to qualify and to operate as designed.

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Notes to Financial Statements
December 31, 2009 and 2008

NOTE 8 - PROHIBITED TRANSACTIONS

The Plan had no receivable determined to be uncollectible at year end. During our audit, no prohibited transactions were noted.

NOTE 9 - CERTIFICATION

Hartford Life Insurance Company's certification applies to all assets. The investment income reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2009 and 2008 was certified by Hartford Life Insurance Company.

NOTE 10 - 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.

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Supplemental Schedule
December 31, 2009

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
 EIN 65-0683144 – Plan Number 001
 Schedule of Assets Held for Investment Purposes
 December 31, 2009

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments	Current Value
AIM Small Capital Growth Fund	Value of Int in Regist Invest Co.	\$ 28,528
Amcent Income & Growth Fund	Value of Int in Regist Invest Co.	67,360*
American Century Equity Fund	Value of Int in Regist Invest Co.	712
American Century Ultra Fund	Value of Int in Regist Invest Co.	46,087
American Capital World Growth and Income Fund	Value of Int in Regist Invest Co.	3,724
American Growth Fund of America	Value of Int in Regist Invest Co.	31,418
Fidelity VIP II Contra Fund	Value of Int in Regist Invest Co.	58,889
Fidelity VIP Overseas Fund	Value of Int in Regist Invest Co.	62,386
Fixed Account Fund	Insurance Contracts	190,227*
Hartford Index HLS Fund	Value of Int in Regist Invest Co.	42,412
Hartford MidCap HLS Fund	Value of Int in Regist Invest Co.	49,133
Hartford Stock HLS Fund	Value of Int in Regist Invest Co.	29,589
Hartford Total Return Fund	Value of Int in Regist Invest Co.	87,866*
Janus Twenty Fund	Value of Int in Regist Invest Co.	97,020*
Lifepath 2020 Fund	Value of Int in Regist Invest Co.	290
Lifepath 2030 Fund	Value of Int in Regist Invest Co.	3,888
Lifepath 2040 Fund	Value of Int in Regist Invest Co.	877
Lifepath Retirement Fund	Value of Int in Regist Invest Co.	994
Lord Abbett Mid-Cap Value Fund	Value of Int in Regist Invest Co.	12,000
MFS Global Equity Fund	Value of Int in Regist Invest Co.	22,742
MFS Value Fund	Value of Int in Regist Invest Co.	4,820
T. Rowe Price Mid Cap Fund	Value of Int in Regist Invest Co.	120,059*
T. Rowe Price Small Fund	Value of Int in Regist Invest Co.	53,604
T. R. Price PS Balanced Fund	Value of Int in Regist Invest Co.	60,020
T. R. Price PS Growth Fund	Value of Int in Regist Invest Co.	57,584
T. R. Price PS Income Fund	Value of Int in Regist Invest Co.	50,491
The Hartford Balanced Fund	Value of Int in Regist Invest Co.	3,783
The Hartford Conservat Fund	Value of Int in Regist Invest Co.	7,302
The Hartford Growth Fund	Value of Int in Regist Invest Co.	510
The Hartford Target Date Fund	Value of Int in Regist Invest Co.	6,735
The Hartford Target Date Fund	Value of Int in Regist Invest Co.	4,748
The Hartford Target Date Fund	Value of Int in Regist Invest Co.	3,691
The Hartford Target Date Fund	Value of Int in Regist Invest Co.	3,174
Participant Loans 3.25% - 8.25%	Loans	60,650
Total		\$ 1,273,313

* Investments represent 5% or more of the net assets available for benefits.

See Accountants' Report.

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Financial Statements
December 31, 2009 and 2008

ADAMS, BROWN, BERAN & BALL, CHTD.
Certified Public Accountants
Great Bend, Kansas

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Financial Statements
December 31, 2009 and 2008

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Certified Public Accountants

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P.O. Drawer J ■ Great Bend, Kansas 67530

INDEPENDENT AUDITORS' REPORT

U. S. Imaging, Inc.
Employees Savings Trust
4411 Bluebonnet, Suite 109
Stafford, Texas 77477

We were engaged to audit the accompanying Statements of Net Assets Available for Benefits of the **U.S. Imaging, Inc. Employees Savings Trust** as of December 31, 2009 and 2008, and the related Statements of Changes in Net Assets Available for Benefits for the years 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.

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 9 on page 9, which was certified by Hartford Life Insurance Company, the trustee/custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee/custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee/custodian as of December 31, 2009 and 2008 and for the years then ended, that the information provided to the Plan administrator by the trustee/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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee/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.

ADAMS, BROWN, BERAN & BALL, CHTD.
Certified Public Accountants

October 5, 2010

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

ASSETS

	<u>2009</u>	<u>2008</u>
Investments at Fair Market Value		
Mutual Funds	\$ 1,022,436	686,039
Insurance Contracts	190,227	149,535
Participant Loans	<u>60,650</u>	<u>47,527</u>
Total Investments at Fair Market Value	1,273,313	883,101

LIABILITIES

Accounts Payable	<u>-</u>	<u>-</u>
Net Assets Reflecting Investments at Fair Value	1,273,313	883,101
Adjustment From Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	(6,056)	(125)
Net Assets Available for Benefits	\$ <u>1,267,257</u>	<u>882,976</u>

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

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Statements of Changes in
Net Assets Available for Benefits
For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Investment Income		
Net Investment Gain (Loss) on Mutual Funds	\$ 209,396	(370,461)
Interest	<u>8,636</u>	<u>7,908</u>
Net Investment Income (Loss)	<u>218,032</u>	<u>(362,553)</u>
Contributions		
Salary Deferral	182,100	163,300
Employer	40,438	19,644
Rollovers	<u>456</u>	<u>-</u>
Total Contributions	<u>222,994</u>	<u>182,944</u>
Total Additions (Losses)	<u>441,026</u>	<u>(179,609)</u>
Deductions		
Benefits Paid to Participants	56,325	130,138
Administrative Expenses	<u>420</u>	<u>280</u>
Total Deductions	<u>56,745</u>	<u>130,418</u>
Net Increase (Decrease)	384,281	(310,027)
Net Assets Available for Benefits - Beginning of Year	<u>882,976</u>	<u>1,193,003</u>
Net Assets Available for Benefits - End of Year	\$ <u>1,267,257</u>	<u>882,976</u>

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

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Notes to Financial Statements
December 31, 2009 and 2008

NOTE 1 - DESCRIPTION OF PLAN

The following description of **U.S. Imaging, Inc. Employees Savings Trust** provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

- A. General** - The Plan is a defined contribution 401(k) Plan covering substantially all employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).
- B. Contributions** - Each participant enters into a salary reduction agreement with the employer. The employee may elect to save a portion of defined compensation by an amount up to 100%, but no less than 1%. The Company may make a discretionary contribution.
- C. Participant Accounts** - Each participant's account is credited with the participant's contribution and allocation of the Company's contribution and Plan earnings. Each participant self directs their individual account in various fund company investments.
- D. Vesting** - Participants are 100% vested at all times in their deferral accounts. For the Company's contributions the vesting schedule is 20% at 2 years, 40% at 3 years, 60% at 4 years, 80% at 5 years and 100% at 6 or more years of service.
- E. Payment of Benefits** - Benefits are recorded when paid. On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or delay receipt of benefit, if the vested account balance is greater than \$5,000.
- F. Forfeited Accounts** - At December 31, 2009 and 2008, forfeited non-vested accounts totaled \$428 and \$0-, respectively. Forfeited non-vested accounts are used to reduce future employer contributions or to pay administrative expenses.
- G. Participant Loans** - Participants may borrow from their fund account 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 rates that range from 3.25% to 8.25%, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through biweekly payroll deductions.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

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

Use of 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.

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Notes to Financial Statements
December 31, 2009 and 2008

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (continued)

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 4 for discussion of fair value measurements.

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

Operating Expenses - The employer pays a portion of the administrative expenses of the Plan.

Subsequent Events - The Plan has evaluated subsequent events through October 5, 2010, the date the financial statements were available to be issued.

NOTE 3 - INVESTMENTS

The Plan's investments are listed on page 10 in the Schedule of Assets Held for Investment Purposes. Investments that represent 5% or more of the Plan's net assets are separately identified.

During the years ending December 31, 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$209,396 and \$(370,461), respectively, as follows:

		<u>2009</u>	<u>2008</u>
Mutual Funds	\$	<u>203,824</u>	(<u>374,164</u>)
Insurance Contracts		<u>5,572</u>	<u>3,703</u>
Total	\$	<u>209,396</u>	(<u>370,461</u>)

NOTE 4 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include - <ul style="list-style-type: none"> • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability;

**U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST**

Notes to Financial Statements
December 31, 2009 and 2008**NOTE 4 - FAIR VALUE MEASUREMENTS (continued)**

Level 2 (continued)

- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3

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

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

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

Mutual Funds - Valued at the net asset value (NAV) of shares held by the Plan at year end.

Participant Loans - Valued at amortized cost, which approximates fair value.

Insurance Contracts - Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer (see Note 5).

The preceding methods described may produce a fair value calculation 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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

	Assets at Fair Value as of December 31, 2009			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds				
Target Date Funds	\$ 23,403	-	-	23,403
Growth Funds	633,359	-	-	633,359
Growth and Income Funds	125,153	-	-	125,153
Balanced Funds	63,803	-	-	63,803
Bond Funds	87,866	-	-	87,866
Foreign Funds	88,852	-	-	88,852
Insurance Contracts	-	-	190,227	190,227
Participant Loans	-	-	60,650	60,650
Total Assets at Fair Value	\$ 1,022,436	-	250,877	1,273,313

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Notes to Financial Statements
December 31, 2009 and 2008

NOTE 4 - FAIR VALUE MEASUREMENTS (continued)

<i>Assets at Fair Value as of December 31, 2008</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 686,039	-	-	686,039
Insurance Contracts	-	-	149,535	149,535
Participant Loans	-	-	47,527	47,527
Total Assets at Fair Value	\$ <u>686,039</u>	<u>-</u>	<u>197,062</u>	<u>883,101</u>

Level 3 Gains and Losses

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2009 and 2008:

<i>Level 3 Assets</i>		
<i>Year Ended December 31, 2009</i>		
	<u>Insurance Contracts</u>	<u>Participant Loans</u>
Balance, Beginning of Year	\$ 149,535	47,527
Realized Gains/(Losses)	2,292	-
Unrealized Gains/(Losses) Relating to Instruments Still Held at the Reporting Date	3,280	-
Purchases, Sales, Issuances, and Settlements (Net)	<u>35,120</u>	<u>13,123</u>
Balance, End of Year	\$ <u>190,227</u>	<u>60,650</u>

<i>Level 3 Assets</i>		
<i>Year Ended December 31, 2008</i>		
	<u>Insurance Contracts</u>	<u>Participant Loans</u>
Balance, Beginning of Year	\$ 108,596	57,166
Realized Gains/(Losses)	1,741	-
Unrealized Gains/(Losses) Relating to Instruments Still Held at the Reporting Date	1,962	-
Purchases, Sales, Issuances, and Settlements (Net)	<u>37,236</u>	<u>(9,639)</u>
Balance, End of Year	\$ <u>149,535</u>	<u>47,527</u>

NOTE 5 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan entered into a benefit-responsive guaranteed investment contract with Hartford Life Insurance Company. Hartford Life Insurance Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Notes to Financial Statements
December 31, 2009 and 2008

NOTE 5 - INVESTMENT CONTRACT WITH INSURANCE COMPANY (continued)

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by Hartford Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2009 and 2008 was \$190,227 and \$149,535, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 3 percent. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Average Yields	<u>2009</u>	<u>2008</u>
Based on Actual Earnings	3.01%	3.25%
Based on Interest Rate Credited to Participants	3.01%	3.25%

NOTE 6 - 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 Plan termination, participants would become 100 percent vested in their employer contributions.

NOTE 7 - TAX STATUS

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and, accordingly, the trust net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service and the Plan sponsor believes that the Plan continues to qualify and to operate as designed.

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Notes to Financial Statements
December 31, 2009 and 2008

NOTE 8 - PROHIBITED TRANSACTIONS

The Plan had no receivable determined to be uncollectible at year end. During our audit, no prohibited transactions were noted.

NOTE 9 - CERTIFICATION

Hartford Life Insurance Company's certification applies to all assets. The investment income reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2009 and 2008 was certified by Hartford Life Insurance Company.

NOTE 10 - 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.

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
Supplemental Schedule
December 31, 2009

U. S. IMAGING, INC.
EMPLOYEES SAVINGS TRUST
 EIN 65-0683144 – Plan Number 001
 Schedule of Assets Held for Investment Purposes
 December 31, 2009

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments	Current Value
AIM Small Capital Growth Fund	Value of Int in Regist Invest Co.	\$ 28,528
Amcent Income & Growth Fund	Value of Int in Regist Invest Co.	67,360*
American Century Equity Fund	Value of Int in Regist Invest Co.	712
American Century Ultra Fund	Value of Int in Regist Invest Co.	46,087
American Capital World Growth and Income Fund	Value of Int in Regist Invest Co.	3,724
American Growth Fund of America	Value of Int in Regist Invest Co.	31,418
Fidelity VIP II Contra Fund	Value of Int in Regist Invest Co.	58,889
Fidelity VIP Overseas Fund	Value of Int in Regist Invest Co.	62,386
Fixed Account Fund	Insurance Contracts	190,227*
Hartford Index HLS Fund	Value of Int in Regist Invest Co.	42,412
Hartford MidCap HLS Fund	Value of Int in Regist Invest Co.	49,133
Hartford Stock HLS Fund	Value of Int in Regist Invest Co.	29,589
Hartford Total Return Fund	Value of Int in Regist Invest Co.	87,866*
Janus Twenty Fund	Value of Int in Regist Invest Co.	97,020*
Lifepath 2020 Fund	Value of Int in Regist Invest Co.	290
Lifepath 2030 Fund	Value of Int in Regist Invest Co.	3,888
Lifepath 2040 Fund	Value of Int in Regist Invest Co.	877
Lifepath Retirement Fund	Value of Int in Regist Invest Co.	994
Lord Abbett Mid-Cap Value Fund	Value of Int in Regist Invest Co.	12,000
MFS Global Equity Fund	Value of Int in Regist Invest Co.	22,742
MFS Value Fund	Value of Int in Regist Invest Co.	4,820
T. Rowe Price Mid Cap Fund	Value of Int in Regist Invest Co.	120,059*
T. Rowe Price Small Fund	Value of Int in Regist Invest Co.	53,604
T. R. Price PS Balanced Fund	Value of Int in Regist Invest Co.	60,020
T. R. Price PS Growth Fund	Value of Int in Regist Invest Co.	57,584
T. R. Price PS Income Fund	Value of Int in Regist Invest Co.	50,491
The Hartford Balanced Fund	Value of Int in Regist Invest Co.	3,783
The Hartford Conservat Fund	Value of Int in Regist Invest Co.	7,302
The Hartford Growth Fund	Value of Int in Regist Invest Co.	510
The Hartford Target Date Fund	Value of Int in Regist Invest Co.	6,735
The Hartford Target Date Fund	Value of Int in Regist Invest Co.	4,748
The Hartford Target Date Fund	Value of Int in Regist Invest Co.	3,691
The Hartford Target Date Fund	Value of Int in Regist Invest Co.	3,174
Participant Loans 3.25% - 8.25%	Loans	60,650
Total		\$ 1,273,313

* Investments represent 5% or more of the net assets available for benefits.

See Accountants' Report.

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name U.S. Imaging Inc. Employees Savings Trust

EIN: 65-0683144

Plan Sponsor's Name U.S. Imaging Inc

PN: 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
	AIM SMALL CAP GROWTH	OTHER INVESTMENTS	31,371	28,528
	AMCENT INCOME & GROWTH	OTHER INVESTMENTS	84,736	67,360
	AMERICAN CENTURY EQTY	OTHER INVESTMENTS	683	712
	AMERICAN CENTURY ULTRA	OTHER INVESTMENTS	49,303	46,087
	AMERICAN FUNDS CAPWLD	OTHER INVESTMENTS	3,765	3,724
	AMERICAN FUNDS GROWTH	OTHER INVESTMENTS	35,218	31,418
	FIDELITY VIP II CONTRA	OTHER INVESTMENTS	64,508	58,889

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____
Plan Sponsor's Name _____

EIN: _____
PN: _____

(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
	FIDELITY VIP OVERSEAS	OTHER INVESTMENTS	76,597	62,386
	FIXED ACCOUNT	OTHER INVESTMENTS	168,332	184,171
	HARTFORD INDEX HLS	OTHER INVESTMENTS	48,156	42,412
	HARTFORD MIDCAP HLS	OTHER INVESTMENTS	52,859	49,133
	HARTFORD STOCK HLS	OTHER INVESTMENTS	30,933	29,589
	HARTFORD TOTAL RETURN	OTHER INVESTMENTS	83,106	87,865
	JANUS TWENTY	OTHER INVESTMENTS	95,884	97,020

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____
Plan Sponsor's Name _____

EIN: _____
PN: _____

(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
	LIFEPATH 2020	OTHER INVESTMENTS	277	290
	LIFEPATH 2030	OTHER INVESTMENTS	3,708	3,888
	LIFEPATH 2040	OTHER INVESTMENTS	827	877
	LIFEPATH RETIREMENT	OTHER INVESTMENTS	964	994
	LOAN FUND	OTHER INVESTMENTS	0	60,650
	LORD ABBETT MID CAP VA	OTHER INVESTMENTS	12,479	12,000
	MFS GLOBAL EQUITY	OTHER INVESTMENTS	22,032	22,742

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	MFS VALUE	OTHER INVESTMENTS	4,391	4,820
	T. ROWE PRICE MID CAP	OTHER INVESTMENTS	124,006	120,058
	T. ROWE PRICE SMALL CA	OTHER INVESTMENTS	55,084	53,604
	T.R. PRICE PS BALANCED	OTHER INVESTMENTS	60,991	60,020
	T.R. PRICE PS GROWTH	OTHER INVESTMENTS	61,437	57,584
	T.R. PRICE PS INCOME	OTHER INVESTMENTS	48,387	50,491
	THE HARTFORD BALANCED	OTHER INVESTMENTS	3,765	3,783

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____
Plan Sponsor's Name _____

EIN: _____
PN: _____

(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
	THE HARTFORD CONSERVAT	OTHER INVESTMENTS	7,239	7,302
	THE HARTFORD GROWTH AL	OTHER INVESTMENTS	482	510
	THE HARTFORD TARGET RE	OTHER INVESTMENTS	6,380	6,735
	THE HARTFORD TARGET RE	OTHER INVESTMENTS	4,074	4,748
	THE HARTFORD TARGET RE	OTHER INVESTMENTS	3,471	3,691
	THE HARTFORD TARGET RE	OTHER INVESTMENTS	2,971	3,174