Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2004 and ending 12/31/2004

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;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
COMMERCE BENEFITS GROUP AGENCY, INC. CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2001

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

33479 LAKE RD
AVON LAKE, OH 44012-1136

2b Employer Identification Number (EIN)
34-1816804

2c Sponsor's telephone number
440-930-7500

2d Business code (see instructions)
524140

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.	03/31/2011	KIMBERLY FLETT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/31/2011	KIMBERLY FLETT
	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")
COMMERCE BENEFITS GROUP AGENCY, INC

33479 LAKE RD
AVON LAKE, OH 44012-1136

3b Administrator's EIN
34-1816804

3c Administrator's telephone number
440-930-7500

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
COMMERCE BENEFITS GROUP AGENCY, INC CASH BALANCE PLAN

4b EIN
34-1813470

4c PN
003

5	Total number of participants at the beginning of the plan year	**5**	51
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**	51
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**	51
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	51
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	22
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:
1A 1C 1D 1G

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)		**H** (Financial Information)
(2)	X	**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 I (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2004 and ending 12/31/2004

A Name of plan
COMMERCE BENEFITS GROUP AGENCY, INC. CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
COMMERCE BENEFITS GROUP AGENCY, INC

D Employer Identification Number (EIN)
34-1816804

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

			(a) Beginning of Year	**(b)** End of Year
1	**Plan Assets and Liabilities:**			
a	Total plan assets	**1a**	855573	1076707
b	Total plan liabilities	**1b**		
c	Net plan assets (subtract line 1b from line 1a)	**1c**	855573	1076707
2	**Income, Expenses, and Transfers for this Plan Year:**		**(a)** Amount	**(b)** Total
a	Contributions received or receivable:			
	(1) Employers	**2a(1)**	265339	
	(2) Participants	**2a(2)**		
	(3) Others (including rollovers)	**2a(3)**		
b	Noncash contributions	**2b**		
c	Other income	**2c**	-34805	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	**2d**		230534
e	Benefits paid (including direct rollovers)	**2e**		
f	Corrective distributions (see instructions)	**2f**		
g	Certain deemed distributions of participant loans (see instructions)	**2g**		
h	Administrative service providers (salaries, fees, and commissions)	**2h**		
i	Other expenses	**2i**	9400	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	**2j**		9400
k	Net income (loss) (subtract line 2j from line 2d)	**2k**		221134
l	Transfers to (from) the plan (see instructions)	**2l**		

3 **Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	**No**	**Amount**
a	Partnership/joint venture interests	**3a**		X	
b	Employer real property	**3b**		X	
c	Real estate (other than employer real property)	**3c**	X		680000
d	Employer securities	**3d**		X	
e	Participant loans	**3e**		X	

			Yes	No	Amount
3f	Loans (other than to participants)	3f		X	
g	Tangible personal property	3g		X	

Part II Compliance Questions

4 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 plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e	X		1250000
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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i	X		635000
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X	

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

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

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

SCHEDULE B
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ **Attach to Form 5500 or 5500-EZ if applicable.**
▶ **See separate instructions.**

Official Use Only

OMB No. 1210-0110

2004

This Form is Open to Public Inspection (except when attached to Form 5500-EZ).

For calendar plan year 2004 or fiscal plan year beginning _____ and ending _____

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan COMMERCE BENEFITS GROUP AGENCY, INC. CASH BALANC	**B** Three-digit plan number ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ INSURANCE MARKETING GROUP AGENCY, INC.	**D** Employer Identification Number 34-1816804
E Type of plan: (1) ☐ Multiemployer (2) ☒ Single-employer (3) ☐ Multiple-employer	**F** ☒ 100 or fewer participants in prior plan year

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: Month 01 Day 01 Year 2004

b Assets:		
(1) Current value of assets	b(1)	855573
(2) Actuarial value of assets for funding standard account	b(2)	855573
c (1) Accrued liability for plans using immediate gain methods	c(1)	877983
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	c(2)(a)	
(b) Accrued liability under entry age normal method	c(2)(b)	
(c) Normal cost under entry age normal method	c(2)(c)	

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

SIGN HERE

Michael L. Libman

Signature of actuary

6-7-07

Date

MICHAEL L. LIBMAN, ASA

Type or print name of actuary

G 05-02940

Most recent enrollment number

LIBMAN, RYDER & COMPANY, INC.

Firm name

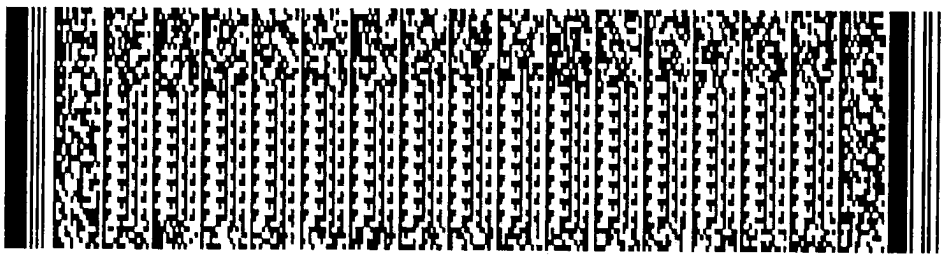
216-398-3888

Telephone number (including area code)

5755 GRANGER ROAD, SUITE 501
INDEPENDENCE OH 44131-1442

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐



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1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	d(1)	0
(2) "RPA '94" information:		
(a) Current liability	d(2)(a)	698169
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	195761
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	
(3) Expected plan disbursements for the plan year	d(3)	0

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions) — 2a: 855573

b "RPA '94" current liability:

	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments	0	0	0
(2) For terminated vested participants	1	238	238
(3) For active participants	50	275972	697931
(4) Total	51	276210	698169

c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage — 2c: %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
06/30/2005	242980				
09/09/2005	22359				
		3 Totals ▶	(b)	265339	(c) 0

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions) — 4a: 133.5 %

b If line 4a is less than 100%, see instructions, and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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5 Actuarial cost method used as the basis for this plan year's funding standard account computation:

a ☐ Attained age normal b ☐ Entry age normal c ☒ Accrued benefit (unit credit)

d ☐ Aggregate e ☐ Frozen initial liability f ☐ Individual level premium

g ☐ Individual aggregate h ☐ Other (specify) ▶

i Has a change been made in funding method for this plan year? ☐ Yes ☒ No

j If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ☐ Yes ☐ No

k If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method Month Day Year

6 Checklist of certain actuarial assumptions:

a Interest rates for "RPA '94" current liability	6a		6.55 %	☐ N/A
b Weighted average retirement age	6b		62	☐ N/A
		Pre-retirement	Post-retirement	
c Rates specified in insurance or annuity contracts ☐ N/A	6c	☐ Yes ☒ No	☐ Yes ☒ No	☐ N/A
d Mortality table code for valuation purposes:				
(1) Males	d(1)	0	9	
(2) Females	d(2)	0	9	
e Valuation liability interest rate ☐ N/A	6e	5.16 %	5.16 %	☐ N/A
f Expense loading ☐ N/A	6f	0.0 %	0.0 %	☐ N/A
		Male	Female	
g Annual withdrawal rates:		Rate Code	Rate Code	
(1) Age 25	g(1)	U 0.00 %	U 0.00 %	
(2) Age 40	g(2)	U 0.00 %	U 0.00 %	
(3) Age 55	g(3)	U 0.00 %	U 0.00 %	
h Salary scale ☐ N/A	6h	0.00 %	0.00 %	☐ N/A
i Estimated investment return on actuarial value of assets for the year ending on the valuation date	6i		-8.4 %	

7 New amortization bases established in the current plan year:

(1) Type of Base	(2) Initial Balance	(3) Amortization Charge/Credit
1	19601	4324
4	-868	-108

8 Miscellaneous information:

a If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval Month Day Year

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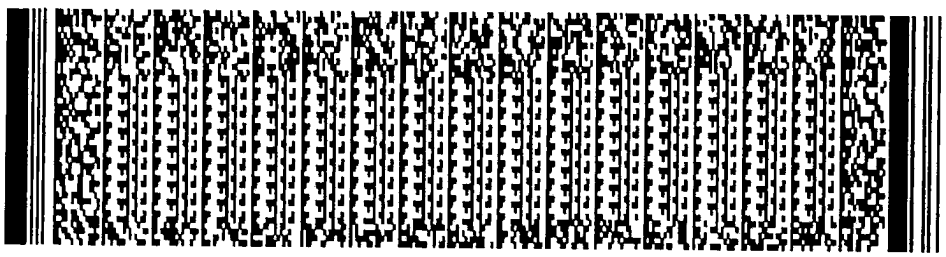
8b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶

c Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule ..... ☒ Yes ☐ No

9	Funding standard account statement for this plan year:			
	Charges to funding standard account:			
a	Prior year funding deficiency, if any		9a	0
b	Employer's normal cost for plan year as of valuation date		9b	247113
c	Amortization charges as of valuation date:	Outstanding Balance		
	(1) All bases except funding waivers ▶	($ 23278)	c(1)	5314
	(2) Funding waivers ▶	($ 0)	c(2)	0
d	Interest as applicable on lines 9a, 9b, and 9c		9d	13025
e	Additional interest charge due to late quarterly contributions, if applicable		9e	
f	Adjusted additional funding charge from Part II, line 12q, if applicable ☒ N/A		9f	
g	Total charges. Add lines 9a through 9f		9g	265452
	Credits to funding standard account:			
h	Prior year credit balance, if any		9h	0
i	Employer contributions. Total from column (b) of line 3		9i	265339
		Outstanding Balance		
j	Amortization credits as of valuation date ▶	($ 868)	9j	108
k	Interest as applicable to end of plan year on lines 9h, 9i, and 9j		9k	5
l	Full funding limitation (FFL) and credits			
	(1) ERISA FFL (accrued liability FFL)	l(1) 283430		
	(2) "RPA '94" override (90% current liability FFL)	l(2) 0		
	(3) FFL credit		l(3)	0
m	(1) Waived funding deficiency		m(1)	0
	(2) Other credits		m(2)	0
n	Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)		9n	265452
o	Credit balance: If line 9n is greater than line 9g, enter the difference		9o	0
p	Funding deficiency: If line 9g is greater than line 9n, enter the difference		9p	0
	Reconciliation account:			
q	Current year's accumulated reconciliation account:			
	(1) Due to additional funding charges as of the beginning of the plan year	q(1) 0		
	(2) Due to additional interest charges as of the beginning of the plan year	q(2) 0		
	(3) Due to waived funding deficiencies:			
	(a) Reconciliation outstanding balance as of valuation date	q(3)(a) 0		
	(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(3)(b) 0		
	(4) Total as of valuation date ▶		q(4)	0
10	Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable		10	0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... ☒ Yes ☐ No



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SUMMARY OF PRINCIPAL PLAN PROVISIONS

Effective Date	January 1, 2001
Employees Covered	Eligible Employees shall become Participants on their dates of hire. Eligible Employees consist of Category I (Thomas and Thomasina Patton) and Category II (the lowest paid non-highly compensated employees needed to pass 401(a)(26) testing) employees.
Normal Retirement	
Eligibility	Age 62
Accrued Benefit	Account Balance for members of Category I. Account Balance offset by Vested Profit Sharing Account Balance for other Participants but not less than the present value of an annuity benefit payable at Normal Retirement Age equal to 0.5% of Compensation for each year of participation.
Annual Allocation	**For Category I employees**, the maximum under Section 415 of the Internal Revenue Code or 10 times Special Bonuses. **For Category II employees**, 2% of Compensation, but not $500.
Preretirement Death Benefit	The Participant's Vested Account Balance
Termination of Employment	
Benefit	The Participant's Vested Account Balance A Participant's Vesting Percentage is determined according to the following schedule:

Service	Vesting Pctg.
0-1 Years	0%
2 Years	20%
3 Years	40%
4 Years	60%
5 Years	80%
6 or more Years	100%

Contributions	The Company pays the actuarially determined cost of the Plan.

ACTUARIAL ASSUMPTIONS

Actuarial assumptions

Mortality	
Active Employees	Post-Retirement - 1994 Group Annuity Reserving Table (Blended); Pre-Retirement - none.
Retired Employees	Same as active employees
Investment Return	5.16% net of investment expense for Actuarial Method. 6.55% is used for current liability purposes. 6.55% is used for RPA current liability purposes. 6.55% is used for FAS 35.
Rate of Retirement	100% at age 62
Rate of Disability	None
Salary Scale	None
Rate of Employee Turnover	None
Cash Balance Interest Credit	5.16% per year
Provision for Expenses	None

ACTUARIAL ASSUMPTIONS (continued)

Actuarial Methods

Actuarial Cost Method	The actuarial cost method used to determine the actuarial accrued liability and normal cost is the Unit Credit Actuarial Cost Method.
Asset Valuation Method	Market value of all Trust Investments, plus any accrued but unpaid contributions to the Trust as of the Valuation Date.

Other Facts Relevant To The Valuation Of This Plan

Employee Data	An employee census as of the Valuation Date was supplied by the Company and included all employees in the Eligible Class. We did not audit the census.
Asset Data	Asset data as of the Valuation Date and contribution amounts and dates were supplied by the Company. We did not audit the asset data.
Changes in Actuarial Assumption or Methods	The valuation interest rate and the cash balance interest credit are the Section 417(e) rate for the third full month immediately preceding the first month of the Plan Year. This year the rate is 5.16% compared to 4.93% last year. The current liability rate was changed from 6.09% to 6.55%. The RPA current liability rate was changed from 6.65% to 6.55% .
Events and Trends Which Have Not Been Taken Into Account	To the best of our knowledge, there has been no event or trend which has not been taken into account and which may require a material change in plan costs or required contribution rates.

AGE, SALARY AND SERVICE DISTRIBUTION OF ACTIVE PARTICIPANTS

EIN: 34-1816704 **Commerce Benefits Group Agency, Inc.** Plan No. 003 Sch B Line 8c

Attained Age at 1/1/2004	Years of Service 0-4	5-9	10-14	15-19	20-24	25-29	30+	Total
Under 25	13	0	0	0	0	0	0	13
25-29	8	0	0	0	0	0	0	8
30-34	9	0	0	0	0	0	0	9
35-39	2	0	0	0	0	0	0	2
40-44	4	0	0	0	0	0	0	4
45-49	2	0	0	0	0	0	0	2
50-54	5	1	0	0	0	0	0	6
55-59	3	1	0	0	0	0	0	4
60-64	1	0	0	0	0	0	0	1
Over 64	1	0	0	0	0	0	0	1
Total	48	2	0	0	0	0	0	50

Since there are no cells including 20 or more participants, salary averages are not required.

EXHIBIT II

MINIMUM CONTRIBUTION AMORTIZATION BASES

	Date Established	Amount	Original Years	Balance 1/1/2004	Years Remaining	Amortization 1/1/2004
CHARGES						
Experience	1/1/2003	4,491	5	3,677	4	990
Experience	1/1/2004	19,601	5	19,601	5	4,324
Total Charges		24,092		23,278		5,314
CREDITS						
Assumption Change	1/1/2004	868	10	868	10	108
Total Credits				868		108
Net Total				22,410		5,206
Funding Standard Account Credit Balance				0		
Reconciliation Account Balance				0		
Unfunded Accrued Liability				22,410		

Schedule B, Line 11
Commerce Benefits Group Agency, Inc.
EIN: 34-1816804
Plan No.: 003

"Justification for Change in Actuarial Assumptions"

In order to more accurately reflect expected future plan experience, the interest rate was changed from 4.93% to 5.16%.

SCHEDULE P
(FORM 5500)

Department of the Treasury
Internal Revenue Service

Annual Return of Fiduciary of Employee Benefit Trust

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

▶ File as an attachment to Form 5500 or 5500-EZ.

Official Use Only

OMB No. 1210-0110

2004

This Form is Open to Public Inspection.

For trust calendar year 2004 or fiscal year beginning _____, and ending _____

1a Name of trustee or custodian

THOMASINA B. PATTON

b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)

33479 LAKE ROAD

c City or town, state, and ZIP code

AVON LAKE OH 44012-1136

2a Name of trust

COMMERCE BENEFITS GROUP AGENCY, INC. CASH BALANCE PLAN

b Trust's employer identification number 26-0005972

3 Name of plan if different from name of trust

4 Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)? ☒ **Yes** ☐ **No**

5 Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ ▶ 34-1816804

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.

SIGN HERE **Signature of fiduciary** ▶ _____ **Date** ▶ _____

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

v7.2

Schedule P (Form 5500) 2004

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Official Use Only

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 sections 104 and 4065 of the Employee Retirement 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

2004

This Form is Open to Public Inspection.

For calendar year 2004 or fiscal plan year beginning , and ending ,

A Name of plan
COMMERCE BENEFITS GROUP AGENCY, INC. CASH BALANCE PL

B Three-digit plan number ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
INSURANCE MARKETING GROUP AGENCY, INC.

D Employer Identification Number
34-1816804

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). _____ _____

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 0

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(c)(8) or ERISA section 302(c)(8)? . . . . . ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 7.

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 . . . . . ▶ Month_____ Day_____ Year_____

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

6a 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 $

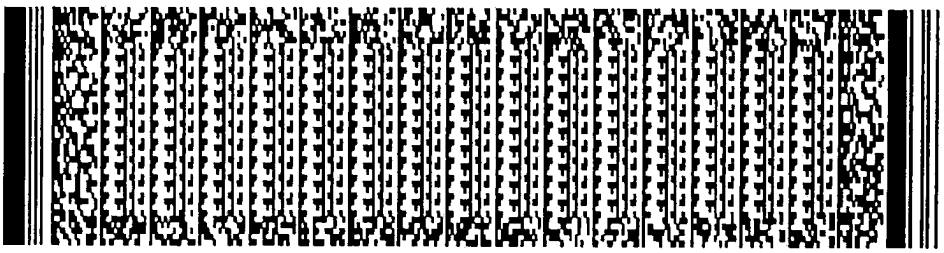
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) . . . . . 6c $

If you completed line 6c, do not complete the remainder of this schedule.

7 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

8 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased the value of benefits? (see instructions) . . . . . ☐ Yes ☒ No



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Official Use Only

SCHEDULE T (Form 5500)

Department of the Treasury
Internal Revenue Service

Qualified Pension Plan Coverage Information

This form is required to be filed under section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2004

This Form is Open to Public Inspection.

For calendar year 2004 or fiscal plan year beginning , and ending ,

A Name of plan COMMERCE BENEFITS GROUP AGENCY, INC. CASH BALANCE PLAN	**B** Three-digit plan number ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 INSURANCE MARKETING GROUP AGENCY, INC.	**D** Employer Identification Number 34-1816804

Note: If the plan is maintained by:

- More than one employer and benefits employees who are not collectively-bargained employees, a separate Schedule T may be required for each employer (see the instruction for line 1).
- An employer that operates qualified separate lines of business (QSLOBs) under Code section 414(r), a separate Schedule T may be required for each QSLOB (see the instruction for line 2).

1 If this schedule is being filed to provide coverage information regarding the noncollectively bargained employees of an employer participating in a plan maintained by more than one employer, enter the name and EIN of the participating employer:

1a Name of participating employer	**1b** **Employer identification number**

2 If the employer maintaining the plan operates QSLOBs, enter the following information:

a The number of QSLOBs that the employer operates is _____.

b The number of such QSLOBs that have employees benefiting under this plan is _____.

c Does the employer apply the minimum coverage requirements to this plan on an employer-wide rather than a QSLOB basis? ... ☐ Yes ☐ No

d If the entry on line 2b is two or more and line 2c is "No," identify the QSLOB to which the coverage information given on line 3 or 4 relates.
▶

3 Exceptions -- Check the box before each statement that describes the plan or the employer. Also see instructions.
If you check any box, do not complete the rest of this Schedule.

a ☐ The employer employs only highly compensated employees (HCEs).

b ☐ No HCEs benefited under the plan at anytime during the plan year.

c ☐ The plan benefits only collectively-bargained employees.

d ☐ The plan benefits all nonexcludable nonhighly compensated employees of the employer (as defined in Code sections 414(b), (c), and (m)), including leased employees and self-employed individuals.

e ☐ The plan is treated as satisfying the minimum coverage requirements under Code section 410(b)(6)(C).

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Official Use Only

4 Enter the date the plan year began for which coverage data is being submitted. Month 01 Day 01 Year 2004

a Did any leased employees perform services for the employer at any time during the plan year? ☐ Yes ☒ No

b In testing whether the plan satisfies the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4), does the employer aggregate plans? ☒ Yes ☐ No

c Complete the following:

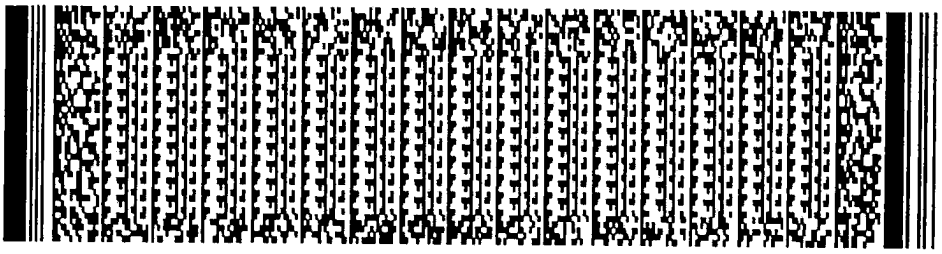
(1) Total number of employees of the employer (as defined in Code section 414(b), (c), and (m)), including leased employees and self-employed individuals	c(1)	138
(2) Number of excludable employees as defined in IRS regulations (see instructions)	c(2)	0
(3) Number of nonexcludable employees. (Subtract line 4c(2) from line 4c(1))	c(3)	138
(4) Number of nonexcludable employees (line 4c(3)) who are HCEs	c(4)	7
(5) Number of nonexcludable employees (line 4c(3)) who benefit under the plan	c(5)	50
(6) Number of benefiting nonexcludable employees (line 4c(5)) who are HCEs	c(6)	2

d Enter the plan's ratio percentage and, if applicable, identify the disaggregated part of the plan to which the information on lines 4c and 4d pertains (see instructions) ▶ _____ d 128.2 %

e Identify any disaggregated part of the plan and enter the ratio percentage or exception (see instructions).

	Disaggregated part:	Ratio Percentage:	Exception:
(1)			
(2)			
(3)			

f This plan satisfies the coverage requirements on the basis of (check one): (1) ☒ the ratio percentage test (2) ☐ average benefit test



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Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2004 and ending 12/31/2004

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;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan Commerce Benefits Group Agency, Inc.
Cash Balance Plan

1b Three-digit plan number (PN) ▸ 003

1c Effective date of plan 01/01/2001

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

33479 Lake Rd

Avon Lake OH 44012-1136

2b Employer Identification Number (EIN) 34-1816804

2c Sponsor's telephone number (440)930-7500

2d Business code (see instructions) 524140

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	[signature]	02/17/11	THOMASINA B PATTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	02/17/11	THOMASINA B PATTON
	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