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

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
INTELLIRISK MANAGEMENT CORPORATION RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1992

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

335 MADISON AVE
27TH FLOOR
NEW YORK, NY 10017

335 MADISON AVE
27TH FLOOR
NEW YORK, NY 10017

2b Employer Identification Number (EIN)
31-1591790

2c Sponsor's telephone number
646-274-3030

2d Business code (see instructions)
561440

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.	03/10/2011	JOHN ROSSINI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

IQOR

335 MADISON AVE
27TH FLOOR
NEW YORK, NY 10017

3b Administrator's EIN
31-1591790

3c Administrator's telephone number
646-274-3030

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	8996
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**	7010
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	1656
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	8666
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	4
f	Total. Add lines **6d** and **6e**	**6f**	8670
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2157
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	89
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 3E 3H

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)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007

A Name of plan
INTELLIRISK MANAGEMENT CORPORATION RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
IQOR

D Employer Identification Number (EIN)
31-1591790

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

FID. INV. INST. OPS. CO.

04-2647786

(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)

FID. INV. INST. OPS. CO.

04-2647786

(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?
25 64	RECORDKEEPER	14134	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007

A Name of plan
INTELLIRISK MANAGEMENT CORPORATION RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
31-1591790

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: FIDELITY MANAGED INCOME PORTFOLIO

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-024	C	1199772

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)

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007

A Name of plan
INTELLIRISK MANAGEMENT CORPORATION RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
IQOR

D Employer Identification Number (EIN)
31-1591790

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)	4758	0
(2) Participant contributions	1b(2)	11159	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	418910	488673
(9) Value of interest in common/collective trusts	1c(9)	924182	1212810
(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)	14844316	14940844
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	16203325	16642327
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16203325	16642327

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)	49432	
	(B) Participants	2a(1)(B)	1460909	
	(C) Others (including rollovers)	2a(1)(C)	91253	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1601594
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)	23324	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		23324
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		44881
(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)		1731263
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3401062
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2947013	
(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)		2947013
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		913
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)	14134	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		14134
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2962060
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		439002
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☒ Qualified **(3)** ☐ 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: TOUKAN & COMPANY **(2)** EIN: 31-1081751

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007

A Name of plan
INTELLIRISK MANAGEMENT CORPORATION RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
IQOR

D Employer Identification Number (EIN)
31-1591790

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Intellirisk Management Corporation Retirement Savings Plan

2007 Audit

TOUKAN & COMPANY

CERTIFIED PUBLIC ACCOUNTANTS
& BUSINESS ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the Intellirisk Management Corporation Retirement Savings Plan
(Sponsored by IQOR, Inc.)

We have audited the accompanying statements of net assets available for benefits of Intellirisk Management Corporation Retirement Savings Plan as of December 31, 2007 and 2006, and the statements of changes in net assets available for benefit for the years then ended. Our responsibility is to express an opinion on these financial statements based on our audits.

Except as discussed in the following paragraph, we conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

Because of inadequacies in the Plan's prior year records, we were unable to perform auditing procedures with respect to individual participant account balances accumulated from inception of the Plan or to satisfy ourselves as to the basis on which participants' equity is stated as of December 31, 2007 and 2006, or the propriety of the distributions to participants who terminated during the years then ended.

In our opinion, except for the effects of such adjustments, if any, as might have been determined to be necessary had we been able to perform procedures with respect to the prior year's participant account balances, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Intellirisk Management Corporation Retirement Savings Plan as of December 31, 2007 and 2006, and the changes in its net assets available for benefit for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules listed in the accompanying index are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, except for the effects of such adjustments on the schedule of assets held for investments and schedule of untimely remittances, if any, as might have been determined to be necessary had we performed procedures with respect to the information as described in the second preceding paragraph, are fairly stated in all material respects in relation to the basic financial statements taken as a whole

Toukan & Company

Westerville, OH
November 12, 2010

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IntelliRisk Management Corporation Retirement Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2007 and 2006

	2007	2006
Assets		
Investments at fair value	$ 16,629,289	$ 16,178,212
Receivable:		
Employer Contributions	-	4,758
Employer QNEC Receivable	-	-
Participant Contributions	-	11,159
Total receivable for contributions	-	15,917
Liabilities		
Accrued Expenses	-	-
Net assets reflecting investments at fair value	16,629,289	16,194,129
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	13,038	9,196
Net assets available for benefits	$ 16,642,327	$ 16,203,325

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

IntelliRisk Management Corporation Retirement Savings Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2007 and 2006

	2007	2006
Additions		
Investment income:		
Net appreciation in fair value of investments	$ 1,047,034	$ 1,052,182
Mutual funds' earnings	684,229	568,630
Common collective trust's earnings	44,881	47,213
Interest	23,324	26,998
Total investment income	1,799,468	1,695,023
Contributions:		
Employer	-	567,774
Employer QNEC Contributions	49,432	27,310
Participants	1,460,909	1,550,739
Rollovers	91,253	369,476
Total contributions	1,601,594	2,515,300
Total additions	3,401,062	4,210,323
Deductions		
Distributions to participants	2,947,926	2,665,097
Administrative expenses	14,134	11,349
Total deductions	2,962,060	2,676,446
Net increase	439,002	1,533,877
Net assets available for plan benefits:		
Beginning of year	16,203,325	14,669,448
End of year	$ 16,642,327	$ 16,203,325

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

1. Description of the Plan

General

The IntelliRisk Management Corporation Retirement Savings Plan (the "Plan"), is a defined contribution plan covering certain employees of IntelliRisk Management Corporation (currently known as IQOR, Inc. and formerly known as IRMC, Inc.) and its wholly owned subsidiaries (the "Employer"). Employees are eligible to participate in the Plan on upon the attainment of age 18. Employees received credit for purposes of eligibility for the time they worked for any of the IntelliRisk Management Corporation subsidiaries that were merged into the Plan.

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

Contributions

Employer's contribution

Effective January 1, 2007, the Plan was amended to exclude Employer's matching contributions in the Plan. Prior to the amendment, the Plan stated the Employer will provide a non-discretionary matching contribution of 50% on the first 5% of a participant's voluntary contribution. The Employer may make a non-elective employer contribution to those participants who are employed on the last day of the Plan year and have earned at least 1,000 hours of service during the Plan year. For the Plan years ended December 31, 2007 and 2006, the Employer did not make a non-elective contribution. During Plan year ended December 31, 2007, the Employer did not make a matching contribution.

Participant's voluntary contributions

A participant may elect to make a voluntary tax-deferred contribution of 1% to 70% of his or her annual compensation up to the maximum permitted under Section 402(g) of the Internal Revenue Code adjusted annually ($15,500 at December 31, 2007). This voluntary tax-deferred contribution may be limited by Section 401(k) of the Internal Revenue Code. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Investment options

Participants direct the investment of both their own and the Employer's contributions into various investment options offered by the Plan. The Plan currently offers sixteen mutual funds and a common collective trust fund as investment options.

1. **Description of the Plan (cont.)**

Vesting

A participant is always 100% vested in regular contributions, rollover contributions, qualified matching contributions and qualified non-elective contributions. Vesting under the Plan is based upon the elapsed time method. Hours of service are not counted and instead periods of service are computed. A period of service starts with a participant's date of employment and, generally, ends on date of termination. Only whole years of service are counted to compute years of service for vesting purposes. A summary of vesting percentages in the Employer's contributions follows:

Years of Service	Percentage
Less than 1 year	0%
1 year	25%
2 years	50%
3 years	75%
4 years	100%

Payment of benefits

The full value of a participant's account becomes payable upon retirement, disability, or death. Upon termination of employment for any other reason, participants' accounts, to the extent vested, become payable. Those participants with vested account balances greater than $1,000 have the option of leaving their accounts invested in the Plan until required by law to take a minimum distribution. All benefits will be paid as a lump-sum distribution or as installments. Participants also have the option of having their benefit paid directly to an eligible retirement plan specified by the participant.

Participants may obtain an in-service withdrawal from his or her account for a hardship distribution (based upon terms of the Plan) or upon reaching the age of 59½. A participant may obtain an in-service withdrawal of vested employer contributions from his or her account after the participant has at least 60 months of participation.

Participant loans

The Plan allows participants to borrow from their account to satisfy certain immediate and heavy financial needs as defined by the Plan. The minimum loan amount is $1,000, while the maximum loan amount is the lesser of one-half of the vested balance of the participant's account or $50,000. Participants may have only one outstanding loan at a time. Loans shall bear a reasonable interest rate as determined by the Plan Administrator based on the prevailing interest rates charged by financial institutions under similar circumstances, which shall be fixed throughout the duration of the loan. All loans must be repaid on at least a quarterly basis over a five-year period unless it is for the purchase of a principal residence in which case the loan repayment period may not exceed 10 years from the date of the loan.

Amounts allocated to participants withdrawn from the Plan

There was no vested portion of net assets available for benefits allocated to participants withdrawn from the plan at December 31, 2007 and 2006.

1. **Description of the Plan (cont.)**

Forfeitures

Forfeitures may be used to reduce the employer's required contributions or to pay administrative expenses of the Plan. No forfeitures were used during the year ended December 31, 2007 and 2006 to offset Plan expenses. Forfeitures of $526,771 were used to offset employer contributions during the year ended December 31, 2006, but no forfeitures were used to offset employer contributions during the Plan year ended December 31, 2007. Forfeitures of $118,093 and $23,366 have not been utilized as of December 31, 2007 and 2006, respectively, and represent unallocated assets in the Plan.

Expenses

Plan administration expenses are paid by the Plan unless paid by the Employer.

Brokerage fees, transfer taxes, 12b-1 fees and other expenses incurred in connection with the investment of the Plan's assets will be added to the cost of such investments or deducted from the proceeds thereof, as applicable.

2. **Summary of accounting policies**

Basis of presentation

The accompanying financial statements have been prepared on the accrual basis of accounting, including investment valuation and income recognition.

Estimates

The Plan prepares its financial statements in conformity with generally accepted accounting principles, which requires management to make estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the date of the financial statements and the changes in net assets available for plan benefits during the reporting period and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from these estimates.

Risks

The plan provides for the various investment options as described in note 1. Any investment is exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

2. Summary of accounting policies (cont.)

Investment valuation and Income Recognition

Plan investments in mutual funds are stated at fair value on an annual recurring basis, see Note 3. Mutual funds are stated at fair value as determined by quoted market prices, which represents the net asset value of shares held by the Plan at year-end. The common collective trust, a fully benefit responsive contract, is carried at contract value 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. Participant loans are valued at amortized cost, which is estimated to approximate 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. Net realized and unrealized appreciation (depreciation) is recorded in the accompanying statements of changes in net assets available for benefits as net appreciation in fair value of investments.

Benefit payments

Benefits are recorded when paid.

3. Investments

The Plan's investments are held by Fidelity Management Trust Company, as trustee of the Plan. The following table presents balances as of December 31, 2007 and 2006 for the Plan's current investment options. Investments that represent 5 percent or more of the Plan's net assets are separately identified.

	2007	2006
Investments at fair value as determined by quoted market price:		
Mutual Funds:		
Fidelity Equity Income Fund	$ 1,305,451	$ 1,602,207
Fidelity Fund	968,380	895,042
Fidelity Aggressive Growth Fund	2,123,469	1,906,345
Fidelity Balanced Fund	1,122,044	1,069,010
Fidelity Growth Company Fund	2,739,413	2,529,308
Fidelity Diversified International Fund	2,568,948	2,431,686
Fidelity Freedom 2010 Fund	727,157	878,137
Fidelity Freedom 2020 Fund	723,817	777,437
Fidelity Freedom 2030 Fund	1,043,749	1,062,691
Other	1,618,415	1,695,453
Total quoted market price	$ 14,940,843	$ 14,844,316

3. Investments (cont.)

	2007	2006
Investments at estimated fair value:		
Common collective trust, at contract value (see note 4):		
Fidelity Managed Income Portfolio	$ 1,212,810	$ 924,182
Participant loans	488,673	418,910
Total estimated fair value	1,701,483	1,343,092
Total investments at fair value	$ 16,642,326	$16,187,408

Net appreciation in the fair value of the Plan's investments (including investments bought, sold, and held during the year) for the years ended December 31, 2007 and 2006, is set forth below:

	2007	2006
Investments at fair value as determined by quoted market price:		
Mutual funds:	$ 1,055,882	$ 1,052,182

4. Investment Contract with Insurance Entity

The Plan has entered into a benefit-responsive investment contract with Fidelity Insurance Company, specifically, the Fidelity Managed Income portfolio. Fidelity maintains these investments in a Trust managed by the Fidelity Management Trust Company. The portfolio is an open-ended commingled pool dedicated to the management of assets of defined contribution plan. The Trust enters into "wrapper" contracts that provide that participants can, and must, execute plan transactions at contract value. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Fidelity. Contract value 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, 2007 and 2006 was $1,199,772 and $914,986, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reset on a quarterly basis.

Average yields:	*2007*	*2006*
Based on actual earnings	4.82%	4.84%
Based on interest rate credited to participants	4.40%	4.27%

5. Tax status

The Plan was established using a Prototype Plan designed by Fidelity Management Corporation. The Prototype plan was approved in Plan Form by the Internal Revenue Service in its opinion letter dated October 9, 2003. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's third party administrator (including its tax counsel) believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

During the years ending December 31, 2001 and 2000 the Plan had several failures in Plan operations (see notes 9 through 13). These errors were discovered in years subsequent to 2001. The Plan has identified corrections that need to be made related to the failures and the associated lost earnings. The Plan has completed most of the corrections for the identified failures and has presented these corrections, or proposed corrections, for approval to the Department of Labor under its Voluntary Fiduciary Correction Program ("VFCP") and to the Internal Revenue Service under its Voluntary Correction Program ("VCP"), as applicable. In its letter dated May 27, 2010, the Internal Revenue Service indicated that the proposed correction methods were appropriate and the disqualification of the Plan due to these failures would not be pursued. In its letter dated February 17, 2009, the U.S. Department of Labor, under the VFCP program, indicated that no civil enforcement action regarding the failures would be taken, as corrective actions had been completed.

The Internal Revenue Service, in their letter dated May 27, 2010, indicated that they would not pursue excise taxes related to the employee benefit plan failures. In addition, the Plan had not filed the required Forms 5500 (Reports of Employee Benefit Plan) since inception through the plan year ended December 31, 2006, with the Internal Revenue Service. The Plan submitted the completed Forms 5500 to the Internal Revenue Service under the Delinquent Filer Voluntary Correction Program ("DFVC"). The Plan has not yet filed the Form 5500 for the Plan year ended December 31, 2007, but plans to submit the completed form through the "DFVC" also.

6. Plan administration

A Committee, the members of which are appointed by the Board of Directors of the Employer, administers the Plan.

7. Plan termination

Although the Employer has not expressed any intent to do so, the Employer has the right under the Plan to discontinue their contributions at any time. IntelliRisk Management Corporation has the right at any time, by action of its Board of Directors, to terminate the Plan subject to provisions of ERISA. Upon Plan termination or partial termination, participants will become fully vested in their accounts.

8. Parties-in-interest

Certain plan investments are shares of mutual funds managed by Fidelity Management Trust Company and its subsidiaries and/or affiliates. Fidelity Management Trust Company is the trustee of the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the plan to Fifth Third Bank for the investment management services amounted to $14,134 and $11,349 for 2007 and 2006, respectively.

9. Untimely Remittance

Late Contributions

Participant deferrals of $5,530,825 were not timely deposited in the trust during the years ended December 31, 2006 and prior. The Plan sponsor calculated the lost earnings related to the delay in transmitting the funds. The calculation was based on the rates established by the VFCP calculator using the date of loss and date of final recovery. Lost earnings on the late deposits in the amount of $8,849 and $4,559 were recorded as an additional employer contributions and employer QNEC contributions during the years ended December 31, 2007 and 2006, respectively. Accumulated earnings on the late deposits through December 31, 2006 totaled $64,736. The accumulated earnings were deposited into the Plan on December 15, 2006. An additional $1,297 of earnings accumulated on these contributions through the date of deposit and will be funded to the Plan.

Missed Funding

In plan year 2001 and prior, the Company failed to fund participant contributions in the amount of $47,146 and employer match in the amount of $17,116. These amounts were funded to participant accounts during the year ended December 31, 2006 with earnings with forfeiture funds (see note 1).

See Note 5 related to tax status and untimely remittances.

Lost Earnings

Total lost earnings due to participants in the amount of $8,848 and $5,543 were recognized in 2007 and 2006, respectively for the late deposits and missed fundings, reduced by the earnings on over-funding. During 2006, total lost earnings of $72,322 were funded to participant accounts with forfeiture funds according to the terms of the Plan (see Note 1). During 2007, an additional $8,848 of lost earnings were funded to participant accounts with a QNEC contribution from the Plan sponsor.

10. Over-Funding

In Plan year 2001 and prior, the Company over-contributed participant contributions in the amount of $126,862 and employer match in the amount of $42,875. The Plan calculated corrections in 2006 and determined that $62,000 of participant contribution and $18,158 of employer match was unrecoverable from the participants accounts still held by the Plan. The correction to the Plan would require sending letters to prior participants requesting the return of the funds. The plan sponsor has not yet pursued these funds and has indicated that the funds will most likely not be recoverable. Therefore, these unrecoverable amounts were reported as participant and employer contribution income in the year contributed to the plan.

The remaining over-funded contributions were corrected during the Plan year ended December 31, 2006. These funds were added to the forfeiture funds available and used according to the terms of the Plan (see Note 1).

11. Nondiscrimination Test Failures

Excess contributions refundable were calculated to be $137,905 for 2005. Earnings on excess contributions refundable were calculated as $12,811 for 2005. The contributions refundable with earnings were distributed during 2006 to participants to satisfy the relevant nondiscrimination provisions.

To satisfy the relevant nondiscrimination provisions, the Plan must distribute the excess contributions by the end of the following Plan year. The discrimination test failures for 2002 and prior were not identified until subsequent to the 2004 Plan year. Therefore, timely refunds of excess contributions were not made. As the distributions were not processed until the 2006 Plan year, the Plan Sponsor followed the one-to-one correction method. The one-to-one correction method requires the Plan sponsor to contribute an equivalent amount to the Plan as a QNEC (qualified non-elective deferral) that will only be allocated to the non-highly compensated participants.

The cumulative QNEC receivable for the one-to-one correction was satisfied during the year-ended December 31, 2006, with a contribution from the Plan sponsor of $160,120 and the remaining $456,809 from available forfeiture funds (see note 1 on forfeitures). The cumulative excess contribution refundable with earnings for nondiscrimination failures in 2002 and prior was $627,074. The excess contributions with earnings were distributed during the year ended December 31, 2006 to satisfy the nondiscrimination provisions.

Additional earnings on the excess contributions refundable for 2002 and prior year testing were calculated at $27,310 and $21,848 during 2006 and 2005, respectively, using the VFCP calculator and recorded in the Plan as additional excess contributions refundable for 2005. These excess earnings refundable were satisfied during 2006 utilizing forfeiture funds available (see note 1 on forfeitures).

Earnings on the one-to-one corrections were originally calculated through August 2006. The corrective contribution for earnings was satisfied during December 2006; therefore, additional earnings were calculated through the date of the deposit at $35,570. During November 2007, the Plan sponsor contributed a QNEC for the additional earnings. In addition, earnings were calculated on the earnings due from December 15, 2006 (the date of the one-to-one correction) through November 2007 (the date of the additional earnings deposit). These earnings were calculated to be an additional $5,013.

As of November 2007, all corrective contributions with earnings related to the nondiscrimination test failures have been funded to the Plan per the proposed corrections. The Plan sponsor submitted for approval of these corrections to the Internal Revenue Service under their Voluntary Correction Program "VCP" (see note 5) regarding these failures and subsequent proposed corrections.

12. Hardship Withdrawals

Under the regulations, a participant that takes a hardship withdrawal is required to suspend any deferrals to the Plan for a 6 month period. Since inception, the Plan has continued to allow some participants to defer into the plan. The Plan Sponsor presented this failure to the Internal Revenue Service under their Voluntary Correction Program. The Internal Revenue Service required the Plan to prospectively suspend the deferrals of effected participant, that were still active participants, for the appropriate number of months. This suspension was subsequently confirmed for all active participants. There is no amount required to be reported in the financial statements related to this correction. See Note 5 regarding these failures and proposed corrections.

13. Participant Loans

The Plan has established that loans to participants shall bear a reasonable interest rate as determined by the Plan Administrator based on the prevailing interest rates charged by financial institutions under similar circumstances. Beginning January 2005 through October 15, 2007, the Plan charged interest rates on new loans that were less than determined under the terms of the plan. Effected participants with remaining outstanding loan balances will have their loans reamortized over the remaining term of the loan using an interest rate in agreement with the terms of the Plan. Participants with no outstanding balance will be required to make a contribution to the Plan in the amount of the missed interest. The Plan sponsor will contribute an amount to the Plan representing the missed earnings on any interest corrections. Participants who have left the plan will receive letters indicating the tax impact and requirements.

From July 2003 to the plan year ending December 2004, the Plan charged rates on new loans that were within the rates determined by the terms of the Plan. However, from June 2000 (inception of the plan) to June 2003, the Plan charged rates on new loans that were in excess of the rates determined by the Plan. Again from October 16, 2007 through the Plan year ended December 31, 2007, the Plan charged rates in excess of the rates determined by the Plan. Effected participants with remaining outstanding loan balances will receive a credit, applied to outstanding principal on the loan, in an amount equal to the overpayment of interest, plus earnings. Loan balances will be reamortized over the remaining term as applicable. Any amounts in excess of the loan balance will be distributed to the participant affected. Participants who have left the plan will receive letters indicating the tax impact and requirements.

The Plan Sponsor presented this failure to the Internal Revenue Service under their Voluntary Correction Program. Missed earnings to be contributed by the Plan sponsor will be calculated based on the highest rate of return among all investment alternatives available under the Plan from the date of the original loan to the actual date of the correction. The dollars attributable to the errors in interest rates is estimated to be immaterial to the overall financial statements and therefore not reported in these financial statements. See note 5 regarding these failures and proposed corrections.

14. Subsequent Events

The plan was amended as of April 1, 2008 to change the plan name from "IntelliRisk Management Corporation Retirement Savings Plan" to "iQor Retirement Savings Plan" and the employer name from "IntelliRisk Management Corporation" to "iQor, Inc." There was no transfer of ownership or change in management, etc.

IntelliRisk Management Corporation
Retirement Savings Plan

SUPPLEMENTAL SCHEDULES

YEAR ENDED DECEMBER 31, 2007

Schedule H, line 4i
Schedule of Assets Held at End of Year at December 31, 2007

(a)	(b) Identity of issuer, 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 Fund	Mutual fund – 24,301 shares	$ 813,084	$ 968,380
*	Fidelity Equity Income Fund	Mutual fund – 23,667 shares	1,263,503	1,305,451
*	Fidelity Growth Company Fund	Mutual fund – 33,013 shares	2,055,239	2,739,414
*	Fidelity Intermediate Bond Fund	Mutual fund – 42,744 shares	444,584	433,853
*	Fidelity Capital & Income Fund	Mutual fund – 31,289 shares	262,271	271,593
*	Fidelity Balanced Fund	Mutual fund – 57,218 shares	1,036,855	1,122,044
*	Fidelity Aggressive Growth Fund	Mutual fund – 92,245 shares	1,890,411	2,123,469
*	Fidelity Diversified International Fund	Mutual fund – 64,385 shares	1,948,471	2,568,948
*	Fidelity Freedom Income Fund	Mutual fund – 14,720 shares	166,726	168,540
*	Fidelity Freedom 2000 Fund	Mutual fund – 36,498 shares	443,398	451,483
*	Fidelity Freedom 2010 Fund	Mutual fund – 49,066 shares	675,709	727,157
*	Fidelity Freedom 2020 Fund	Mutual fund – 45,782 shares	657,253	723,817
*	Fidelity Freedom 2030 Fund	Mutual fund – 63,181 shares	932,132	1,043,749
*	Fidelity Freedom 2040 Fund	Mutual fund – 23,285 shares	214,383	226,562
*	Fidelity Freedom 2045 Fund	Mutual fund – 741 shares	8,745	8,410
*	Fidelity Freedom 2050 Fund	Mutual fund – 5,072 shares	58,221	57,974
*	Fidelity Managed Income Portfolio	Common collective trust – 1,212,810 units	1,212,810	1,212,810
	Participant Loans	Interest 5.00% - 10.50%	0	488,673
			$ 14,083,795	$ 16,642,327

* Represents a party-in-interest

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

See Auditor's Disclaimer of Opinion

Schedule II
(Schedule H, line 4i) Assets Acquired and Disposed of Within the Plan Year

None

Schedule III
Partner in Interest Transaction

Non non-exempt transactions were entered into by the Plan with persons defined as Party-in-interest within the Plan year.

Schedule IV
Obligations in Default

No loans were in default as of the close of the end of the Plan year.

Schedule V
Leases in Default

No leases were in default as the close of the end of the Plan year.

Single Transactions in excess of 5% of plan assets:

None

(a) Identity of Party I (b) Description of Asset:

None

Series of Transactions with a single person:

n/a

Series of Transactions in excess of 5% of plan assets:

None

IntelliRisk Management Corporation Retirement Savings Plan
EIN #31-1591790 Plan #002
Supplemental Schedules

Schedule H, line 4i
Schedule of Assets Held at End of Year at December 31, 2007

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
*	Fidelity Fund	Mutual fund – 24,301 shares	$ 813,084	$ 968,380
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*	Fidelity Managed Income Portfolio	Common collective trust – 1,212,810 units	1,212,810	1,212,810
	Participant Loans	Interest 5.00% - 10.50%	0	488,673
			$ 14,083,795	$ 16,642,327

* Represents a party-in-interest

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.