## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

		Identification Information					
For	calendar plan year 2010 or fis	scal plan year beginning 01/01/20	10	and ending 1	2/31/2	010	
Α	This return/report is for:	xingle-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan	
	This return/report is for:	first return/report	final return/report				
_	This retain, report is for.	an amended return/report	<u>.</u>	year return/report (less than 12 mor	nths)		
_	01 11 77 677		<u> </u>		11110)	DEVC program	
C	Check box if filing under:	Form 5558	1	extension		DFVC program	
		special extension (enter descripti	,				
Pa	art II Basic Plan Info	rmation—enter all requested inform	nation				
	Name of plan				1b	Three-digit	
EMP	IRE TITLE SERVICES, INC. I	RETIREMENT PLAN & TRUST				plan number (PN) • 001	
					10	Effective date of plan	
					10	01/01/2002	
2a	Plan sponsor's name and ad	dress (employer, if for single-employe	r plan)		2b	Employer Identification Number	
	IRE TITLE SERVICES, INC.		1 /			(EIN) 65-0940322	
	. 510041/415 511/5 055				2c	Plan sponsor's telephone number	
AVE	1 BISCAYNE BLVD STE 308 NTURA, FL 33180-1423				0.1	305-931-4400	
					2a	Business code (see instructions) 531390	
3a	Plan administrator's name ar	nd address (if same as Plan sponsor,	enter "Same	<u>"</u>	3h	Administrator's EIN	
EMP	IRE TITLE SERVICES, INC.	20801 BISC	AYNE BLV	D STE 308		65-0940322	
		AVENTURA	i, FL 33180	-1423	3с	Administrator's telephone number	
						305-931-4400	
		plan sponsor has changed since the laber from the last return/report. Spons		port filed for this plan, enter the	4b	EIN	
	name, Em, and the plan hum	ber from the last return/report. Sports	oi s name		4c	PN	
5a	Total number of participants	at the beginning of the plan year			5a	3	
b					5b	4	
С		with account balances as of the end of			35		
				•	5c	4	
6a	Were all of the plan's assets	s during the plan year invested in eligil	ole assets?	(See instructions.)		Yes No	
b		f the annual examination and report of					
		? (See instructions on waiver eligibility				Yes   No	
Do	rt III Financial Infor	ither 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.		
		nation		T			
7	Plan Assets and Liabilities			(a) Beginning of Year 419334	1	(b) End of Year 485807	
a	•						
b	•		<u>7b</u>	440224		0	
<u> </u>	· ·	e 7b from line 7a)	7с	419334	+	485807	
8	Income, Expenses, and Tran			(a) Amount		(b) Total	
а	Contributions received or rec	ceivable from:	8a(1)	56880			
	( ) ( )			C	_		
	` ,		` '	0	_		
h	, ,	ers)		9593			
b	` ,			3030	_	66473	
C	, ,	), 8a(2), 8a(3), and 8b)	8c			00473	
d	. ,	ct rollovers and insurance premiums	8d	C			
е	'	ective distributions (see instructions)		C	<u> </u>		
f		ders (salaries, fees, commissions)		C			
g	•			C			
9 h	•	d, 8e, 8f, and 8g)				0	
:	·	•				66473	
' :	` , `	ine 8h from line 8c)(see instructions)				23.10	
	manarera lu momi line bian	(355 111311 451101 13)	··· 8i	C	,		

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		•	
Part IV	Plan	(`hara	cteristics
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SIGN HERE

Signature of employer/plan sponsor

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

D		e plan provides welfare benefits, enter the applicable welfare teatu			0.01101		200 111		, 10.	
Part	٧	Compliance Questions								
10	Dui	ing the plan year:		_		Yes	No	A	Amount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Define 10a.)		•	10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				50000
d										
е	insı	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the ructions.)	e benefits under the	plan? (See	10e		X			
f	Has	s the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
•		is is an individual account plan, was there a blackout period? (See			iog		V			
	252	0.101-3.)			10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3				10i					
Part	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements 0))							Yes	No
12										
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
	grai	waiver of the minimum funding standard for a prior year is being ar nting the waiver.		Mont					e letter ruli Year	-
		completed line 12a, complete lines 3, 9, and 10 of Schedule ME	`	•			401			
	b Enter the minimum required contribution for this plan year									
		er the amount contributed by the employer to the plan for this plan				⊢	12c			
	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						7			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?									
Part '	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes	X No
		es," enter the amount of any plan assets that reverted to the emplo					13a			
	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne plai	n(s) to			1	
1:	3c(1	) Name of plan(s):				130	c(2) EI	N(s)	13c(3)	PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	le cau	se is	establ	ished.	1	
Unde SB or	r per Sch	nalties of perjury and other penalties set forth in the instructions, I diedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	ırn/rep	ort, in	cludin	g, if applicab		
SIGN	ı	iled with authorized/valid electronic signature.	07/08/2011	RICHARD BREG	ER					
HERI	E	Signature of plan administrator	Date	Enter name of in	ndividu	ıal sig	ning as	s plan admin	istrator	

Date

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

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

2010

OMB Nos. 1210-0110 1210-0089

> Complete all entries in accordance with the instructions to the Form 5500-SF.

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For		01/01/	2010	and ending		12/31/2010	)		
A	This return/report is for: X single-employer plan	multiple-e	mployer plan (n	ot multiemployer)	[	one-participa	nt plan		
В	This return/report is for: first return/report	final retur	n/report						
	an amended return/report	short plar	ı year return/rep	ort (less than 12 mon	ths)				
С	Check box if filing under: Form 5558	automatic	extension		ſ	DFVC progra	m		
	special extension (enter description	,			i.				
Pa	art II Basic Plan Information—enter all requested inform				***************************************				
	Name of plan	BUOT	,		1b	Three-digit			
	EMPIRE TITLE SERVICES, INC. RETIREMENT H	PLAN &	TRUST	*****		plan number			
				Table 1		(PN) 🕨	001		
				State exhibition for	1c	Effective date of	,		
20	Plan sponsor's name and address (employer, if for single-employer				2h	01/01/200	ication Number		
La	EMPIRE TITLE SERVICES, INC.	pian)				Employer identi (EIN) 65-094			
	00001 DIGONNE DIND ONE 200			<u> </u>			elephone number		
	20801 BISCAYNE BLVD STE 308					<u> 305-931-4</u>			
	AVENTURA FL 33180-1423				2d	Business code ( 531390	see instructions)		
3a	Plan administrator's name and address (if same as Plan sponsor, e EMPIRE TITLE SERVICES, INC.	nter "Same	p <sup>2</sup> )		3b	Administrator's I	EIN		
	EMPIRE TITLE SERVICES, INC.		,			65-094032	2		
	20801 BISCAYNE BLVD STE 308						elephone number		
4 1	AVENTURA FL 33180-1423  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the					305-931-4 EIN	400		
	name, EiN, and the plan number from the last return/report. Sponsor's name								
							3		
	5a Total number of participants at the beginning of the plan year					5a			
b	b Total number of participants at the end of the plan year						4		
C	Total number of participants with account balances as of the end of	f the plan v	ear (defined har	ofit plane do not		1			
					5c		4		
6a	complete this item)		***************************************		5c		4 X Yes ∏ No		
	Complete this item)	le assets? an indeper	(See instruction	s.)ublic accountant (IQP	A)				
	Complete this item)	le assets? an indeper and conditi	(See instruction dent qualified poors.)	s.)ublic accountant (IQP	A)		¥ Yes No  Yes No		
b	Complete this item)	le assets? an indeper and conditi	(See instruction dent qualified poors.)	s.)ublic accountant (IQP	A)				
b Pa	complete this item)	ole assets? an indeper and conditi orm 5500-	(See instruction ident qualified prons.)	s.)ublic accountant (IQP	A)		X Yes No		
b Pa	complete this item)	ole assets? an indeper and conditi orm 5500-	(See instruction ident qualified prons.)	s.)ublic accountant (IQP stead use Form 550 inning of Year	A) 0.		X Yes No		
Pa 7 a	complete this item)	ole assets? an indeper and conditi orm 5500-	(See instruction ident qualified prons.)	s.)ublic accountant (IQP stead use Form 550 inning of Year 419334	A) 0.		X Yes   No   No   No   No   No   No   No   No		
Pa 7 a b	complete this item)	ole assets? an indeper and conditi orm 5500-	(See instruction ident qualified prons.)	s.)	A) 0.		X Yes   No   No   No   No   No   No   No   No		
Pa 7 a b c	complete this item)	ole assets? an indeper and condition 5500- 7a 7b	(See instruction dent qualified prons.)	s.)	A) 0.	(b) End	M Yes No  of Year  485807  0 485807		
Pa 7 a b c	complete this item)	ole assets? an indeper and conditi orm 5500-	(See instruction dent qualified prons.)	s.)	A) 0.		M Yes No  of Year  485807  0 485807		
Pa 7 a b c 8	complete this item)	ole assets? an indeper and conditi orm 5500	(See instruction dent qualified prons.)	s.)	A) 0.	(b) End	M Yes No  of Year  485807  0 485807		
Pa 7 a b c 8	complete this item)	ole assets? an indeper and conditi orm 5500- 7a 7b 7c	(See instruction dent qualified prons.)	s.)	A)	(b) End	M Yes No  of Year  485807  0 485807		
Pa 7 a b c 8	complete this item)	ole assets? an indeper and condition 5500-  7a 7b 7c  8a(1) 8a(2)	(See instruction dent qualified prons.)	inning of Year 419334 419334 Amount 56880	A)	(b) End	M Yes No  of Year  485807  0 485807		
Pa 7 a b c 8	complete this item)	ole assets? an indeper and conditi orm 5500-  7a 7b 7c  8a(1) 8a(2)	(See instruction dent qualified prons.)	inning of Year 419334 419334 Amount 56880	A)	(b) End	M Yes No  of Year  485807  0 485807		
Pa 7 a b c 8 a	complete this item)	ole assets? an indeper and condition 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instruction dent qualified prons.)	inning of Year 419334 419334 Amount 56880	A)	(b) End	M Yes No  of Year  485807  0 485807		
Pa 7 a b c 8 a	complete this item)	ole assets? an indeper and condition 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instruction dent qualified prons.)	inning of Year 419334 419334 Amount 56880	A)	(b) End	of Year  485807 0 485807		
Pa 7 a b c 8 a	complete this item)	ole assets? an indeper and condition 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instruction dent qualified prons.)	s.)	A)	(b) End	of Year  485807 0 485807		
Pa 7 a b c 8 a	complete this item)	7a 7b 7c 8a(1) 8a(2) 8c 8d 8e	(See instruction dent qualified prons.)	s.)	A)	(b) End	of Year  485807 0 485807		
Pa 7 a b c 8 a b c d d e	complete this item)	Section	(See instruction dent qualified prons.)	s.)	A)	(b) End	of Year  485807 0 485807		
Pa 7 a b c 8 a b c d e f	Complete this item)	ble assets? an indeper and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(See instruction dent qualified prons.)	s.)	A)	(b) End	of Year  485807 0 485807		
Pa 7 a b c 8 a b c d e f g	Complete this item)	ble assets? an indeper and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(See instruction dent qualified prons.)	s.)	A)	(b) End	of Year 485807 0 485807 otal 66473		

***************************************	Form 5500-SF 2010 Page <b>2-</b>		****				
Par	t IV Plan Characteristics	·····				<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	·····
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2A 2E	racteri	stic Co	des in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	itic Co	des in i	the Instruct	ions:	
Par	V Compliance Questions						
10	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
С	Was the plan covered by a fidelity bond?	10c	Х				50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х	***************************************		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			***************************************
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	ļ	Х			
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			······································
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part		.1	<u></u>				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))	nplete	Sched	ule SB	(Form	☐ Yes	s П No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod					Yes	s 🗓 No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					LI	<u> </u>
а	granting the waiver	ոth	and e	nter th Day	e date of th	ne letter ro Year	uling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		-		····		
	Enter the minimum required contribution for this plan year			12b		·····	
	Enter the amount contributed by the employer to the plan for this plan year		.,,	12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	,,,,,,,,,	•	12d			billion .
	Will the minimum funding amount reported on line 12d be met by the funding deadline?	,,,,,,,,,,			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets		·····	·			
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ntrol	•	Yes	No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)			*****			, M 140
1	3c(1) Name of plan(s):	1	130	:(2) Elf	V(s)	13c@	B) PN(s)
		1		<u> </u>	1(0)	1.50(0	77 (11(0)
				•••••			
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	le car	ca ic ·	actabli	chad		
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret					ble, a Sch	nedule
0.0	make the table of the first than the second of the second				1,3,000	.,	

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	MOUR	6/24/11	Richard Breger
HERE	Signature of plan administrator	Date ,	Enter name of individual signing as plan administrator
SIGN	- 100 DK	6/24/11	Richard Breger
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor