

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>04/13/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☒ the final return/report; ☒ an amended return/report; ☒ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>LANDAMERICA ONESTOP, INC 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/2009</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/01/2009</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>08/01/2009</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>LANDAMERICA ONESTOP, INC</u> <u>RIVERFRONT PLAZA, EAST TOWER</u> <u>951 EAST BYRD STREET, EIGHT FLOOR</u> <u>RICHMOND, VA 23219</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>54-1793812</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>804-343-4090</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>812990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>54-1793812</u>	2c Sponsor's telephone number <u>804-343-4090</u>	2d Business code (see instructions) <u>812990</u>	
2b Employer Identification Number (EIN) <u>54-1793812</u>					
2c Sponsor's telephone number <u>804-343-4090</u>					
2d Business code (see instructions) <u>812990</u>					

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.	02/15/2011	LINDA JOHNSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") LANDAMERICA ONESTOP, INC RIVERFRONT PLAZA, EAST TOWER 951 EAST BYRD STREET, EIGHT FLOOR RICHMOND, VA 23219	3b Administrator's EIN 54-1793812 3c Administrator's telephone number 804-343-4090
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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	461
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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	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

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 2F 2G 2J 2K 2S 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) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

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
			2010
			This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **04/13/2010**

A Name of plan LANDAMERICA ONESTOP, INC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 LANDAMERICA ONESTOP, INC	D Employer Identification Number (EIN) 54-1793812	

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
MERRILL LYNCH,PIERCE,FENNER & SMITH
13-5674085

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

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

ASCENSUS

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 50 60 15	RECORDKEEPER	1250	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
ASCENSUS	15 60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET NWE YORK, NY 10281	SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR SUB T/A REVENUE BY FUND	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ASCENSUS	15 60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MERRILL LYNCH,PIERCE,FENNER & SMITH 13-5674085	SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR SUB T/A REVENUE BY FUND	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 04/13/2010		
A Name of plan LANDAMERICA ONESTOP, INC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 LANDAMERICA ONESTOP, INC	D Employer Identification Number (EIN) 54-1793812	

Part I	Asset and Liability Statement
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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)	1421683	0
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	410502	0
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	8161287	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9993472	0

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	9993472	0
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	199	
(C) Others (including rollovers)	2a(1)(C)	11803	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		12002

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6099	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6099

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	23992	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		23992

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		169330
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		211423

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1268803	
(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)		1268803
f Corrective distributions (see instructions)	2f		3429
g Certain deemed distributions of participant loans (see instructions).....	2g		64058
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1513	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1513
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1337803

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1126380
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		8867092

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: KEITER STEPHENS

(2) EIN: 54-1631262

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	
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: 0

- 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)
EPIC REAL ESTATE SOLUTIONS, INC 401(K) PLAN	27-0850143	001
LERETA, LLC 401(K) PLAN	27-0800873	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001

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 2010 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 04/13/2010

A Name of plan <u>LANDAMERICA ONESTOP, INC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LANDAMERICA ONESTOP, INC</u>	D Employer Identification Number (EIN) <u>54-1793812</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	<u>0</u>
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>45-0404698</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	

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		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
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): _____

LANDAMERICA ONESTOP, INC. 401(K) PLAN

Financial Statements

April 14, 2010 and December 31, 2009

LANDAMERICA ONESTOP, INC. 401(K) PLAN

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REPORT OF INDEPENDENT ACCOUNTANTS

To the Plan Administrator of the
LandAmerica OneStop, Inc. 401(k) Plan:

We were engaged to audit the financial statements and supplemental information of the LandAmerica OneStop, Inc. 401(k) Plan (the "Plan") as of April 14, 2010 and December 31, 2009, and for the periods from January 1, 2010 to April 14, 2010 and August 1, 2009 to December 31, 2009, and the supplemental schedule as of December 31, 2009, as listed in the Table of Contents. 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 10, which was certified by OFI Trust Company, the trustee 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 holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of April 14, 2010 and December 31, 2009 and for the periods then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

As discussed in Note 1, the Plan was created as of August 1, 2009 and subsequently terminated on April 14, 2010.

Keiter, Stephens, Hunter, Garry & Sheeque, P.C.

February 14, 2011
Glen Allen, Virginia

LANDAMERICA ONESTOP, INC. 401(K) PLAN

Statements of Net Assets Available for Benefits
April 14, 2010 and December 31, 2009

<u>Assets</u>	<u>2010</u>	<u>2009</u>
Cash	\$ -	\$ 1,421,683
Investments, at fair value	<u>-</u>	<u>8,571,789</u>
Net assets available for benefits	\$ <u> </u>	\$ <u>9,993,472</u>

See accompanying notes to financial statements.

LANDAMERICA ONESTOP, INC. 401(K) PLAN

Statements of Changes in Net Assets Available for Benefits Periods Ended April 14, 2010 and December 31, 2009

	<u>2010</u>	<u>2009</u>
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	\$ 30,091	\$ 99,908
Net investment gain	<u>169,330</u>	<u>631,262</u>
Total investment income	<u>199,421</u>	<u>731,170</u>
Contributions:		
Participants	199	207,288
Rollovers	<u>11,803</u>	<u>39,197</u>
Total contributions	<u>12,002</u>	<u>246,485</u>
Total additions	<u>211,423</u>	<u>977,655</u>
Deductions from net assets attributed to:		
Benefits paid to participants	1,272,232	198,452
Deemed distributions of participant loans	64,058	12,571
Administrative expenses	<u>1,513</u>	<u>1,750</u>
Total deductions	<u>1,337,803</u>	<u>212,773</u>
Net increase (decrease)	(1,126,380)	764,882
Net assets available for benefits:		
Beginning of period	9,993,472	-
Transfers to Plan	-	9,228,590
Transfers from Plan	<u>(8,867,092)</u>	<u>-</u>
End of period	\$ <u>-</u>	\$ <u>9,993,472</u>

See accompanying notes to financial statements.

LANDAMERICA ONESTOP, INC. 401(K) PLAN

Notes to Financial Statements

1. Description of Plan:

The following description of the LandAmerica OneStop, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan adoption agreement or summary plan description for a more complete description of the Plan's provisions.

General: LandAmerica OneStop, Inc. was a subsidiary of LandAmerica Financial Group, Inc. ("LFG"). Effective November 26, 2008, LFG filed a voluntary petition for relief under Chapter 11 of the U.S. Bankruptcy Code in the Bankruptcy Court of the Eastern District of Virginia. Under liquidation, LFG allowed the four business units within LandAmerica OneStop to create the LandAmerica OneStop, Inc. 401(k) Plan on August 1, 2009, and all of the account balances of participants employed by LandAmerica OneStop, Inc. and its affiliates: LandAmerica Tax and Flood, LandAmerica Default Services, LandAmerica Lenders Services Technology, and OneStop Originations (collectively, the "Company"), were transferred from the LandAmerica Financial Group, Inc. Savings and Stock Ownership to the Plan in order to facilitate the dissolution of LFG.

The Company's four business units' assets were sold, beginning on September 23, 2009, and the Plan was terminated effective April 14, 2010 (see Note 9). Participants could elect to receive distributions or roll-over their accounts to the successor Plan.

The Plan was a defined contribution plan covering all eligible employees of the Company. Employees became eligible to participate if they were employed by the Company on August 1, 2009. Employees hired after such date became eligible after attaining age 18 and completing three consecutive months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions: The Plan provided for participant contributions of pre-tax and after-tax annual compensation, as defined in the Plan. The Company could make matching and profit sharing contributions as determined annually by the Company. Participants of qualifying age may make additional "catch-up" contributions. Participants could also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Contributions are subject to certain limitations.

Participant Accounts: Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions and (b) Plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options: Participants could direct OFI Trust Company, the trustee, as to the investment of their account balances in accordance with guidelines established by the Plan. Participants could change their investment elections daily.

LANDAMERICA ONESTOP, INC. 401(K) PLAN

Notes to Financial Statements, Continued

1. Description of Plan, Continued:

Vesting: Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the Company's contributions is based on years of continuous service. Participants are fully vested in Company contributions after attaining six years of credited service. See Note 9.

Participant Loans: Participants could borrow from their Plan accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms cannot exceed five years, unless the proceeds are used to acquire a principal residence. The loans were secured by the vested balance in the participant's account and bear interest at prime plus 1%. Principal and interest were paid ratably through payroll deductions.

Plan Administration: Overall responsibility for administering the Plan rests with the Company. Participant accounts are administered by Ascensus, the third-party administrator of the Plan.

Payment of Benefits: Distribution of the vested portion of a participant's account will occur upon the participant's termination of service, retirement, death, disability, or hardship withdrawal, as defined in the Plan. A participant was entitled to receive a lump-sum payment in an amount equal to the vested value of his or her account or a partial payment of the participant's vested account.

Forfeitures: Forfeited balances of terminated participants' non-vested accounts could be used to offset Company contributions. There were no Plan forfeitures during 2010 or 2009, and there were no forfeited balances available at April 14, 2010 and December 31, 2009.

2. Summary of Significant Accounting Policies:

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

Investment Valuation and Income Recognition: As further described in Note 3, the Plan records investments at fair value. Net unrealized and realized appreciation (depreciation) is recorded in the accompanying statement of changes in net assets available for benefits as net investment gain (loss). Participant loans were valued at their outstanding balances, which approximated fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits: Benefits are recorded when paid.

LANDAMERICA ONESTOP, INC. 401(K) PLAN

Notes to Financial Statements, Continued

2. Summary of Significant Accounting Policies, Continued:

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

Subsequent Events: Management has evaluated subsequent events through February 14, 2011, the date the financial statements were available to be issued, and has determined there are no subsequent events to be reported in the accompanying financial statements.

3. Risks and Uncertainties:

The Plan provides for various investments in money market funds and mutual funds. Investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the financial statements.

4. Fair Value Measurements:

The Financial Accounting Standards Board ("FASB") has issued guidance for measurement and disclosure of fair value and establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value 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 Quoted prices for similar instruments in active and inactive markets; and model driven valuations with significant inputs and drivers derived from observable active markets.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for investments carried or disclosed at fair value:

Money market fund: Valued at the cash balance.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at the end of each period.

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

LANDAMERICA ONESTOP, INC. 401(K) PLAN

Notes to Financial Statements, Continued

4. Fair Value Measurements, Continued:

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

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets:				
Mutual funds	\$ 8,161,287	\$ -	\$ -	\$ 8,161,287
Cash equivalents	1,421,683	-	-	1,421,683
Participant loans	<u>-</u>	<u>-</u>	<u>410,502</u>	<u>410,502</u>
Total assets at fair value	<u>\$ 9,582,970</u>	<u>\$ -</u>	<u>\$ 410,502</u>	<u>\$ 9,993,472</u>

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the periods ended December 31, 2009 and April 14, 2010.

	<u>2009</u>	<u>2010</u>
Balances at August 1, 2009	\$ 438,549	\$ 410,502
Loan issuances	39,453	85,765
Deemed defaults	(12,571)	(64,058)
Principal repayments	<u>(54,929)</u>	<u>(432,209)</u>
Balances at December 31, 2009	<u>\$ 410,502</u>	<u>\$ -</u>

LANDAMERICA ONESTOP, INC. 401(K) PLAN

Notes to Financial Statements, Continued

5. Investments:

Investments that represent 5% or more of the Plan's net assets at December 31, 2009 are as follows:

	<u>2009</u>
BlackRock Global Allocation Fund	\$ 1,142,498
Oppenheimer International Bond Fund	866,087
Merrill Lynch Prime Money Fund	860,393
Ivy Asset Strategy Fund	840,657
Oppenheimer Developing Markets Fund	678,342
Oppenheimer Gold and Special Minerals Fund	601,305
American Century Diversified Bond	568,739
Interest Bearing Cash	561,290
John Hancock Large Cap Equity	505,589

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the periods) appreciated in value by \$169,330 and \$631,262 during the periods ended April 14, 2010 and December 31, 2009, respectively.

6. Administrative Expenses:

Substantially all administrative expenses are paid by the Plan. Although not required by the Plan, the Company absorbs a portion of the costs of Plan administration.

7. Tax Status:

The Company adopted a prototype defined contribution plan sponsored by Oppenheimer Funds Distributor, Inc. ("Oppenheimer") an affiliate of OFI Trust Company. Oppenheimer has obtained an opinion letter dated March 31, 2008 from the Internal Revenue Service that the prototype plan is acceptable under Section 401 of the Internal Revenue Code.

The Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Management has evaluated the effects of accounting guidance related to uncertain tax positions and concluded that the Plan had no significant financial statement exposure to uncertain income tax positions at December 31, 2010 and April 14, 2010.

8. Commitments and Contingencies:

ERISA requires that all qualified plans have a fidelity insurance bond that covers the Plan and all employees of the Plan Sponsor who handle funds or other property of the Plan. The Plan did not have such coverage in effect throughout the periods ending December 31, 2009 and April 14, 2010. The Company is not aware of any losses to the Plan which would be covered by such policies. Accordingly, management of the Company does not believe the lack of such coverage will have any material adverse effect on the Plan.

LANDAMERICA ONESTOP, INC. 401(K) PLAN

Notes to Financial Statements, Continued

9. Plan Termination:

The Plan was terminated effective April 14, 2010. All participants in the Plan became 100% vested in all contribution sources as of that date.

10. Financial Information Certified by the Trustee:

OFI Trust Company, the trustee of the Plan, has certified that the following information is complete and accurate:

- Investments, at fair value
- Investment income
- Schedule of assets held for investment purposes, with the exception of the participant loans

LANDAMERICA ONESTOP, INC. 401(K) PLAN

EIN: 54-1793812 PLAN: 209191

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

(a)	(b)	(c)	(e)
	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	BlackRock Global Allocation Fund	Mutual Fund	\$ 1,142,498
	Oppenheimer International Bond Fund	Mutual Fund	866,087
12	Ivy Asset Strategy Fund	Mutual Fund	840,657
	Oppenheimer Developing Markets Fund	Mutual Fund	678,342
	Oppenheimer Gold and Special Minerals Fund	Mutual Fund	601,305
	American Century Diversified Bond	Mutual Fund	568,739
	John Hancock Large Cap Equity	Mutual Fund	505,589
	Oppenheimer Strategic Income Fund	Mutual Fund	439,443
	Allianz NFJ Small Cap Value Fund	Mutual Fund	415,006
	Thornburg International Value	Mutual Fund	328,179
	Oppenheimer Global Opportunities Fund	Mutual Fund	321,915
	BlackRock Equity Dividend Fund	Mutual Fund	298,274
	Perkins Mid Cap Value Fund	Mutual Fund	244,957
	BlackRock High Yield Bond	Mutual Fund	195,189
	BlackRock Pacific Fund	Mutual Fund	189,784
	Oppenheimer Real Estate Fund	Mutual Fund	184,540
	Oppenheimer Sm and Mid Cap Val Fund	Mutual Fund	136,254
	Prudential Jennison Mid Cap	Mutual Fund	120,022
	Oppenheimer Main Street Opportunity	Mutual Fund	42,395
	Oppenheimer Rising Dividends Fund	Mutual Fund	42,112
	Merrill Lynch Prime Money Fund	Cash - interest-bearing	860,393
	Interest Bearing Cash	Cash - interest-bearing	561,290
	Participant Loans	Participant loans	<u>410,502</u>
			<u>\$ 9,993,472</u>

(d) "Cost" is not required as all investments are participant directed.

* Indicates a party-in-interest to the Plan.

See report of independent accountants.

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e)

Formula Description

Plan Name: LANDAMERICA ONESTOP, INC. 401(K) PLAN

Plan Number: 209191

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
OMSOX	Opp Main Street Opportunity A	25 basis points
BHYAX	BlackRock High Yield Bond Portfolio	12 dollars per fund position
JDERX	Jennison Mid Cap Growth Fund CI R	12 dollars per fund position
JDPAX	Perkins Mid Cap Value	12 dollars per fund position
MDDVX	BlackRock Equity Dividend Fund	12 dollars per fund position
MDLOX	BlackRock Global Allocation Fund Inc.	12 dollars per fund position
MDPCX	BlackRock Pacific Fund Inc.	12 dollars per fund position
MRAXX	Ready Assets(7dayYield:0.01%)	12 dollars per fund position
OARDX	Oppenheimer Rising Dividends Fund A	25 basis points
ADFAX	American Century Diversified Bond Fund	12 dollars per fund position
OIBAX	Oppenheimer International Bond Fund A	25 basis points
WASYX	Ivy Asset Strategy Fund Y	12 dollars per fund position
OPGIX	Oppenheimer Global Opportunities Fund A	25 basis points
OPGSX	Oppenheimer Gold & Special Minerals Fd A	25 basis points
OPSIX	Oppenheimer Strategic Income Fund A	25 basis points
OREAX	Oppenheimer Real Estate Fund Class A	25 basis points
PCVAX	Allianz NFJ Small Cap Value Fund A	12 dollars per fund position
QVSCX	Oppenheimer Small- & Mid- Cap Value Fd A	25 basis points
TAGRX	John Hancock Large-Cap Equity Fund A	12 dollars per fund position
THVRX	Thornburg International Value R4	12 dollars per fund position
ODMAX	Oppenheimer Developing Markets Fund A	25 basis points

LANDAMERICA ONESTOP, INC. 401(K) PLAN

Financial Statements

April 14, 2010 and December 31, 2009

LANDAMERICA ONESTOP, INC. 401(K) PLAN

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REPORT OF INDEPENDENT ACCOUNTANTS

To the Plan Administrator of the
LandAmerica OneStop, Inc. 401(k) Plan:

We were engaged to audit the financial statements and supplemental information of the LandAmerica OneStop, Inc. 401(k) Plan (the "Plan") as of April 14, 2010 and December 31, 2009, and for the periods from January 1, 2010 to April 14, 2010 and August 1, 2009 to December 31, 2009, and the supplemental schedule as of December 31, 2009, as listed in the Table of Contents. 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 10, which was certified by OFI Trust Company, the trustee 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 holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of April 14, 2010 and December 31, 2009 and for the periods then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

As discussed in Note 1, the Plan was created as of August 1, 2009 and subsequently terminated on April 14, 2010.

Keiter, Stephens, Hunter, Garry & Sheeque, P.C.

February 14, 2011
Glen Allen, Virginia

LANDAMERICA ONESTOP, INC. 401(K) PLAN

Statements of Net Assets Available for Benefits
April 14, 2010 and December 31, 2009

<u>Assets</u>	<u>2010</u>	<u>2009</u>
Cash	\$ -	\$ 1,421,683
Investments, at fair value	<u>-</u>	<u>8,571,789</u>
Net assets available for benefits	\$ <u> </u>	\$ <u>9,993,472</u>

See accompanying notes to financial statements.

LANDAMERICA ONESTOP, INC. 401(K) PLAN

Statements of Changes in Net Assets Available for Benefits Periods Ended April 14, 2010 and December 31, 2009

	<u>2010</u>	<u>2009</u>
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	\$ 30,091	\$ 99,908
Net investment gain	<u>169,330</u>	<u>631,262</u>
Total investment income	<u>199,421</u>	<u>731,170</u>
Contributions:		
Participants	199	207,288
Rollovers	<u>11,803</u>	<u>39,197</u>
Total contributions	<u>12,002</u>	<u>246,485</u>
Total additions	<u>211,423</u>	<u>977,655</u>
Deductions from net assets attributed to:		
Benefits paid to participants	1,272,232	198,452
Deemed distributions of participant loans	64,058	12,571
Administrative expenses	<u>1,513</u>	<u>1,750</u>
Total deductions	<u>1,337,803</u>	<u>212,773</u>
Net increase (decrease)	(1,126,380)	764,882
Net assets available for benefits:		
Beginning of period	9,993,472	-
Transfers to Plan	-	9,228,590
Transfers from Plan	<u>(8,867,092)</u>	<u>-</u>
End of period	\$ <u>-</u>	\$ <u>9,993,472</u>

See accompanying notes to financial statements.

LANDAMERICA ONESTOP, INC. 401(K) PLAN

Notes to Financial Statements

1. Description of Plan:

The following description of the LandAmerica OneStop, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan adoption agreement or summary plan description for a more complete description of the Plan's provisions.

General: LandAmerica OneStop, Inc. was a subsidiary of LandAmerica Financial Group, Inc. ("LFG"). Effective November 26, 2008, LFG filed a voluntary petition for relief under Chapter 11 of the U.S. Bankruptcy Code in the Bankruptcy Court of the Eastern District of Virginia. Under liquidation, LFG allowed the four business units within LandAmerica OneStop to create the LandAmerica OneStop, Inc. 401(k) Plan on August 1, 2009, and all of the account balances of participants employed by LandAmerica OneStop, Inc. and its affiliates: LandAmerica Tax and Flood, LandAmerica Default Services, LandAmerica Lenders Services Technology, and OneStop Originations (collectively, the "Company"), were transferred from the LandAmerica Financial Group, Inc. Savings and Stock Ownership to the Plan in order to facilitate the dissolution of LFG.

The Company's four business units' assets were sold, beginning on September 23, 2009, and the Plan was terminated effective April 14, 2010 (see Note 9). Participants could elect to receive distributions or roll-over their accounts to the successor Plan.

The Plan was a defined contribution plan covering all eligible employees of the Company. Employees became eligible to participate if they were employed by the Company on August 1, 2009. Employees hired after such date became eligible after attaining age 18 and completing three consecutive months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions: The Plan provided for participant contributions of pre-tax and after-tax annual compensation, as defined in the Plan. The Company could make matching and profit sharing contributions as determined annually by the Company. Participants of qualifying age may make additional "catch-up" contributions. Participants could also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Contributions are subject to certain limitations.

Participant Accounts: Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions and (b) Plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options: Participants could direct OFI Trust Company, the trustee, as to the investment of their account balances in accordance with guidelines established by the Plan. Participants could change their investment elections daily.

LANDAMERICA ONESTOP, INC. 401(K) PLAN

Notes to Financial Statements, Continued

1. Description of Plan, Continued:

Vesting: Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the Company's contributions is based on years of continuous service. Participants are fully vested in Company contributions after attaining six years of credited service. See Note 9.

Participant Loans: Participants could borrow from their Plan accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms cannot exceed five years, unless the proceeds are used to acquire a principal residence. The loans were secured by the vested balance in the participant's account and bear interest at prime plus 1%. Principal and interest were paid ratably through payroll deductions.

Plan Administration: Overall responsibility for administering the Plan rests with the Company. Participant accounts are administered by Ascensus, the third-party administrator of the Plan.

Payment of Benefits: Distribution of the vested portion of a participant's account will occur upon the participant's termination of service, retirement, death, disability, or hardship withdrawal, as defined in the Plan. A participant was entitled to receive a lump-sum payment in an amount equal to the vested value of his or her account or a partial payment of the participant's vested account.

Forfeitures: Forfeited balances of terminated participants' non-vested accounts could be used to offset Company contributions. There were no Plan forfeitures during 2010 or 2009, and there were no forfeited balances available at April 14, 2010 and December 31, 2009.

2. Summary of Significant Accounting Policies:

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

Investment Valuation and Income Recognition: As further described in Note 3, the Plan records investments at fair value. Net unrealized and realized appreciation (depreciation) is recorded in the accompanying statement of changes in net assets available for benefits as net investment gain (loss). Participant loans were valued at their outstanding balances, which approximated fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits: Benefits are recorded when paid.

LANDAMERICA ONESTOP, INC. 401(K) PLAN

Notes to Financial Statements, Continued

2. Summary of Significant Accounting Policies, Continued:

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

Subsequent Events: Management has evaluated subsequent events through February 14, 2011, the date the financial statements were available to be issued, and has determined there are no subsequent events to be reported in the accompanying financial statements.

3. Risks and Uncertainties:

The Plan provides for various investments in money market funds and mutual funds. Investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the financial statements.

4. Fair Value Measurements:

The Financial Accounting Standards Board ("FASB") has issued guidance for measurement and disclosure of fair value and establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value 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 Quoted prices for similar instruments in active and inactive markets; and model driven valuations with significant inputs and drivers derived from observable active markets.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for investments carried or disclosed at fair value:

Money market fund: Valued at the cash balance.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at the end of each period.

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

LANDAMERICA ONESTOP, INC. 401(K) PLAN

Notes to Financial Statements, Continued

4. Fair Value Measurements, Continued:

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

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets:				
Mutual funds	\$ 8,161,287	\$ -	\$ -	\$ 8,161,287
Cash equivalents	1,421,683	-	-	1,421,683
Participant loans	<u>-</u>	<u>-</u>	<u>410,502</u>	<u>410,502</u>
Total assets at fair value	<u>\$ 9,582,970</u>	<u>\$ -</u>	<u>\$ 410,502</u>	<u>\$ 9,993,472</u>

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the periods ended December 31, 2009 and April 14, 2010.

	<u>2009</u>	<u>2010</u>
Balances at August 1, 2009	\$ 438,549	\$ 410,502
Loan issuances	39,453	85,765
Deemed defaults	(12,571)	(64,058)
Principal repayments	<u>(54,929)</u>	<u>(432,209)</u>
Balances at December 31, 2009	<u>\$ 410,502</u>	<u>\$ -</u>

LANDAMERICA ONESTOP, INC. 401(K) PLAN

Notes to Financial Statements, Continued

5. Investments:

Investments that represent 5% or more of the Plan's net assets at December 31, 2009 are as follows:

	<u>2009</u>
BlackRock Global Allocation Fund	\$ 1,142,498
Oppenheimer International Bond Fund	866,087
Merrill Lynch Prime Money Fund	860,393
Ivy Asset Strategy Fund	840,657
Oppenheimer Developing Markets Fund	678,342
Oppenheimer Gold and Special Minerals Fund	601,305
American Century Diversified Bond	568,739
Interest Bearing Cash	561,290
John Hancock Large Cap Equity	505,589

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the periods) appreciated in value by \$169,330 and \$631,262 during the periods ended April 14, 2010 and December 31, 2009, respectively.

6. Administrative Expenses:

Substantially all administrative expenses are paid by the Plan. Although not required by the Plan, the Company absorbs a portion of the costs of Plan administration.

7. Tax Status:

The Company adopted a prototype defined contribution plan sponsored by Oppenheimer Funds Distributor, Inc. ("Oppenheimer") an affiliate of OFI Trust Company. Oppenheimer has obtained an opinion letter dated March 31, 2008 from the Internal Revenue Service that the prototype plan is acceptable under Section 401 of the Internal Revenue Code.

The Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Management has evaluated the effects of accounting guidance related to uncertain tax positions and concluded that the Plan had no significant financial statement exposure to uncertain income tax positions at December 31, 2010 and April 14, 2010.

8. Commitments and Contingencies:

ERISA requires that all qualified plans have a fidelity insurance bond that covers the Plan and all employees of the Plan Sponsor who handle funds or other property of the Plan. The Plan did not have such coverage in effect throughout the periods ending December 31, 2009 and April 14, 2010. The Company is not aware of any losses to the Plan which would be covered by such policies. Accordingly, management of the Company does not believe the lack of such coverage will have any material adverse effect on the Plan.

LANDAMERICA ONESTOP, INC. 401(K) PLAN

Notes to Financial Statements, Continued

9. Plan Termination:

The Plan was terminated effective April 14, 2010. All participants in the Plan became 100% vested in all contribution sources as of that date.

10. Financial Information Certified by the Trustee:

OFI Trust Company, the trustee of the Plan, has certified that the following information is complete and accurate:

- Investments, at fair value
- Investment income
- Schedule of assets held for investment purposes, with the exception of the participant loans

LANDAMERICA ONESTOP, INC. 401(K) PLAN

EIN: 54-1793812 PLAN: 209191

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

(a)	(b)	(c)	(e)
	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	BlackRock Global Allocation Fund	Mutual Fund	\$ 1,142,498
	Oppenheimer International Bond Fund	Mutual Fund	866,087
12	Ivy Asset Strategy Fund	Mutual Fund	840,657
	Oppenheimer Developing Markets Fund	Mutual Fund	678,342
	Oppenheimer Gold and Special Minerals Fund	Mutual Fund	601,305
	American Century Diversified Bond	Mutual Fund	568,739
	John Hancock Large Cap Equity	Mutual Fund	505,589
	Oppenheimer Strategic Income Fund	Mutual Fund	439,443
	Allianz NFJ Small Cap Value Fund	Mutual Fund	415,006
	Thornburg International Value	Mutual Fund	328,179
	Oppenheimer Global Opportunities Fund	Mutual Fund	321,915
	BlackRock Equity Dividend Fund	Mutual Fund	298,274
	Perkins Mid Cap Value Fund	Mutual Fund	244,957
	BlackRock High Yield Bond	Mutual Fund	195,189
	BlackRock Pacific Fund	Mutual Fund	189,784
	Oppenheimer Real Estate Fund	Mutual Fund	184,540
	Oppenheimer Sm and Mid Cap Val Fund	Mutual Fund	136,254
	Prudential Jennison Mid Cap	Mutual Fund	120,022
	Oppenheimer Main Street Opportunity	Mutual Fund	42,395
	Oppenheimer Rising Dividends Fund	Mutual Fund	42,112
	Merrill Lynch Prime Money Fund	Cash - interest-bearing	860,393
	Interest Bearing Cash	Cash - interest-bearing	561,290
	Participant Loans	Participant loans	<u>410,502</u>
			<u>\$ 9,993,472</u>

(d) "Cost" is not required as all investments are participant directed.

* Indicates a party-in-interest to the Plan.

See report of independent accountants.