

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
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 07/01/1985
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) RUMPKE CONSOLIDATED COMPANIES, INC. 10795 HUGHES ROAD CINCINNATI, OH 45251	2b Employer Identification Number (EIN) 31-0722331 2c Sponsor's telephone number 513-851-0122 2d Business code (see instructions) 562000

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.	04/14/2011	PHIL WEHRMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2011	PHIL WEHRMAN
	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") RUMPKE CONSOLIDATED COMPANIES, INC. 10795 HUGHES ROAD CINCINNATI, OH 45251	3b Administrator's EIN 31-0722331 3c Administrator's telephone number 513-851-0122
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	2013
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1775
b Retired or separated participants receiving benefits.....	6b	3
c Other retired or separated participants entitled to future benefits.....	6c	187
d Subtotal. Add lines 6a , 6b , and 6c	6d	1965
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1965
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	95

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010		
A Name of plan THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. RUMPKE CONSOLIDATED COMPANIES, INC.		
D Employer Identification Number (EIN) 31-0722331		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-2265014	90425	8115184	1	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
1553	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PHILLIP SCHWEGMANN 7755 MONTGOMERY ROAD CINCINNATI, OH 45236

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1553			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	872444
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)	107298	
▶ UNREALIZED APPRECIATION			

(6) Total additions	7c(6)	107298
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d Total of balance and additions (add b and c(6)).	7d	979742
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract e(5) from d)	7f	979742
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010		
A Name of plan THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. RUMPKE CONSOLIDATED COMPANIES, INC.	D Employer Identification Number (EIN) 31-0722331	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
METLIFE INVESTORS USA INS COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
54-0696644	61050	9200028413	1	07/01/2009	06/30/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4****5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1049166**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 63188

▶ UNREALIZED APPRECIATION

(6) Total additions **7c(6)** 63188**d** Total of balance and additions (add **b** and **c(6)**). **7d** 1112354**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 1112354

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010		
A Name of plan THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. RUMPKE CONSOLIDATED COMPANIES, INC.	D Employer Identification Number (EIN) 31-0722331	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
METLIFE INVESTORS USA INS COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
54-0696644	61050	9200035129	1	07/01/2009	06/30/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	523870
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	31752
	▶ UNREALIZED APPRECIATION		
	(6) Total additions	7c(6)	31752
d	Total of balance and additions (add b and c(6)).	7d	555622
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract e(5) from d)	7f	555622

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010		
A Name of plan THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. RUMPKE CONSOLIDATED COMPANIES, INC.	D Employer Identification Number (EIN) 31-0722331	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier

PACIFIC LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-1079000	67466	VA99412800	1	07/01/2009	06/30/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	198

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

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

MORGAN STANLEY SMITH BARNEY
700 RED BROOK BLVD., SUITE 300
OWINGS MILLS, MD 21117-5186

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	198	OVERRIDE COMMISSIONS PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	310967
--	-----------	--------

c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)	39054	
▶ UNREALIZED APPRECIATION			

(6) Total additions	7c(6)	39054
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d Total of balance and additions (add b and c(6)).	7d	350021
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

▶

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract e(5) from d)	7f	350021
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010		
<div>A Name of plan THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN</div>	<div>B Three-digit plan number (PN) ▶</div>	002
<div>C Plan sponsor's name as shown on line 2a of Form 5500. RUMPKE CONSOLIDATED COMPANIES, INC.</div>	<div>D Employer Identification Number (EIN) 31-0722331</div>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---

1 Coverage Information:

(a) Name of insurance carrier
SUN LIFE ASSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-1441371	79065	12-120-5063856	1	07/01/2009	06/30/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	1105406
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)..... ▶ UNREALIZED APPRECIATION	7c(5)	127079
	(6) Total additions	7c(6)	127079
d	Total of balance and additions (add b and c(6)).	7d	1232485
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)..... ▶	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract e(5) from d)	7f	1232485

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ **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 <u>THE RUMPKÉ CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>RUMPKÉ CONSOLIDATED COMPANIES, INC.</u>	D Employer Identification Number (EIN) <u>31-0722331</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>24043843</u>
b	Actuarial value 2b <u>26446794</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>3</u> <u>72769</u>
b	For terminated vested participants 3b <u>233</u> <u>1776554</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>791904</u>
(2)	Vested benefits 3c(2) <u>26786371</u>
(3)	Total active 3c(3) <u>1777</u> <u>27578275</u>
d	Total 3d <u>2013</u> <u>29427598</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>7.41 %</u>
6	Target normal cost 6 <u>2871119</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>03/08/2011</u>
Signature of actuary	Date
<u>FRANK T. VEDEGYS, FSA</u>	<u>08-04752</u>
Type or print name of actuary	Most recent enrollment number
<u>CBIZ BENEFITS & INSURANCE SERVICES</u>	<u>216-447-9000</u>
Firm name	Telephone number (including area code)
<u>6050 OAK TREE BLVD. - SUITE 500</u> <u>CLEVELAND, OH 44131-2230</u>	
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 ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1796541	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	92933	0
9	Amount remaining (Item 7 minus item 8).....	1703608	0
10	Interest on item 9 using prior year's actual return of <u>-8.42</u> %	-143444	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of _____ %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	1560164	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	84.56 %
15	Adjusted funding target attainment percentage.....	15	84.56 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	84.56 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/15/2010	1000000	0			
06/15/2010	1000000	0			
09/15/2010	1000000	0			
12/15/2010	1250000	0			
			Totals ►	18(b)	4250000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 3928424
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	2871119
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2774050	541414
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	3412533
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	1490731	1490731
36 Additional cash requirement (item 34 minus item 35).....	36	1921802
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	3928424
38 Interest-adjusted excess contributions for current year (see instructions).....	38	2006622
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010		
A Name of plan THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 RUMPKE CONSOLIDATED COMPANIES, INC.	D Employer Identification Number (EIN) 31-0722331	

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)..... ☐ 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

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

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

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

RUDLER AND ASSOCIATES

31-1048275

(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?
10	ACCOUNTANT	6725	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBIZ BENEFITS & INSURANCE

31-1582098

(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?
11	ACTUARY	49393	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAZARD ASSET MANAGER

13-2919773

(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?
27 50 72	INVESTMENT MGR	30786	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LORD ABBOTT ASSET MANAGER

13-2919773

(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?
27 50 72	INVESTMENT MGR	29658	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLIANCE ASSET MANAGER

13-2919773

(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?
27 50 72	INVESTMENT MGR	23520	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VAN KAMPEN ASSET MANAGER

13-2919773

(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?
27 50 72	INVESTMENT MGR	14411	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAYER HOFFMAN MCCANN

43-1947695

(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?
10	AUDITOR	14200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RITTENHOUSE ASSET MANAGER

13-2919773

(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?
27 50 72	INVESTMENT MGR	13725	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY SMITH BARNEY

26-4310632

(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?
33 71 49 50 72 65 99	BROKER/SERVICE PROVIDER	43036	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning <u>07/01/2009</u> and ending <u>06/30/2010</u>		
A Name of plan <u>THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RUMPKE CONSOLIDATED COMPANIES, INC.</u>	D Employer Identification Number (EIN) <u>31-0722331</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	<u>92794</u>	<u>2627</u>
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>3000000</u>	<u>2250000</u>
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	<u>31658</u>	<u>28887</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>4207153</u>	<u>3799448</u>
(2) U.S. Government securities.....	1c(2)	<u>1126394</u>	<u>1439782</u>
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	<u>1090520</u>	<u>1230152</u>
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		<u>320800</u>
(B) Common	1c(4)(B)	<u>9044043</u>	<u>11109537</u>
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	<u>1589428</u>	<u>2229311</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	<u>3861853</u>	<u>4230224</u>
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	24043843	26640768

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	24043843	26640768
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4250000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4250000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	31847	
(B) U.S. Government securities	2b(1)(B)	59381	
(C) Corporate debt instruments	2b(1)(C)	39522	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		130750
(2) Dividends: (A) Preferred stock	2b(2)(A)	3984	
(B) Common stock	2b(2)(B)	219763	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	25014	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		248761
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	15919299	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	15523966	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		395333

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	507148	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		507148
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-307
c Other income.....	2c		368372
d Total income. Add all income amounts in column (b) and enter total.....	2d		5900057

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2999990	
(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)		2999990
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	70318	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	112253	
(4) Other	2i(4)	120571	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		303142
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3303132

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2596925
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: **MAYER HOFFMAN MCCANN**

(2) EIN: **43-1947695**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan <u>THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RUMPKE CONSOLIDATED COMPANIES, INC.</u>	D Employer Identification Number (EIN) <u>31-0722331</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-0722331</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>122</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 43% Investment-Grade Debt: 10% High-Yield Debt: 0% Real Estate: 0% Other: 47%

- 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):



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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

We have audited the accompanying statements of net assets available for benefits of The Rumpke Consolidated Companies, Inc. & Affiliates Defined Benefit Pension Plan (the "Plan") as of June 30, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2010 and 2009, and the changes in its net assets available for benefits 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 accompanying supplemental schedule is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

The schedule of assets (held at end of year) that accompanies the Plan's financial statements does not disclose the historical cost of certain nonparticipant-directed plan assets held by the Plan's custodians. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mayer Hoffman McCann, P.C.

Cleveland, Ohio
April 11, 2011

**Schedule SB, line 22 –
Description of Weighted Average Retirement Age**

Age	Qr	Paa	Qr x Paa	Qr x Paa x Age
55	0.10		0.1000	5.5000
		1.0000		
56	0.10		0.0900	5.0400
		0.9000		
57	0.10		0.0810	4.6170
		0.8100		
58	0.10		0.0729	4.2282
		0.7290		
59	0.10		0.0656	3.8710
		0.6561		
60	0.10		0.0590	3.5429
		0.5905		
61	0.10		0.0531	3.2418
		0.5314		
62	0.25		0.1196	7.4136
		0.4783		
63	0.10		0.0359	2.2600
		0.3587		
64	0.10		0.0323	2.0662
		0.3229		
65	0.10		0.0291	1.8887
		0.2906		
66	0.10		0.0262	1.7260
		0.2615		
67	0.10		0.0235	1.5769
		0.2354		
68	1.00		0.2118	14.4039
		0.2118		
			1.00	61.38
				avg ret age

**Schedule SB, Part V –
Statement of Actuarial Assumptions/Methods**

1. Employees Excluded from Cost Those not eligible to participate.

2. Interest Rate 4.62% 1st Spot Rate
 Selected Interest Rates: 4.96% 2nd Spot Rate
 March 2009 Full Yield Curve 5.50% 3rd Spot Rate
 6.13% 4th Spot Rate
 6.67% 5th Spot Rate
 7.05% 6th Spot Rate

3. Mortality rates 2009 Static Mortality table was utilized with the following summary of rates (pre-/post-commencement):

AGE	<u>Pre-</u>		<u>Post-</u>	
	Male	Female	Male	Female
25	.03%	.01%	.03%	.01%
35	.07%	.04%	.07%	.04%
45	.11%	.08%	.17%	.08%
55	.19%	.21%	.43%	.31%
65	.54%	.52%	1.07%	.96%

4. Turnover rates T-8 of the Actuary's Pension Handbook which assumes terminations to occur at the following rates:

<u>Age</u>	<u>Rate of Termination</u>
25	11.6%
30	11.2%
35	10.6%
40	9.4%
45	7.5%
50	4.8%
55	1.7%
60	0.2%

**Schedule SB, Part V –
Statement of Actuarial Assumptions/Methods**

5. Retirement rates

all active participants are assumed to retire at the following rates:

<u>Age</u>	<u>Rate of Retirement</u>
55 - 61	10.0%
62	25.0%
63 - 67	10.0%
68	100.0%

6. Salary Scale

3.0% per year.

7. Asset Valuation Method

The Actuarial Value of Assets (AVA) must be within 10% of the Market Value of Assets on the valuation date and no more than 24 months of past experience can be recognized in the smoothing process.

8. Expenses

None.

9. Marriage

80% of actives are assumed to be married. Females are assumed to be 3 years younger than their male spouses.

10. Form of Payment

Lump sum.

**Schedule SB, Part V –
Summary of Plan Provisions**

- | | |
|-------------------------------------|--|
| 1. <u>Plan Year</u> | July 1 to June 30 |
| 2. <u>Eligibility</u> | Enter July 1 or January 1 following age 21 and one year of service |
| 3. <u>Normal Retirement Date</u> | The participant's 62 nd birthday |
| 4. <u>Normal Retirement Benefit</u> | <p>A monthly pension for life equal to the sum of 0.7% of compensation plus 0.5% of excess compensation multiplied by years of service (maximum 35 years). Service credited from July 1, 1985.</p> <p>Plus,</p> <p>The frozen accrued benefit as of June 30, 1985.</p> |
| 5. <u>Early Retirement Date</u> | Age 55 and 10 years of service |
| 6. <u>Early Retirement Benefit</u> | Actuarial Equivalent of the monthly retirement income payable under the basic form. |
| 7. <u>Vesting Schedule</u> | 100% after 5 years of vesting service, 0% prior to that. However, For those hired before July 1, 2004, not less than; 20% after 3 years plus 20% for each of the next 4 years to 100% after 7 years of service. 100% at age 62. |
| 9. <u>Disability Eligibility</u> | The Committee makes a determination after consulting the participant and/or allowed physicians. |
| 10. <u>Disability Benefit</u> | Temporary Annuity equal to the accrued benefit as of the date of disability. |
| 11. <u>Death Benefit</u> | Qualified Joint & Survivor benefit. |
| 12. <u>Pre-85 Benefit</u> | Benefits accrued through June 30, 1985 under the “Old Plan” are payable from the current Plan effective June, 1999. |

**Schedule SB, line 26 –
Schedule of Active Participant Data**

	Years of credited service:									
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 & up	Total
Attained										
Age										
Under 25	0	65	10	0	0	0	0	0	0	75
25 to 29	0	112	43	3	0	0	0	0	0	158
30 to 34	0	111	54	25	4	0	0	0	0	194
35 to 39	1	115	74	44	36	2	0	0	0	272
40 to 44	0	98	86	57	38	15	3	0	0	297
45 to 49	0	78	73	59	54	32	9	1	0	306
50 to 54	0	58	35	34	31	24	17	11	3	213
55 to 59	0	29	29	26	25	27	12	15	5	168
60 to 64	0	12	11	12	10	10	4	6	2	67
65 to 69	0	2	5	3	2	2	1	0	4	19
70 & up	0	2	1	2	2	0	0	1	0	8
Total	1	682	421	265	202	112	46	34	14	1777

**Schedule SB, line 32 –
Schedule of Amortization Bases**

Type of Base	Date Established	Balance at Valuation Date	Payment	Years Remaining At Valuation Date
Shortfall	7/1/2008	\$3,272,187	625,959	6
	7/1/2009	(498,137)	(84,545)	7
Total		\$2,774,050	\$541,414	

**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT
PENSION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
<u>ASSETS</u>		
Cash	\$ 2,627	\$ 92,794
Investments		
Money market funds	258,432	244,361
Interest-bearing cash	3,541,016	3,962,792
Common stocks	11,109,537	9,044,043
Preferred Stocks	320,800	-
Mutual funds	2,229,311	1,589,428
Government securities	1,439,782	1,126,394
Corporate debt instruments	1,230,152	1,090,520
Annuity contracts	4,230,224	3,861,853
	<u>24,359,254</u>	<u>20,919,391</u>
Receivables		
Employer contributions	2,250,000	3,000,000
Interest	28,887	31,658
	<u>2,278,887</u>	<u>3,031,658</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 26,640,768</u>	 <u>\$ 24,043,843</u>

See Notes to Financial Statements

**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT
PENSION PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS		
Employer contributions	\$ 4,250,000	\$ 4,000,000
Net appreciation in fair value of investments	1,270,546	-
Interest and dividends	<u>379,511</u>	<u>416,919</u>
TOTAL ADDITIONS	5,900,057	4,416,919
DEDUCTIONS		
Benefits paid to participants	2,999,990	2,254,740
Net depreciation in fair value of investments	-	2,612,131
Administrative expenses	<u>303,142</u>	<u>279,385</u>
TOTAL DEDUCTIONS	<u>3,303,132</u>	<u>5,146,256</u>
NET INCREASE (DECREASE)	2,596,925	(729,337)
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	<u>24,043,843</u>	<u>24,773,180</u>
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	<u><u>\$ 26,640,768</u></u>	<u><u>\$ 24,043,843</u></u>

See Notes to Financial Statements

**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan

The following description of The Rumpke Consolidated Companies, Inc. & Affiliates Defined Benefit Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a non-contributory defined benefit pension plan covering substantially all full-time employees of Rumpke Consolidated Companies, Inc. & Affiliates (the "Company") who have one year of service and are age 21 or older and were hired prior to June 1, 2009. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension and disability benefits - Participants are entitled to receive a normal retirement benefit at age 62 that is calculated as a percentage of average monthly earnings multiplied by years of service. The Plan also permits early retirement beginning at age 55 with 10 years of service.

Upon retirement, death or disability, a participant's distribution will be paid in a lump sum or in the form of one of several annuity options available, as selected by the participant. Benefits shall commence at the participant's normal retirement age for terminations for reasons other than retirement, death, or disability.

Vesting - Participants are fully vested upon completion of five years of service. Participants hired prior to July 1, 2004 without service subsequent to July 1, 2004 vest at the rate of 20% per year beginning after 3 years of service, reaching full vesting upon completion of 7 years of service.

Funding policy - The Company contributed amounts necessary to meet the minimum funding requirements under ERISA during the years ended June 30, 2010 and 2009.

(2) Summary of significant accounting policies

Basis of accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

Investment valuation and income recognition - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussions of fair value measurements.

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

Risks and uncertainties - The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Financial instruments that potentially subject the Plan to concentrations of credit risk consist principally of cash deposits at various banks, and annuity contracts. Accounts at each institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At June 30, 2010, the Plan had \$2,787,826 in excess of FDIC limits. Annuity contracts with insurance companies are not insured.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Payment of benefits - Benefits are recorded when paid.

Administrative expenses - Certain expenses of the Plan are paid by the sponsor and are not included in the statements of changes in net assets available for benefits.

Subsequent events - The Plan has evaluated subsequent events through April 11, 2011, which is the date the financial statements were available to be issued.

**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

(3) Investments

Investments are held primarily in accounts at Citigroup Smith Barney. The following table presents investments that represent 5% or more of the Plan's net assets:

	June 30,	
	2010	2009
Citibank NA South Dakota Bank Deposit Program	\$ 2,543,662	\$ 2,868,602

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	Years Ended June 30,	
	2010	2009
Annuity contracts	\$ 368,371	\$ 179,869
Government securities	58,924	29,003
Common stocks	567,224	(2,747,848)
Mutual funds	194,811	(47,739)
Corporate debt instruments	81,216	(25,416)
	<u>\$ 1,270,546</u>	<u>\$ (2,612,131)</u>

(4) Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances - retirements, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial present value of accumulated plan benefits is based on the end-of-year benefit information date.

**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

(4) Actuarial present value of accumulated plan benefits (continued)

The accumulated plan benefit information is as follows:

	<u>June 30,</u>	
	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits		
Participants currently receiving payments	\$ 72,982	\$ 72,769
Other participants	<u>32,553,636</u>	<u>28,562,925</u>
	32,626,618	28,635,694
Non vested benefits	<u>856,126</u>	<u>791,904</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 33,482,744</u></u>	<u><u>\$ 29,427,598</u></u>

The change in actuarial present value of accumulated plan benefits for the year ended June 30, 2010 includes an increase of \$4,855,554 as the result of changes in actuarial assumptions described in the following paragraph. The remaining changes are the result of benefits accumulated, a decrease in the discount period, and benefits paid to participants or their beneficiaries.

The more significant assumptions underlying the actuarial computations as of June 30, 2010 and 2009 are as follows:

Actuarial cost method	Aggregate Method
Interest rate	2010: March 2010 full yield curve 2009: March 2009 full yield curve
Mortality basis	2010: 2010 Static Mortality (dynamic) Table 2009: 2009 Static Mortality (dynamic) Table
Salary scale	3% per year
Retirement age	Beginning at age 55 through age 68

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

(5) Fair value measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, (formerly SFAS No. 157), *Fair Value Measurements and Disclosures* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2010 or 2009.

Money market funds: The money market fund is valued at the net asset value of shares held by the Plan at year end.

Interest-bearing cash: Valued at cost, which approximates market value.

Common stocks, preferred stocks, corporate debt instruments, and government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the quoted market prices which represent the net asset value of shares held by the Plan at year end.

Annuity contracts: See Note 6.

**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

(5) Fair value measurements (continued)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

Investments at Fair Value as of June 30, 2010				
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 258,432	\$ -	\$ -	\$ 258,432
Interest bearing cash	3,541,016	-	-	3,541,016
Common stocks				
International equity	2,368,575	-	-	2,368,575
Large cap growth	6,185,467	-	-	6,185,467
Large cap value	2,555,495	-	-	2,555,495
Preferred stocks	320,800	-	-	320,800
Mutual funds				
Large cap growth	1,856,281	-	-	1,856,281
Small cap growth	373,030	-	-	373,030
Government securities	1,439,782	-	-	1,439,782
Corporate debt instruments	1,230,152	-	-	1,230,152
Annuity contracts				
Fixed	-	1,667,976	-	1,667,976
Variable	-	2,562,248	-	2,562,248
Total investments at fair value	<u>\$ 20,129,030</u>	<u>\$ 4,230,224</u>	<u>\$ -</u>	<u>\$ 24,359,254</u>

**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

(5) Fair value measurements (continued)

	Investments at Fair Value as of June 30, 2009			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 244,361	\$ -	\$ -	\$ 244,361
Interest bearing cash	3,962,792	-	-	3,962,792
Common stocks	9,044,043	-	-	9,044,043
Mutual funds	1,589,428	-	-	1,589,428
Government securities	1,126,394	-	-	1,126,394
Corporate debt instruments	1,090,520	-	-	1,090,520
Annuity contracts	-	3,861,853	-	3,861,853
Total investments at fair value	<u>\$ 17,057,538</u>	<u>\$ 3,861,853</u>	<u>\$ -</u>	<u>\$ 20,919,391</u>

(6) Investment contract with insurance company

The Plan holds fixed and variable annuity contracts with a variety of insurance companies. The fixed contracts provide for interest at the base rate of 5.35% annually, with a bonus of 2.00% during the first contract year only, and are guaranteed through October, 2015. Thereafter, the minimum guaranteed rate is 3.00% through 2030. Withdrawals from the contracts are limited to 10% of the contract value, per year. Any amounts above 10% are subject to withdrawal charges of up to 7% of the excess withdrawn. The Plan may elect to annuitize the contract, but is not required to do so. Additionally, the contract provides for a death benefit amount equal to account value upon the death of the named insured, which may be paid to the plan in a variety of ways, including a lump-sum payment. The account value is defined as the amount held in the contracts, including guaranteed interest and withdrawals, and totals \$1,667,977 and \$1,573,036 as of June 30, 2010 and 2009, respectively.

The variable annuity contracts are invested in sub-accounts which are generally invested in mutual funds. The return on the invested funds is not guaranteed, however, a guaranteed death benefit is in place, which approximates the value of the invested funds as of June 30, 2010. Withdrawals from the contracts are limited to 10% of the initial investment, per year. Any amounts above the 10% are subject to withdrawal charges of up to 8% of the excess withdrawn. The value of the sub-accounts is \$2,562,248 and \$2,288,817 as of June 30, 2010 and 2009, respectively.

**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

(7) Related party transactions

The Plan invests in interest-bearing checking accounts at various Citigroup affiliated banks. Citigroup completed the sale of a 51% ownership interest of Smith Barney to Morgan Stanley on May 31, 2009. Citigroup retained the other 49% ownership. Therefore, these bank accounts qualify as party-in-interest transactions. Amounts invested in these accounts totaled \$3,537,826 and \$3,862,884 at June 30, 2010 and 2009, respectively.

Furthermore, amounts invested in Morgan Stanley and Citigroup equity securities are as follows:

	June 30,	
	2010	2009
Citigroup Inc. common stock: 50,000 shares	\$ 188,000	\$ -
Morgan Stanley common stock: 7,503 shares	174,145	221,523
	<u>\$ 362,145</u>	<u>\$ 221,523</u>

(8) Plan termination

Although the Company has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions for future periods and to terminate the Plan, providing that such discontinuance or termination will not interfere with certain criteria established by law and set forth in the Plan. Should the Plan terminate at some future time, its net assets will be allocated as prescribed by ERISA and its related regulations, and generally will not be available on a pro-rata basis to provide participants' benefits.

Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time and the level of Plan funding. Some benefits may be fully or partially provided for by the then existing assets and the PBGC's benefit guarantee, while other benefits may not be provided for at all.

(9) Tax status

The Internal Revenue Service has determined and informed the Company in a determination letter dated January 8, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Accordingly, no income taxes have been reflected in the accompanying financial statements.

**THE RUMPKKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION
PLAN**

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2010

Plan No: 002

EIN: 31-0722331

(a)	(b)	(c)	(d)	(e)
		Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Interest Bearing Cash				
*	Citibank NA	interest bearing cash	497,082	497,082
*	Citicorp Trust Bank, FSB	interest bearing cash	497,082	497,082
*	Citibank NA South Dakota	interest bearing cash	2,543,662	2,543,662
	JP Morgan Chase Bank, NA	interest bearing cash	3,190	3,190
Money Market Mutual Funds				
	Dreyfus Liquid Assets Inc. Class 2	250,941 units	250,941	250,941
	Dreyfus Money Market Instrs Inc. Govt Securities Series	7,491 units	7,491	7,491
Mutual Funds				
	Clearbridge Energy MLP FD	5,000 shares	**	102,250
	Direxion Daily SML Cap Bull 3X	7,000 shares	**	121,947
	Direxion Daily SML Cap Bear 3X	500 shares	**	18,230
	IShares Barclays Treasury Inflation Protected Sec Fd	4,000 shares	**	427,640
	ProShares Ultra Real Estate	8,200 shares	**	292,576
	ProShares Ultrashort Lehman 20+ Year Treasury	16,000 shares	**	567,680
	SPDR Gold TR	5,000 shares	**	608,400
	Western Asset Global Corp.	5,179 shares	**	90,588
Government Securities				
	Chicago ILL Met DTD 8/26/2009	15,000 par	**	16,339
		5.720%, due 12/01/2038		
	Federal Home Loan Mtg Corp. Global Ref DTD 7/16/2004	161,000 par	**	181,376
		5.000%, due 7/15/2014		
	Federal Home Loan Mtg Corp. Notes DTD 3/27/2009	170,000 par	**	177,385
		3.750%, due 3/27/2019		
	Federal Natl Mtg Assn Med Term Notes DTD 06/14/2010	183,000 par	**	184,887
		2.375%, due 7/25/2015		
	Lake County ILL Forest Preservation DTD 2/1/2010	15,000 par	**	15,836
		5.900%, due 12/15/2032		
	U.S. Treasury Bonds DTD 8/16/1993	133,000 par	**	172,401
		6.250%, due 8/15/2023		
	U.S. Treasury Notes DTD 04/30/2009	112,000 par	**	114,022
		1.875%, due 4/30/2014		
	U.S. Treasury Notes Serial AD-2011 DTD 10/31/2009	50,000 par	**	50,350
		1.000%, due 10/31/2011		

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THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2010

Plan No: 002

EIN: 31-0722331

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Identity of issue, borrower, lessor, or similar party				
U.S. Treasury Notes Serial B-2017 DTD 02/15/2007		100,000 par 4.625%, due 2/15/2017	**	114,242
U.S. Treasury Notes Serial B-2019 DTD 02/17/2009		110,000 par 2.750%, due 2/15/2019	**	109,588
U.S. Treasury Notes Serial N-2010 DTD 9/15/2005		162,000 par 3.875%, due 9/15/2010	**	163,228
U.S. TSY Inflation Index Bonds CPI U DTD 04/15/2015		45,000 par 0.500%, due 4/15/2029	**	45,811
U.S. TSY Inflation Index Bonds CPI U DTD 4/15/1999		13,000 par 3.875%, due 4/15/2029	**	23,107
U.S. TSY Inflation Index Notes CPI U DTD 1/15/2008		65,000 par 1.625%, due 1/15/2018	**	71,210
Common Stocks				
3M Company		403 shares	**	31,833
Abbott Laboratories		633 shares	**	29,612
Accenture Ltd.		950 shares	**	36,718
Accretive Health Inc.		400 shares	**	5,292
Alimera Sciences Inc.		1,300 shares	**	9,672
American Tower		1,573 shares	**	69,999
Amgen Inc.		1,089 shares	**	57,281
Anadarko Petroleum Corp.		346 shares	**	12,487
Anheuser-Busch		1,454 shares	**	69,807
Annaly Capital Management		1,173 shares	**	20,117
Apache Corp.		159 shares	**	13,386
Apple Co.		541 shares	**	136,078
Applied Materials Inc.		2,533 shares	**	30,447
Archer-Daniels Midland		1,290 shares	**	33,308
Assa Abloy		5,654 shares	**	55,862
AT&T Inc.		1,960 shares	**	47,412
Avon Products Inc.		1,326 shares	**	35,139
BAE Systems Plc Spon ADR		2,195 shares	**	40,959
Banco Santander		4,610 shares	**	48,405
Bank of America		25,000 shares	**	359,250
Bank of New York Mellon		4,505 shares	**	111,228
Barclays Plc-ADR		3,526 shares	**	56,028

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**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION
PLAN**

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2010

Plan No: 002

EIN: 31-0722331

(a)	(b)	(c)	(d)	(e)
		Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Identity of issue, borrower, lessor, or similar party			
	Barrick Gold Corp.	1,090 shares	**	49,497
	Baxter Intl Inc.	1,377 shares	**	55,961
	BB&T Corp.	1,066 shares	**	28,046
	Becton Dickinson & Co.	430 shares	**	29,077
	Bed Bath & Beyond	509 shares	**	18,690
	BG Group Plc Spon ADR	418 shares	**	31,225
	BHP Billiton Ltd.	1,162 shares	**	72,032
	Biogen Idec Inc.	796 shares	**	37,770
	Blackrock Kelso Capital Corp.	10,000 shares	**	98,700
	BNP Paribas Spon ADR	1,490 shares	**	40,960
	British American Tobacco	1,545 shares	**	97,799
	Broadcom Corp. Cl A	814 shares	**	26,838
	Canadian Natl. Railway Co.	930 shares	**	53,363
	Canon Inc.	2,030 shares	**	75,739
	Capital Product Partners	4,500 shares	**	36,135
	Carnival Corp.	782 shares	**	23,648
	Caterpillar Inc.	578 shares	**	34,720
	Celgene Corp.	586 shares	**	29,781
	CF Industries Holdings Inc.	900 shares	**	57,105
	Chevron Corp.	1,226 shares	**	83,196
	Cisco Sys Inc.	3,386 shares	**	72,156
*	Citigroup Inc.	50,000 shares	**	188,000
	Cliffs Natural Resources	407 shares	**	19,194
	CBOE Holdings Inc.	200 shares	**	6,510
	CME Group Inc. Class A	262 shares	**	73,766
	Coca-Cola Co.	482 shares	**	24,158
	Colgate Palmolive Co.	540 shares	**	42,530
	Comcast Corp.	2,133 shares	**	36,968
	Costco Wholesale	1,449 shares	**	79,449
	Covidien Ltd.	663 shares	**	26,639
	Credit Suisse Group	1,398 shares	**	52,327
	CRH PLC	2,110 shares	**	44,099
	Crown Castle Int.	1,429 shares	**	53,245
	Daito Trust Construction	235 shares	**	13,513
	Danaher Corp.	682 shares	**	25,316
	Deere & Co.	567 shares	**	31,571

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**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION
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SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2010

Plan No: 002

EIN: 31-0722331

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Delta Air Line	6,371 shares	**	74,859
	Devon Energy Corp.	531 shares	**	32,349
	Digital Realty TR Inc.	800 shares	**	46,144
	Dow Chemical Company	1,414 shares	**	33,540
	Dr. Pepper Snapple Group Inc.	1,034 shares	**	38,661
	Eaton Corp.	677 shares	**	44,303
	Ecolab Inc.	668 shares	**	30,000
	El Paso Corp.	2,916 shares	**	32,397
	EL Paso Pipeline Partners LP	3,200 shares	**	91,744
	EMC Corp - Mass	2,398 shares	**	43,883
	Emerson Electric Co.	278 shares	**	12,146
	Eni Spa Sponsored ADR	848 shares	**	30,994
	EOG Resources	194 shares	**	19,084
	Equinix Inc.	308 shares	**	25,016
	Espirit Holdings Ltd.	4,300 shares	**	46,010
	EV Energy Partners LP	2,100 shares	**	65,520
	Excel Tr Inc.	10,000 shares	**	120,000
	Express Scripts Inc. Common	436 shares	**	20,501
	Exxon Mobil Corp.	2,206 shares	**	125,896
	Fabrinet	1,300 shares	**	13,910
	Fanuc Ltd. Japan	804 shares	**	45,868
	Fastenal Co.	619 shares	**	31,068
	Ford Motor Company	44,225 shares	**	445,788
	Franklin Resources Inc.	239 shares	**	20,599
	Freeport-McMoRan Copper & Gold	354 shares	**	20,932
	Gafisa S A	4,000 shares	**	48,440
	General Electric Co.	1,314 shares	**	18,948
	Gilead Sciences Inc.	1,804 shares	**	61,841
	GlaxoSmithKline	2,448 shares	**	83,256
	Goldman Sachs Group	310 shares	**	40,694
	Google Inc.	176 shares	**	78,311
	Halliburton Co. Holdings	3,553 shares	**	87,226
	Hartford Financial Services Group	800 shares	**	17,704
	HCP Inc.	3,000 shares	**	96,750
	Hertz Global Holdings	4,486 shares	**	42,438
	Hess Corp.	294 shares	**	14,800

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**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION
PLAN**

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2010

Plan No: 002

EIN: 31-0722331

(a)	(b)	(c)	(d)	(e)
		Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Identity of issue, borrower, lessor, or similar party			
	Hewlett Packard Co.	1,352 shares	**	58,515
	Home Depot	346 shares	**	9,712
	Honda Motor Company	869 shares	**	24,984
	Hospira Inc.	514 shares	**	29,529
	Hoya Corp.	2,140 shares	**	45,839
	HRPT PPTYS TR	6,000 shares	**	37,260
	HSBC Holdings Plc	1,386 shares	**	63,188
	HSN Inc.	1,954 shares	**	46,896
	Hudson Pacific Properties Inc.	800 shares	**	13,800
	Hyatt Hotels Corp.	480 shares	**	17,823
	Imperial Tobacco Group	1,139 shares	**	63,454
	Intel Corp.	655 shares	**	12,740
	IntercontinentalExchange Inc.	324 shares	**	36,622
	International Business Machines Corp.	263 shares	**	32,475
	Intuit Inc.	889 shares	**	30,911
	Invesco Mortgage Capital Inc.	1,700 shares	**	34,017
	ITT Corp.	555 shares	**	24,931
	J. Crew	466 shares	**	17,153
	J.C. Penney Co. Inc.	688 shares	**	14,778
	Johnson & Johnson	1,610 shares	**	95,087
	Johnson Controls	1,008 shares	**	27,085
	JP Morgan Chase & Co.	3,320 shares	**	121,545
	Juniper Networks Inc.	1,142 shares	**	26,060
	KeyCorp	3,097 shares	**	23,816
	Kohls Corp.	439 shares	**	20,853
	Kraft Foods Inc.	2,211 shares	**	61,908
	Kroger Co.	3,187 shares	**	62,752
	Lexicon Pharmaceuticals Inc.	10,000 shares	**	12,800
	Lloyds TSB Group	11,502 shares	**	36,346
	Lockheed Martin Corp.	309 shares	**	23,021
	Lowes Companies Inc.	3,627 shares	**	74,063
	LVMH Moet Hennessy Louis Vuitton	2,113 shares	**	46,063
	M & T BK Corp.	370 shares	**	31,432
	Marathon Oil Corp.	1,080 shares	**	33,577
	Marriott Intl. Inc.	1,107 shares	**	33,144
	Mastercard Inc.	185 shares	**	36,913

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THE RUMPKKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2010

Plan No: 002

EIN: 31-0722331

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Identity of issue, borrower, lessor, or similar party				
MaxLinear Inc.		600 shares	**	8,388
McDonalds Corp.		962 shares	**	63,367
MedCath Corp.		2,200 shares	**	17,292
Merck & Co. Inc.		1,275 shares	**	44,587
Metals USA Holdings Corp.		400 shares	**	5,980
MetLife Inc.		534 shares	**	20,164
MF Global Holdings Ltd.		2,400 shares	**	13,704
Microsoft Corp.		3,270 shares	**	75,243
Mitsubishi Est Co. Ltd.		228 shares	**	31,521
Monsanto Co.		350 shares	**	16,177
* Morgan Stanley		7,503 shares	**	174,145
Mosaic Company		474 shares	**	18,477
Nestle S A		956 shares	**	46,117
Newmont Mining Corp.		268 shares	**	16,454
Nike Inc.		608 shares	**	41,070
Niska Gas Storage Partners LLC		3,000 shares	**	55,680
Nomura Holdings Inc.		8,943 shares	**	48,739
Northern Trust Corp.		774 shares	**	36,146
Novartis AG		1,469 shares	**	70,982
Novo-Nordisk A S		662 shares	**	53,635
Nustar Energy LP		100 shares	**	5,739
Oasis Petroleum Inc.		4,200 shares	**	60,900
Occidental Petroleum		777 shares	**	59,946
Oclaro Inc.		1,400 shares	**	15,526
Omnicom Group Inc.		296 shares	**	10,153
Oracle Corp.		2,664 shares	**	57,461
P G & E Corporation		649 shares	**	26,674
Pennsylvania Real Estate Investment Trust		1,100 shares	**	13,442
Peoples United Financial Inc.		1,207 shares	**	16,295
PepsiCo Inc.		1,676 shares	**	102,152
Petrobras		426 shares	**	14,620
Pharmasset Inc.		600 shares	**	16,404
Piedmont Office Realty Trust		1,800 shares	**	33,714
PNC Financial Svcs		1,649 shares	**	93,169
PPL Corp.		7,289 shares	**	181,861
Praxair Inc.		1,026 shares	**	77,966

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**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION
PLAN**

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2010

Plan No: 002

EIN: 31-0722331

(a)	(b)	(c)	(d)	(e)
		Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Identity of issue, borrower, lessor, or similar party				
Primerica Inc.		1,700 shares	**	36,448
Procter & Gamble Co.		1,009 shares	**	60,520
Progress Energy Inc.		445 shares	**	17,453
Prudential Plc		2,521 shares	**	37,664
Pulte Homes Inc.		2,356 shares	**	19,508
Qualcomm		2,489 shares	**	81,739
Radian Group Inc.		6,200 shares	**	44,888
RailAmerica Inc.		1,300 shares	**	12,896
ReachLocal Inc.		200 shares	**	2,594
Regions Financial Corp.		3,005 shares	**	19,773
Roche Hldg Ltd.		1,702 shares	**	58,379
Rogers Communications Inc.		1,536 shares	**	50,319
Royal Dutch Shell PLC		1,151 shares	**	57,803
Sabmiller PLC		877 shares	**	24,468
Sanofi-Aventis		3,031 shares	**	91,112
SAP AG		1,448 shares	**	64,146
Schlumberger Ltd.		2,550 shares	**	141,117
Schwab Charles Corp.		4,180 shares	**	59,272
Singapore Telecommunication		1,067 shares	**	41,976
Smucker J M Co.		542 shares	**	32,639
Solar Capital Ltd.		6,500 shares	**	125,190
Southwestern Energy Co.		841 shares	**	32,496
SS&C Technologies Holdings Inc.		400 shares	**	6,412
St. Jude Medical Inc.		1,174 shares	**	42,307
Staples Inc.		1,649 shares	**	31,413
Starbucks Corp.		1,096 shares	**	26,633
State Street Corp.		671 shares	**	22,693
Strategic Hotel & Resorts Inc.		1,200 shares	**	5,268
Sumitomo Mitsui Financial Group		20,997 shares	**	58,792
Sun Hung Kai Properties Ltd.		1,857 shares	**	25,422
Suncor Energy		462 shares	**	13,601
SunTrust Banks Inc.		2,548 shares	**	59,368
T. Rowe Price Group Inc.		577 shares	**	25,613
Targa Resource Partners LP		4,700 shares	**	120,508
Target Corp.		2,088 shares	**	102,667
Tesco Plc Sponsored ADR		2,894 shares	**	48,995

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**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION
PLAN**

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2010

Plan No: 002

EIN: 31-0722331

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Tesla Motors Inc.	- shares	**	3,422
	Teva Pharmaceutical	908 shares	**	47,207
	Thermo Fisher Scientific	614 shares	**	30,331
	THL Credit Inc.	3,000 shares	**	34,500
	Time Warner	393 shares	**	11,362
	Time Warner Cable Inc.	258 shares	**	13,437
	TJX Companies Inc.	708 shares	**	29,701
	Total S.A. Spons	1,093 shares	**	48,792
	Tullow Oil PLC	3,795 shares	**	27,931
	UBS AG	3,050 shares	**	40,321
	Unilever Plc	2,322 shares	**	62,067
	United States Steel Corp.	242 shares	**	9,329
	United Technologies Corp.	1,058 shares	**	68,675
	UnitedHealth Group Inc.	1,625 shares	**	46,150
	Valero Energy Corp.	1,088 shares	**	19,562
	Vanguard Natural Resource LLC	5,000 shares	**	104,500
	Verizon Communications	783 shares	**	21,940
	Viacom B	678 shares	**	21,269
	Viasat Inc.	500 shares	**	16,280
	Visa	659 shares	**	46,624
	Vodafone Group Plc	1,266 shares	**	26,168
	Wabash National Corp.	5,800 shares	**	41,238
	Wal-Mart Stores	250 shares	**	12,018
	Walt Disney Co.	1,029 shares	**	32,414
	Wells Fargo	4,548 shares	**	116,429
	Western Union	1,623 shares	**	24,199
	WM Morrison Supermarkets PLC	1,132 shares	**	22,470
	Xilinx Inc.	1,528 shares	**	38,597
	Xstrata PLC	13,292 shares	**	34,825
	Yahoo Japan	327 shares	**	43,655
	Zions Bancorp	1,756 shares	**	37,877
	Zurich Financial Services	3,076 shares	**	67,510
	Preferred Stock			
	HSBC Holdings PLC	10,000 shares	**	251,500
	Mechel OAO	10,000 shares	**	69,300

See the Independent Auditors' report.

**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION
PLAN**

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2010

Plan No: 002

EIN: 31-0722331

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Corporate Debt Instruments			
	ACE INA Holdings DTD 2/08/2007	23,000 par 5.700%, due 2/15/2017	**	25,184
	Allegheny Technologies Inc. DTD 6/2/2009	50,000 par 4.250%, due 6/01/2014	**	64,313
	American Express Co. DTD 5/18/2009	20,000 par 7.250%, due 5/20/2014	**	22,733
	AT & T Wireless DTD 4/16/2002	20,000 par 8.125%, due 5/01/2012	**	22,380
	AT & T Inc. DTD 2/03/2009	42,000 par 5.800%, due 2/15/2019	**	47,285
	Autozone Inc. DTD 07/02/2009	21,000 par 5.750%, due 01/15/2015	**	23,295
	Bank of America Corp. DTD 12/04/2008	65,000 par 3.125%, due 6/15/2012	**	67,881
	Bear Stearns Co. Inc. DTD 2/01/2008	40,000 par 7.250%, due 2/01/2018	**	46,708
	Burlington Northrn Santa Fe DTD 4/13/2007	22,000 par 5.650%, due 5/01/2017	**	24,590
	Capital One Financial Co. DTD 9/04/2007	21,000 par 6.750%, due 9/15/2017	**	24,052
	Catepillar Fin Serv Corp. DTD 3/27/2008	22,000 par 5.450%, due 4/15/2018	**	24,551
	Comcast Corp. DTD 03/01/2010	22,000 par 5.150%, due 03/01/2020	**	23,033
	Credit Suisse DTD 1/14/2010	24,000 par 5.400%, due 1/14/2020	**	23,862
	CVS Caremark DTD 09/11/2009	22,000 par 6.125%, due 09/15/2039	**	23,517
	Dow Chemical Company DTD 5/13/2009	18,000 par 8.550%, due 5/15/2019	**	22,034
	D R Horton Inc. DTD 5/13/2009	75,000 par 2.000%, due 5/15/2014	**	76,219
	Exelon Corporation DTD 06/09/2005	22,000 par 4.900%, due 06/15/2015	**	23,494

See the Independent Auditors' report.

**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION
PLAN**

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2010

Plan No: 002

EIN: 31-0722331

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Identity of issue, borrower, lessor, or similar party				
Ford Motor Company DTD 11/09/2009		163,000 par 4.250%, due 11/15/2016	**	203,139
General Elec Capital Corp. DTD 1/8/2010		44,000 par 5.500%, due 1/08/2020	**	46,497
Ingersoll Rand GI Hld DTD 4/03/2009		11,000 par 9.500%, due 4/15/2014	**	13,629
JP Morgan Chase & CO DTD 12/2/2008		29,000 par 3.125%, due 12/01/2011	**	30,001
Kimberly Clark DTD 7/30/2007		19,000 par 6.125%, due 8/01/2017	**	22,489
Kinder Morgan Energy DTD 8/28/2007		22,000 par 5.850%, due 9/15/2012	**	23,587
Merrill Lynch & Co. DTD 8/28/2007		45,000 par 6.400%, due 8/28/2017	**	46,923
MetLife Inc. DTD 12/21/2006		28,000 par 6.400%, due 12/15/2036	**	24,640
MidAmerican Energy DTD 03/24/2006		23,000 par 6.125%, due 4/01/2036	**	25,323
Oracle Corp. DTD 4/09/2008		21,000 par 5.750%, due 4/15/2018	**	24,311
Southern Power DTD 6/18/2002		20,000 par 6.250%, due 7/15/2012	**	21,774
Telecom Italia Capital DTD 6/18/2009		21,000 par 6.175%, due 6/18/2014	**	21,952
Telefonica Emusiones DTD 7/02/2007		10,000 par 5.855%, due 2/04/2013	**	10,758
Time Warner Inc. DTD 6/19/2008		22,000 par 6.200%, due 7/01/2013	**	24,606
United Technologies DTD 5/16/2008		21,000 par 6.125%, due 7/15/2038	**	24,576
US Airways Group DTD 5/13/2009		20,000 par 7.250%, due 5/15/2014	**	40,900
Verizon Communications DTD 3/27/2009		21,000 par 6.350%, due 4/01/2019	**	24,300
Xerox Corp DTD 4/28/2008		14,000 par 6.350%, due 5/15/2018	**	15,616

See the Independent Auditors' report.

**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION
PLAN**

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2010

Plan No: 002

EIN: 31-0722331

(a)	(b)	(c)	(d)	(e)
		Description of investments including maturity date, rate of interest, collateral, par or maturity value		
	Identity of issue, borrower, lessor, or similar party		Cost	Current Value
Annuity Contracts				
	Metlife Investors USA Ins. Co.	Fixed Annuity	**	1,112,354
	Metlife Investors USA Ins. Co.	Fixed Annuity	**	555,622
	John Hancock Life Ins. Co.	Variable Annuity	**	979,742
	Pacific Life Ins Co.	Variable Annuity	**	350,021
	Sun Life Assurance Co.	Variable Annuity	**	1,232,485

* Party-in-interest as defined by ERISA.

** Information not available

\$ 24,359,254

See the Independent Auditors' report.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

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

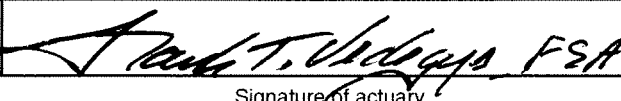
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan The Rumpke Consolidated Companies, Inc. & Affiliates Defined Benefit	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Rumpke Consolidated Companies, Inc.	D Employer Identification Number (EIN) 31-0722331
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	24,043,843	
b Actuarial value.....	2b	26,446,794	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	3	72,769
b For terminated vested participants	3b	233	1,776,554
c For active participants:			
(1) Non-vested benefits.....	3c(1)		791,904
(2) Vested benefits.....	3c(2)		26,786,371
(3) Total active	3c(3)	1,777	27,578,275
d Total.....	3d	2,013	29,427,598
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	7.41 %	
6 Target normal cost.....	6	2,871,119	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>3/8/11</u> Date
Frank T. Vedegys, FSA Type or print name of actuary		08-04752 Most recent enrollment number
CBIZ Benefits & Insurance Services Firm name		(216) 447-9000 Telephone number (including area code)
6050 Oak Tree Blvd. - Suite 500 Cleveland OH 44131-2230 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 ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1,796,541	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	92,933	0
9 Amount remaining (Item 7 minus item 8).....	1,703,608	0
10 Interest on item 9 using prior year's actual return of <u>(8.42)</u> %	(143,444)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of _____ %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	1,560,164	0

Part III Funding percentages

14 Funding target attainment percentage	14	84.56 %
15 Adjusted funding target attainment percentage	15	84.56 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	84.56 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/15/2010	1,000,000	0			
06/15/2010	1,000,000	0			
09/15/2010	1,000,000	0			
12/15/2010	1,250,000	0			
Totals ►			18(b)	4,250,000	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3,928,424

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," 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
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
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b Applicable month (enter code) **21b** 4**22** Weighted average retirement age **22** 61**23** Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. **27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0**Part VIII Minimum required contribution for current year****31** Target normal cost, adjusted, if applicable (see instructions) **31** 2,871,119

Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2,774,050	541,414
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33** 0**34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) **34** 3,412,533

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	1,490,731		1,490,731

36 Additional cash requirement (item 34 minus item 35) **36** 1,921,802**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 3,928,424**38** Interest-adjusted excess contributions for current year (see instructions) **38** 2,006,622**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0**40** Unpaid minimum required contribution for all years **40** 0