Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WINTON IRELAND INSURANCE AGENCY INC, 401K PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1985

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

R BERGER AND ASSOCIATES INC

701 EAST CANAL DRIVE
TURLOCK, CA 95380

701 EAST CANAL DRIVE
TURLOCK, CA 95380

2b Employer Identification Number (EIN) 94-2667917

2c Sponsor's telephone number 209-667-0995

2d Business code (see instructions) 524210

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.	07/15/2011	GER ON BEHALF OF PLAN ADMINISTRATOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

WINTON IRELAND INSURANCE AGENCY INC
R BERGER AND ASSOCIATES INC
701 EAST CANAL DRIVE
TURLOCK, CA 95380

3b Administrator's EIN: 94-2667917

3c Administrator's telephone number: 209-667-0995

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	128
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**	110
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	134
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	134
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	134
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2J 2K

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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	4	**A** (Insurance Information)
(4)	X		**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

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC, 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
WINTON IRELAND INSURANCE AGENCY INC

D Employer Identification Number (EIN)
94-2667917

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
PRINCIPAL 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
42-0127290	61271	3806504	1	10/01/2009	09/30/2010

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

RONALD E MUNIZ LUTCF
1101 SYLVAN AVENUE SUITE C105
MODESTO, CA 95350

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		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 ▶ STANDARD UNDERWRITING RISK

b	Premiums paid to carrier	6b	1159
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) [X] 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	
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)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	
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)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

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

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC, 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
WINTON IRELAND INSURANCE AGENCY INC

D Employer Identification Number (EIN)
94-2667917

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
GENWORTH LIFE & ANNUITY CO

(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
54-0596414	63401	2825526	1	10/01/2009	09/30/2010

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

WINTON IRELAND INSURANCE AGENCY INC
701 EAST CANAL DRIVE
TURLOCK, CA 95380

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			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 ▶ STANDARD UNDERWRITING RISK

b	Premiums paid to carrier	6b	2358
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) [X] 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	
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)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	
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)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

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.**

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OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC, 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
WINTON IRELAND INSURANCE AGENCY INC

D Employer Identification Number (EIN)
94-2667917

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
REASSURE AMERICA

(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	Policy or contract year (g) To
38-0779740	65765	IN0191231	1	10/01/2009	09/30/2010

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

WINTON IRELAND INSURANCE AGENCY INC
627 EAST CANAL DRIVE
TURLOCK, CA 95380

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

(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 ▶ STANDARD UNDERWRITING RISK

b	Premiums paid to carrier	6b	763
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) [X] 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	
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)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	
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)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

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

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC, 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
WINTON IRELAND INSURANCE AGENCY INC

D Employer Identification Number (EIN)
94-2667917

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
REASSURE AMERICA

(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
38-0779740	65765	GC0261976	1	10/01/2009	09/30/2010

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

WINTON IRELAND INSURANCE AGENCY INC
627 EAST CANAL DRIVE
TURLOCK, CA 95380

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			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 ▶ STANDARD UNDERWRITING RISK

b	Premiums paid to carrier	6b	1356
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) [X] 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	
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)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	
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)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC, 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WINTON IRELAND INSURANCE AGENCY INC

D Employer Identification Number (EIN)
94-2667917

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

(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)

CONTRACT ADMINISTRATOR

(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?
12		0	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

BERGER ASSET MANAGEMENT

701 EAST CANAL DRIVE
TURLOCK, CA 95380

77-0408038

(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?
21	INVESTMENT MANAGER	17028	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

MARK SHEPPARD

1020 10TH STREET SUITE 200
MODESTO, CA 95354

36-3145972

(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?
21	INVESTMENT MANAGER	9034	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

BROOKS MAY FINANCIAL GROUP

801 10TH STREET SUITE A
MODESTO, CA 95354

(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?
21	INVESTMENT MANAGER	9159	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 10/01/2009 and ending 09/30/2010

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC, 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WINTON IRELAND INSURANCE AGENCY INC

D Employer Identification Number (EIN)
94-2667917

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	322236	262195
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	825000	270000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8927	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4329468	4806267
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1021558	1791556
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2788757	3074245
(5) Partnership/joint venture interests	1c(5)	449091	449091
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	603921	529136
(8) Participant loans	1c(8)	404531	496931
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	10753489	11679421
	Liabilities			
g	Benefit claims payable	1g	35945	
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	35945	
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10717544	11679421

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)	270000	
	(B) Participants	2a(1)(B)	272517	
	(C) Others (including rollovers)	2a(1)(C)	67601	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		610118
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	87963	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	19193	
	(F) Other	2b(1)(F)	18776	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		125932
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	118158	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		118158
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	-16504	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-16504

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-71061	
(B) Other	2b(5)(B)	353396	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		282335
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1120039
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	117245	
(2) To insurance carriers for the provision of benefits	2e(2)	5637	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		122882
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	35220	
(4) Other	2i(4)	60	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		35280
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		158162
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		961877
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) [X] 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 [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: DOLORES MIKA LAVELLE (2) EIN: 44-9083826

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC, 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WINTON IRELAND INSURANCE AGENCY INC

D Employer Identification Number (EIN)
94-2667917

Part I Distributions

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

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

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

EIN(s): _____ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WINTON IRELAND INSURANCE AGENCY INC.

401(K) Profit Sharing Plan and Trust

Audited Financial Statements

September 30, 2010 and 2009

Winton Ireland Insurance Agency, Inc.
401(K) Profit Sharing Plan and Trust
Table of Contents
September 30, 2010 and 2009

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Dolores Mika LaVelle, CPA
400 12th Street, Suite 13
Modesto, CA 95354-2410
Tel: (209) 578-3845
Fax: (209) 578-4665

July 12, 2011

Report of Independent Public Accountants

Winton Ireland Insurance Agency, Inc.
401(K) Profit Sharing Plan and Trust
Turlock, CA

I have audited the accompanying statement of net assets available for benefits of Winton Ireland Insurance Agency, Inc. 401(K) Profit Sharing Plan and Trust as of September 30, 2010, and 2009, and the related statement of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the plan's trustee. My responsibility is to express an opinion on these financial statements based on my audits.

I conducted my audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that I 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. I believe that my audits provide a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Winton Ireland Insurance Agency, Inc. 401(K) Profit Sharing Plan and Trust as of September 30, 2010 and 2009, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Dolores Mika LaVelle, CPA

Winton Ireland Insurance Agency Inc.
401(k) Profit Sharing Plan and Trust
Statement of Net Assets Available for Benefits
September 30, 2010 and 2009

	2010	2009
ASSETS		
Investments, at Fair Value		
Cash, Interest Bearing	$ 4,806,267	$ 4,329,468
Common Stock	2,015,647	1,320,306
Mutual Funds	1,694,596	1,468,451
Corporate Bonds	1,155,558	1,021,558
Limited Partnerships	449,091	449,091
First Deeds of Trust	529,136	603,921
Participant Notes	496,931	404,531
Total Investments	11,147,226	9,597,326
Accounts Receivable	-	8,927
Contributions Receivable - Employer	270,000	825,000
Participant Contributions	-	
Cash	262,195	322,236
TOTAL ASSETS	$ 11,679,421	$ 10,753,489
LIABILITIES		
Accounts Payable		35,945
Accrued Benefits Payable		
TOTAL LIABILITIES	-	35,945
NET ASSETS AVAILABLE FOR BENEFITS	$ 11,679,421	$ 10,717,544

See Accompanying Notes

Winton Ireland Insurance Agency Inc.
401(k) Profit Sharing Plan and Trust
Statement of Changes in Net Assets Available for Benefits
September 30, 2010 and 2009

	2010	2009
ADDITIONS		
Contributions		
Participants	$ 340,118	$ 293,368
Employer	270,000	825,000
Interest and Dividend Income	244,090	273,707
Total Additions	854,208	1,392,075
DEDUCTIONS		
Benefits Paid Directly to Participants	117,245	458,145
Insurance Premiums	5,637	4,873
Administrative Expenses	35,280	32,051
Total Deductions	158,162	495,069
Excess Additions over Deductions (Deductions over Additions)	696,046	897,006
Net Realized and Unrealized Appreciation In Fair Value of Investments	265,831	48,760
Net Increase (Decrease)	961,877	945,766
Net Assets Available for Benefits at Beginning of Year	10,717,544	9,771,778
Net Assets Available for Benefits at End of Year	$ 11,679,421	$ 10,717,544

See Accompanying Notes

Winton Ireland Insurance Agency, Inc.
401(K) Profit Sharing Plan and Trust
Notes to Financial Statements
September 30, 2010 and 2009

Note 1 – Description of the Plan

The following description of the Winton Ireland Insurance Agency, Inc. 401(K) Profit Sharing Plan and Trust provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. *General.* The effective date of the Winton Ireland Insurance Agency, Inc. 401(K) Profit Sharing Plan and Trust was January 1, 1989. The Plan's year-end is September 30th. The Plan is a defined contribution plan covering all full-time employees of the company who have at least one year of service. The company's appointed profit sharing committee administers the plan. The company makes contributions to the Trust Fund as determined by the Board of Directors. Participants may also contribute based upon Internal Revenue Code section 401(k). The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA)

2. *Contributions*. Each year, participants may contribute an amount up to the maximum amount as stated by law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Additional profit sharing amounts may be contributed at the option of the Company's board of directors and are invested in a portfolio of investments as directed by the Company. Contributions are limited to certain limitations.

3. *Participant Accounts.* Each participant's account is credited with his contribution, an allocation of the company's contribution, plan earnings, and forfeitures of nonvested accounts of terminated participants. Allocations are based on participant's earnings or account balances, as defined. The benefits to which a participant is entitled are the benefits that can be provided from his account.

4. *Vesting.* Participants are immediately vested in their voluntary contributions plus their contribution's earnings and safe harbor contributions. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service.

5. *Participant Loans*. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.5% to 13%, which are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through regular payroll deductions.

6. *Payment of Benefits.* Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or annual installment payments over the assumed life expectancy at the time of distribution. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Note 2 – Summary of Accounting Policies

Basis of Accounting

The plan records are maintained on an accrual basis, an accounting system wherein recognition is given to revenues and expenses in the period to which they relate.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an assets or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 5 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

All expenses of maintaining the Plan are paid by the Company.

Subsequent Events

The plan has evaluated subsequent events through July 12, 2011, the date the financial statements were available to be issued.

Note 3 – Investments

The following presents investments that represent 5 percent or more of the plan's net assets.

	September 30	
	2010	2009
Cash, interest bearing	$ 4,806,267	$ 4,329,468

Note 4 – Nonparticipant-Directed Investments

All investments are nonparticipant-directed.

Note 5 – Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures,* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuations 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 level of the fair value hierarchy und FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2: Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted 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.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement 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 used 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 September 30, 2010 and 2009.

Common stocks, corporate bonds: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Participant loans and first deeds of trust: Valued at amortized cost, which approximates fair value.

Limited Partnerships: Valued based on cost.

The preceding methods described may produce a fair value calculation that may not be indicative of 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 table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of September 30, 2010 and 2009.

	Assets at Fair Value as of September 30, 2010		
	Level 1	Level 3	Total
Mutual funds:			
Fixed funds	$ 834,201		$ 834,201
Foreign funds	205,515		205,515
Growth funds	648,481		648,481
Other funds	103,359		103,359
Total mutual funds	$ 1,791,556		$ 1,791,556
Common stocks:			
Industrials	$ 526,066		$ 526,066
Financial	102,233		102,233
Healthcare	237,960		237,960
Utilities	30,257		30,257
Telecommunications	114,312		114,312
Consumer Goods & Services	555,669		555,669
Technology	257,323		257,323
Other	94,867		94,867
Total common stocks	1,918,687	-	$ 1,918,687
Corporate bonds	$ 1,155,558		$ 1,155,558
Limited partnerships		$ 449,091	449,091
First deeds of trust		529,136	529,136
Participant notes		496,931	496,931
Total assets at fair value	$ 4,865,801	$ 1,475,158	$ 6,340,959

Winton Ireland Insurance Agency, Inc.
401(K) Profit Sharing Plan and Trust
Notes to Financial Statements
September 30, 2010 and 2009

	Assets at Fair Value as of September 30, 2009		
	Level 1	Level 3	Total
Mutual funds:			
Fixed funds	$ 757,615		$ 757,615
Foreign funds	195,107		195,107
Growth funds	421,941		421,941
Other funds	93,788		93,788
Total mutual funds	$ 1,468,451		$ 1,468,451
Common stocks:			
Industrials	$ 370,863		$ 370,863
Financial	84,435		84,435
Healthcare	186,756		186,756
Utilities	29,902		29,902
Telecommunications	35,982		35,982
Consumer Goods & Services	371,272		371,272
Technology	148,486		148,486
Other	92,610		92,610
Total common stocks	1,320,306	-	$ 1,320,306
Corporate bonds	$ 1,021,558		$ 1,021,558
Limited partnerships		$ 449,091	449,091
First deeds of trust		603,921	603,921
Participant notes		404,531	404,531
Total assets at fair value	$ 3,810,315	$ 1,457,543	$ 5,267,858

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended September 30, 2010.

	Limited Partnerships	First Deeds of Trust	Participant Loans	Total
Balance, beginning of year	$ 449,091	$ 603,921	$ 404,531	$ 1,457,543
Realized gains/(losses)				
Unrealized gains/(losses) relating to instruments still held at the reporting date		(71,061)		(71,061)
Purchases, sales, issuances, and settlements (net)		(3,724)	92,400	88,676
Balance, end of year	$ 449,091	$ 529,136	$ 496,931	$ 1,475,158

Note 6 – Other Matters

On February 2, 2011, a petition to set aside spouse's community property share of participant's non probate transfers was filed with the Superior Court of California, Stanislaus County. Participant Margaret L. Andrade was married to Albert D. Andrade when she died on December 21, 2010. At the time of Participant's death, she was a non active participant in the plan. At September 30, 2010 she was fully vested in the plan with an account balance of $185,636.72. The spouse is disputing the recorded beneficiaries. The plan administrator has been instructed by the court to withhold distribution of any participant funds until the petition has been fully adjudicated. The plan trustees do not believe that the disposition of this matter will have any adverse effect on the plan.

Note 7 – Money Market Accounts

The interest bearing cash account at September 30, 2010 and 2009 consists of amounts on deposit at banks or savings and loan associations with interest rates ranging from .5 percent to 1.0 percent. These accounts have balances of $4,306,582 and $4,115,907 which are in excess of federally insured limits at December 30, 2010 and 2009, respectively.

Note 8 – Plan Termination

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the plan, subject to provisions of ERISA. In the event of plan termination, participants become 100 percent vested in their accounts.

Note 9 – Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statement at September 30, 2010 and 2009 to Form 5500.

	2010	2009
Net assets available for benefits per financial statements	$11,679,421	$10,717,544
Reconciling differences:	-	-
Net assets available for benefits per Form 5500	$11,679,421	$10,717,544

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended September 30, 2010, to Form 5500:

Benefits paid to participants per the financial statements	$ 117,245
Reconciling differences:	-
Benefits paid to participants per Form 5500	$ 117,245

Note10 – Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated July 12, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

Note 11 – 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 at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

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

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	PARTICIPANT LOANS:			
	Adams, Rick	9.25% 5 Yr Loan Secured by Vested Interest		2,515.57
	Bolser, Liz	6.50% 5 Yr Loan Secured by Vested Interest		6,028.52
	Bolser, Liz	4.25% 5 Yr Loan Secured by Vested Interest		4,660.67
	Cannizzaro, Gogio	4.25% 5 Yr Loan Secured by Vested Interest		3,926.34
	DeCosta, Monica	4.25% 5 Yr Loan Secured by Vested Interest		10,106.37
	Erickson, Katelyn	4.25% 5 Yr Loan Secured by Vested Interest		15,503.65
	Garcia, Erika	6.00% 5 Yr Loan Secured by Vested Interest		11,184.10
	Green, Ted	4.25% 5 Yr Loan Secured by Vested Interest		40,339.97
	Hernandez, Brenda	4.25% 5 Yr Loan Secured by Vested Interest		10,349.43
	Hogan, Linda	4.25% 2 Yr Loan Secured by Vested Interest		1,632.90
	Jones, Amy	4.25% 5 Yr Loan Secured by Vested Interest		11,284.38
	Kerr, Jennifer	4.25% 5 Yr Loan Secured by Vested Interest		1,017.25
	Kerr, Jennifer	4.25% 5 Yr Loan Secured by Vested Interest		1,145.86
	Koch, Karen	4.25% 5 Yr Loan Secured by Vested Interest		1,564.00
	Machado, Leslie	4.25% 5 Yr Loan Secured by Vested Interest		14,662.50
	Martinez, Yolanda	4.25% 5 Yr Loan Secured by Vested Interest		14,233.52
	McFarland, Carol	6.00% 5 Yr Loan Secured by Vested Interest		12,387.65
	McFarland, Carol	4.25% 5 Yr Loan Secured by Vested Interest		1,633.36
	Messer, Marcia	4.25% 5 Yr Loan Secured by Vested Interest		26,487.70
	Moen, Richard	4.25% 5 Yr Loan Secured by Vested Interest		42,032.52
	Munson, Rosa	4.25% 5 Yr Loan Secured by Vested Interest		4,736.54
	Oliveira, Jo Ann	4.25% 5 Yr Loan Secured by Vested Interest		39,656.97
	Pascoe, Kydaran	4.25% 5 Yr Loan Secured by Vested Interest		25,759.79

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

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Pascoe, Michelle	7.50% 5 Yr Loan Secured by Vested Interest		10,000.00
	Petersen, Jeff	4.25% 5 Yr Loan Secured by Vested Interest		9,624.37
	Petersen, Jeff	4.25% 5 Yr Loan Secured by Vested Interest		19,256.76
	Porter, Paul	4.25% 5 Yr Loan Secured by Vested Interest		22,423.19
	Porter, Paul	4.25% 5 Yr Loan Secured by Vested Interest		11,639.68
	Raymond, Edith	9.25% 5 Yr Loan Secured by Vested Interest		3,089.05
	Rogers, Marguerite	4.25% 5 Yr Loan Secured by Vested Interest		19,190.42
	Stinson, Rita	4.25% 5 Yr Loan Secured by Vested Interest		20,999.06
	Teixeira, Emanuel	4.25% 5 Yr Loan Secured by Vested Interest		20,339.79
	Toste, Sharon	9.25% 5 Yr Loan Secured by Vested Interest		30.00
	Toste, Sharon	4.25% 5 Yr Loan Secured by Vested Interest		7,274.24
	Thomas, Viginia	4.25% 5 Yr Loan Secured by Vested Interest		4,887.49
	Valeriano, Guadalupe	4.25% 5 Yr Loan Secured by Vested Interest		6,842.51
	Walker, Kimber Lee	4.25% 5 Yr Loan Secured by Vested Interest		28,966.87
	Walker, Teresa	4.25% 5 Yr Loan Secured by Vested Interest		9,517.63
	TOTAL PARTICIPANT LOANS		$ -	496,930.62

INVESTMENTS:

CASH FUNDS:

DREYFUS LIQUID DEPOSIT PROGRAM	452,864.79	452,864.79
F & M BANK MONEY MARKET	4,286,206.20	4,286,206.20
FEDERATED CAPITAL RESERVES	7,922.52	7,922.52
MERRILL LYNCH READY ASSETS	22,201.24	22,201.24
MORGAN STANLEY LIQUID ASSET FUND	16,696.93	16,696.93
UMPQUA BANK MONEY MARKET	20,375.81	20,375.81
TOTALS:	4,806,267.49	4,806,267.49

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

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	COMMON STOCK:			
69	shs	A A R CORPORATION	842.15	1,287.54
500	shs	ABB LTD SPONS ADR	13,610.00	10,560.00
17	shs	AOL INC	267.55	420.75
2533	shs	AT & T INC COM	64,319.95	72,443.80
1000	shs	ADOBE SYSTEMS INC	25,539.86	26,150.00
121	shs	AFLAC INC	5,940.45	6,256.91
77	shs	ALCOA INC	810.08	932.47
66	shs	ALLSTATE CORP	1,950.38	2,082.30
1067	shs	ALTRIA GROUP INC	22,131.01	25,629.34
77	shs	AMERICAN EAGLE OUTFITTERS NEW	1,129.89	1,151.92
264	shs	AMERICAN WATER WORKS CO INC	6,029.76	6,143.28
43	shs	AMERIPRISE	1,552.64	2,035.19
37	shs	AMGEN INC	2,058.97	2,039.07
149	shs	ANADARKO PETE	4,170.51	8,500.45
33	shs	ANNALY CAPITAL MNGMT INC	596.66	580.80
111	shs	APACHE CORP	9,977.96	10,851.36
392	shs	ARCHER DANIELS MIDLD	12,879.16	12,512.64
42	shs	AVNET INC	988.86	1,134.42
347	shs	AVON PROD INC	8,418.23	11,142.17
129	shs	AUTODESK INC DELAWARE	2,649.95	4,124.13
196	shs	BCE INC	6,060.91	6,370.00
208	shs	BAKER HUGHES INC	10,271.81	8,860.80
633	shs	BANK OF AMERICA CORP	25,816.58	8,293.88
1000	shs	BANCO SANTANDER SA ADR	17,449.16	12,660.00
1000	shs	BANCO SANTANDER BRASIL SA ADS REPSRG	13,929.90	13,770.00
33	shs	BEST BUY	1,265.91	1,347.39
88	shs	BIOGEN IDEC INC	3,613.81	4,938.56
140	shs	BROADCOM CORP CL A	2,316.72	4,954.60
209	shs	CABLEVISION SYSTEMS CORP	2,457.66	5,473.71
21	shs	CABOT MICROELECTRONICS CORP	506.73	675.78
91	shs	CADENCE DESIGN SYSTEM	266.45	694.33
73	shs	CBIZ INC	405.32	432.89
384	shs	CARDINAL HEALTH INC OHIO	12,053.76	12,687.36
153	shs	CARNIVAL CORP PAIRED SHS	5,149.83	5,842.31
590	shs	CATERPILLAR INC DEL	23,259.90	46,421.20
46	shs	CENTURYLINK INC	1,689.11	1,815.16
500	shs	CENTURYTEL INC COM	17,566.05	19,730.00
1000	shs	CHESAPEAKE ENERGY CORP	23,528.30	22,650.00
30	shs	CHEVRON CORP	1,933.26	2,431.50
1000	shs	CHINA MOBILE LTD SPONS ADR	45,718.48	51,130.00
4000	shs	CITIGROUP INC COM	29,554.05	15,640.00
77	shs	COEUR D'ALENE MINES COR IDAHO	1,512.51	1,533.84
341	shs	COMCAST CORP CL A SPECIAL NEW	4,535.85	5,800.41
1049	shs	CONOCOPHILLIPS	79,641.94	60,244.07
500	shs	COSTCO WHSL CORP NEW	19,076.00	32,245.00
273	shs	COVIDIEN PLC NEW	12,882.63	10,971.87
46	shs	CREE RESEARCH INC	813.32	2,497.34
186	shs	DIGITAL REALTY TR INC	9,048.90	11,476.20

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

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	92 shs	DISCOVER FINCL SVCS	1,077.61	1,534.56
	48 shs	DOLBY CLA A COM STK	1,465.44	2,726.88
	93 shs	DOW CHEMICAL CO	2,257.79	2,553.78
	500 shs	DU PONT E I DE NEMOURS & CO	23,025.00	22,310.00
	22 shs	EDISON INT'L	686.62	756.58
	133 shs	ENBRIDGE INC COM	4,008.15	6,955.90
	25 shs	ENERGIZER HLDGS	1,457.28	1,680.75
	13 shs	ENPRO IND	320.85	406.64
	1026 shs	EXXON MOBIL CORP	35,322.04	63,396.54
	81 shs	FEDERAL SIGNAL CORP	543.59	436.59
	39 shs	FIRSTENERGY CORP	1,530.20	1,503.06
	80 shs	FIRST HORIZON	892.21	912.80
	54 shs	FLOUR CORP NEW	1,815.14	2,674.62
	254 shs	FOREST LABORATORIES	5,803.53	7,856.22
	500 shs	FOSTER WHEELER AG	28,280.00	12,230.00
	250 shs	FRANCE TELECOM SPONS ADR	7,174.98	5,382.50
	73 shs	FREEPORT MCMORAN CP & GLD	1,771.25	6,233.47
	464 shs	FRONTIER COMMUNICATIONS CORP	3,592.17	3,790.88
	518 shs	GENERAL DYNAMICS CORP COM	41,338.23	32,535.58
	1275 shs	GENERAL ELECTRIC CO	33,822.24	20,718.75
	201 shs	GENUINE PARTS CO	8,812.44	8,962.59
	62 shs	GENZYME CORP	4,178.38	4,388.98
	1000 shs	HALLIBURTON CO COM	30,790.00	33,070.00
	40 shs	HARTFORD FIN SERS GRP INC	2,036.97	918.00
	29 shs	HEALTH CARE REIT INC	1,298.28	1,372.86
	30 shs	HELIX ENERGY SOLUTIONS	302.10	334.20
	268 shs	HEWLETT PACKARD	8,645.71	11,274.76
	30 shs	HOLLY CORP COM	809.11	862.50
	81 shs	HOLOGIC INC	1,074.08	1,296.81
	312 shs	HONEYWELL INTL INC DEL	8,480.01	13,709.28
	97 shs	INTL BUSINESS MACHINES	8,138.17	13,011.58
	1128 shs	ISHARES MSCI EAFE FUND	43,610.09	61,949.76
	1032 shs	JOHNSON & JOHNSON COM	62,979.00	63,942.72
	10 shs	JOY GLOBAL INC	214.10	703.20
	78 shs	JP MORGAN CHASE & CO	3,215.84	2,968.68
	1000 shs	KBR INC COM	18,817.39	24,640.00
	300 shs	KELLOGG CO	8,670.00	15,153.00
	73 shs	KEYCORP NEW	531.14	581.08
	58 shs	KRAFT FOODS INC	1,730.52	1,789.88
	38 shs	L-3 COMMUNICATIONS HOLDING INC	2,858.74	2,746.26
	50 shs	LEGG MASON INC	793.73	1,515.50
	54 shs	LIBERTY GLOBAL INC CL A	701.24	1,663.74
	194 shs	LIBERTY MEDIA HLDG CAP SER A	1,501.28	10,099.64
	578 shs	LIBERTY MEDIA HLDG SR A INTER	4,384.00	7924.38
	13 shs	LIBERTY MEDIA STARZ SR A	316.26	844.09
	52 shs	MADISON SQUARE GARDEN INC CL A	549.43	1096.68
	37 shs	MANPOWER INC	1,686.95	1,931.40
	34 shs	MATTEL INC	439.96	797.64
	1155 shs	MCDONALDS CORP	59,051.08	86,049.38

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

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
500	shs	MERCK & CO INC NEW COM	24,725.00	18,405.00
143	shs	MEADOWBROOK INS	1,066.14	1,282.71
38	shs	MERCK & CO INC COM	872.21	1,398.78
513	shs	METLIFE INCORPORATED	33,707.78	19,724.85
534	shs	MICROSOFT CORP	14,051.76	13,077.66
567	shs	NABORS INDUSTRIES LTD NEW	18,639.29	10,240.02
83	shs	NATIONAL OILWELL VARCO INC	2,526.26	3,691.01
62	shs	NEUTRAL TANDEM INC	802.77	740.90
91	shs	NEW YORK COMMUNITY BANCORP INC	1,183.20	1,478.75
13	shs	NEXTERA ENERGY INC COM	533.52	707.07
49	shs	NO AMER ENERGY PARTNERS INC	431.46	399.35
178	shs	NOVARTIS ADR	9,402.16	10,265.26
37	shs	NUCOR CORPORATION	1,509.67	1,413.40
1000	shs	NUTRI SYS INC NEW COM	33,100.00	19,240.00
47	shs	NYSE EURONEXT	1,306.34	1,342.79
74	shs	OLD NATL BANCORP IND	877.66	777.00
1000	shs	OLIN CORP NEW COM	17,818.86	20,160.00
44	shs	OMNICARE INC	1,091.62	1,050.72
95	shs	PALL CORPORATION	2,198.30	3,955.80
39	shs	PEPCO HLDGS INC	721.89	725.40
1292	shs	PEPSICO INC	74,749.87	85,840.48
26	shs	PFIZER INC	532.91	446.42
25	shs	PG&E CORPORATION	945.62	1,135.50
235	shs	PHARM PROD DEV INC	5,850.84	5,825.65
1000	shs	PHILIP MORRIS INTL INC	47,875.07	56,020.00
78	shs	PRAXAIR INC	6,005.01	7,040.28
177	shs	PRICE T ROWE GROUP	8,856.09	8,861.51
500	shs	PROCTOR & GAMBLE CO COM	30,011.15	29,985.00
500	shs	RAYTHEON CO COM NEW	26,386.05	22,855.00
32	shs	PRUDENTIAL FINANCIAL INC	1,092.80	1,733.76
20	shs	REINSURANCE GROUP OF AMERICA	841.31	965.80
113	shs	ROYAL DUTCH SHEL PLC	6,377.47	6,643.27
128	shs	SANDISK CORP	1,614.16	4,691.20
263	shs	SAP AG SHS	11,483.97	12,968.53
17	shs	SCHNITZER STEEL A	512.14	820.76
1442	shs	SEAGATE TECHNOLOGY HOLDINGS	27,901.89	17,084.04
15	shs	SNAP-ON INC	543.00	697.65
1500	shs	STARBUCKS CORP COM	44,915.00	38,370.00
122	shs	SYMMETRICOM INC	388.94	697.84
1000	shs	TATA MTRS LTD SPON	17,000.00	25,510.00
1000	shs	TEREX CORP NEW	21,638.00	22,920.00
43	shs	TEVA PHARMACEUTICALS	2,354.99	2,268.25
130	shs	THE DIRECTTV GROUP CL A	2,021.54	5,411.90
193	shs	THQ INC (DE)	1,201.16	775.86
13	shs	TIDEWATER INC	439.01	582.53
57	shs	TIME WARNER	1,574.23	1,747.05
17	shs	TRAVELERS COMPANIES INC COM	653.31	885.70
165	shs	TYCO ELECTRONICS LTD NEW	2,876.45	4,821.30
201	shs	TYCO INTERNATIONAL LTD NEW	5,060.60	7,382.73

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

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
41	shs	U S BANCORP COM NEW	1,159.18	886.42
77	shs	UNITED ONLINE INC	421.39	440.44
250	shs	UNITED PARCEL SVC INC	18,164.30	16,672.50
20	shs	UNITED TECHNOLOGIES CORP	1,081.56	1,424.60
2322	shs	UNITEDHEALTH GP INC	90,625.37	81,525.42
15	shs	VF CORPORATION	788.90	1,215.30
500	shs	VALERO ENERGY CORP	28,435.00	8,755.00
1074	shs	VERIZON COMMUNICATIONS	29,302.40	35,001.66
60	shs	VERTEX PHARMACEUTICALS	1,618.35	2,074.20
41	shs	VIACOM INC NEW CLASS B	788.80	1,483.79
53	shs	VISHAY INTERTECHNOLOGY INC	173.28	513.04
3	shs	VISHAY PRECISION GROUP INC	20.17	46.83
2282	shs	WEATHERFORD INTL LTD	38,123.62	39,022.20
112	shs	WELLS FARGO & CO NEW	3,057.09	2,812.88
43	shs	WINN DIXIE STORES INC	307.16	306.59
143	shs	XEROX CORP	1,384.91	1,480.05
1000	shs	XILINX INC	24,978.10	26,610.00
13	shs	US AIRWAYS GROUP INC	-	120.25
203	shs	UNITED PARCEL SVC CL B	11,915.57	13,538.07
182	shs	UNITED TECHS CORP COM	8,524.86	12,963.86
296	shs	WALGREEN COMPANY	7,787.17	9,916.00
122	shs	WISCONSIN ENERGY CORP	5,977.39	7,051.60
			1,833,892.23	1,918,686.61
		Corporate Bonds		
45,000	shs	DELTA AIR LINES INC 9.480% 6/5/06	20,080.36	-
23,000	shs	DUPONT EI DE NEMOURS 4.125% 3/6/13	24,201.96	24,633.46
10,000	shs	COMMONWEALTH EDISON CO 5.950% 8/15/16	9,532.11	11865.5
10,000	shs	K MART FUNDING CORP 9.440% 7/1/18	6,340.19	-
50,000	shs	CENTERPOINT ENERGY HOUSTON 5.60% 7/01/23	45,901.89	57,828.50
5,000	shs	UNITED TELEPHONE CO FLA 1ST MTG SER GG 7.125%, 7/1	5,477.93	5,441.75
15,000	shs	PACIFICORP SECD 7.260% 7/21/23	15,683.48	18,970.80
10,000	shs	LEHMAN BROS HLDGS INC 5.75% 9/16/23	9,357.03	2,212.50
25,000	shs	WEYERHAEUSER CO 7.950% 3/15/25	28,451.72	27,020.75
22,000	shs	GEN ELEC CAPTL CORP MTN 5.250% 4/11/25	21,441.83	22,295.02
15,000	shs	UNION CARBIDE CORP 7.500% 6/1/25	15,942.50	15,450.00
5,000	shs	PHILIP MORRIS COS INC 7.75% 1/15/27	5,754.43	5,708.65
25,000	shs	JOHN HANCOCK LIFE INS CO 6.000% 11/15/27	26,446.67	28,095.50
42,000	shs	PUGET SOUND ENERGY INC 7.02% 12/01/27	48,997.64	50,946.84
5,000	shs	ANHEUSER BUSCH COS INC DEB 6.75%, 12/15/27	5,545.70	5,854.50
10,000	shs	GTE NORTH INCNC DEB SER G 6.73%, 02/15/28	10,421.08	9,940.20
7,000	shs	CINCINNATI FINL CORP 6.900% 5/15/28	7,661.83	7,491.75
27,000	shs	PUGET SOUND ENERGY INC 7% 3/9/29	31,670.72	32,182.38
8,000	shs	LACLEDE GAS CO 1ST MTG BD 7%, 6/1/29	9,115.22	9,611.04
12,000	shs	GENERAL ELEC CAP CORP MED 6.125% 08/15/30	12,134.62	12,203.52
15,000	shs	GENERAL MTRS ACCEP CORP 8.000% 11/1/31	16,129.58	15,786.75
29,000	shs	KRAFT FOODS INC 6.50% 11/01/31	29,390.60	33,343.62
30,000	shs	DETROIT EDISON CO 6.350% 10/15/32	32,317.09	35,648.70
13,000	shs	SARA LEE CORP 6.125% 11/01/32	12,806.43	13,875.03

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

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
9,000	shs	COMMONWLTH EDISON NOTES 5.875% 2/01/33	9,164.83	10,002.06
40,000	shs	OHIO PWR CO SR 6.600% 2/15/33	40,697.80	46,541.60
67,000	shs	FLORIDA POWER CORP 1MTG 5.9% 3/01/33	68,289.52	76,166.94
50,000	shs	MICHIGAN CONS GAS CO 5.700% 3/15/33	52,346.30	54,773.50
40,000	shs	SOUTH CAROLINA ELEC & GAS 5.3% 5/15/33	38,961.80	42,521.60
40,000	shs	ENTERGY GULF STS INC 1STM BD 6.200% 7/01/33	42,416.91	40,102.00
50,000	shs	CAROLINA PWR & LT 6.125% 9/15/33	52,269.61	59,245.50
6,000	shs	ENERGY EAST CORP NT 6.750% 9/15/33	5,252.89	6,686.70
50,000	shs	SOUTHERN CALIF EDISON 6.000% 1/15/34	52,570.47	59,230.50
15,000	shs	GOLDMAN SACHS CAP 6.345% 2/15/34	15,533.74	14,459.70
48,000	shs	PACIFIC GAS & ELEC CO 6.05% 3/1/34	51,280.30	54,415.20
20,000	shs	ENTERGY MISS INC 6.25% 4/1/34	20,803.80	21,401.40
35,000	shs	FLORIDA PWR & LT 5.625% 4/1/34	36,458.49	39,370.80
35,000	shs	POTOMAC ELEC PWR CO 5.750% 4/15/34	34,210.95	38,668.70
8,000	shs	METLIFE INC SR NT 6.375% 06/15/34	7,903.83	9,162.40
16,000	shs	IDAHO PWR CO 1ST MTG 5.875% 8/15/34	16,885.69	17,973.28
10,000	shs	MBIA INC SR NOTES 5.700% 12/01/34	10,390.88	6,803.00
9,000	shs	LOEWS CORP SR NT 6.00% 2/1/35	8,405.44	9,244.08
8,000	shs	SAN DIEGO GAS & ELEC 5.35% 5/15/35	8,418.14	8,905.84
13,000	shs	MERRILL LYNCH & CO 6.110% 1/29/37	12,803.22	12,710.36
24,000	shs	TARGET CORP 7.000% 1/15/38	25,898.15	30,947.52
20,000	shs	GENERAL ELEC CAP CORP 6.875% 1/10/39	19,153.38	22,967.80
			1,080,918.75	1,128,707.24
		MUNICIPAL BONDS		
10,000	shs	FRESNO CALIF WTR SYS REV TAXABLE-SER 6.5%, 06/01/3	10,096.11	10,907.10
10,000	shs	MOULTON-NIGUEL CALIF WTR DISTR CTFS PARTN	11,040.34	10,786.90
5,000	shs	HAYWARD CALIF UNI SCH DIST TAXABLE ELECTION 7.35%	5,549.35	5,156.50
			26,685.80	26,850.50
		LIMITED PARTNERSHIPS:		
		HEALTH & WELLNESS CENTER	240,000.00	240,000.00
		PEABODY SELF STORAGE	209,091.00	209,091.00
			449,091.00	449,091.00
		MUTUAL FUNDS:		
761.89	shs	ALLIANCEBER INTL GRWTH A	7,489.38	11,176.93
552.131	shs	ALLIANZ NFJ INTL VALUE A	7,481.37	10,700.30
5178	shs	AMERICAN EURO PACIFIC	250,148.04	205,514.82
8	shs	AMERICAN INTL GROUP INC	11,303.76	312.80
3977	shs	AMERICAN SMALL CAP WORLD	166,000.00	142,456.14
2015.084	shs	BLACKROCK EQUITY DIV A	26,961.83	32,724.96
793.367	shs	BLACKROCK INFLAT PROT BOND A	7,489.38	8,965.05
197.322	shs	BLACKROCK US OPPORTUNITIES	4,493.03	6,985.20
6608.4900	shs	CALVERT INCOME FUND	98,846.40	107,454.04
130.29	shs	COHEN & STEERS REALTY SHRS INC	4,433.29	7,081.26

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

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	3947.559 shs	COLUMBIA SELECT LG CP GRWTH A	26,961.83	44,094.23
	250.447 shs	FORWARD EMERG MKTS INV	2,995.35	5,812.87
	8137.8000 shs	LOOMIS SAYLES BOND FD	87,535.47	115,556.76
	36564.624 shs	PIMCO TOTAL RETURN FD CL A	377,546.13	424,149.64
	1550.996 shs	PRINCIPAL PREFERRED SEC A	10,484.73	15,603.02
	376.932 shs	PRUDENTIAL SMALL CAP CORE EQUITY A	4,493.03	5,804.75
	3470.6262 shs	SPDR BARCLAY CAPITAL INTR	200,871.15	209,139.93
	26716.7910 shs	TCW TOTAL RETURN BOND	246,398.72	275,717.28
	500.096 shs	VANGUARD 500 INDEX FUND	59,790.89	52,540.09
	1173 shs	VANGUARD TOTAL BOND MARKET	86,803.43	96,960.18
	2667.87 shs	VIRTUS MULTI SECTOR S/T BD A	10,484.73	12,805.78
			1,699,011.94	1,791,556.03
	TOTAL INVESTMENTS		$ 9,895,867.21	$ 10,121,158.87

VY 74 201009 201122 7745 A 2 3204 216

29077-134-14270-1 TE 942667917

Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0073

Date of this notice: **JUNE 13, 2011**
Taxpayer Identifying Number:
94-2667917
Form: **5500/8955-SSA**
Tax Period: **SEP. 30, 2010**
Plan Number: **001**
For assistance you may call us at:
1-877-829-5500
Or you may write to us at the address shown at the left.

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WINTON IRELAND INSURANCE AGENCY INC
%R BERGER AND ASSOCIATES INC
701 E CANAL DR
TURLOCK CA 95380-4023

003295

APPLICATION FOR EXTENSION OF TIME TO FILE CERTAIN EMPLOYEE PLAN RETURNS

We received your Form 5558, Application for Extension of Time to File Certain Employee Plan Returns, for the return (form), plan number, and tax period identified above. The due date to file your return is extended to **JULY 15, 2011.**

Do not attach a copy of this notice to your return. This notice should be kept with your records.

Additional Information

- If a tax practitioner or someone else prepared your form, you may want to give them a copy of this notice. (A copy was automatically sent to representatives authorized with a Power-of-Attorney for this form.)
- For tax forms, call 1-800-TAX-FORM (1-800-829-3676).
- For general information, tax forms, and publications, visit www.irs.gov. Employee Plan information is on the "Retirement Plans Community" tab.
- If you have questions about employee plans, call TEGE Customer Account Services at 1-877-829-5500.

Form **5558**
(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
WINTON IRELAND INSURANCE AGENCY INC
Number, street, and room or suite no. (If a P.O. box, see instructions)
701 EAST CANAL DRIVE
City or town, state, and ZIP code
TURLOCK, CA 95380

B Filer's identifying number (see instructions).
[X] Employer identification number (EIN).
94-2667917
[ ] Social security number (SSN)

C	Plan name	Plan number	Plan year ending - MM	DD	YYYY
1	WINTON IRELAND INS AGENCY INC 401K PSP & TRUST	001	09	30	2010
2	WINTON IRELAND INS AGENCY INC MPP PLAN	002	09	30	2010
3					

Part II Extension of Time to File Form 5500 or Form 5500-EZ *(see instructions)*

1 I request an extension of time until 07 / 15 / 2011 to file Form 5500 or Form 5500-EZ.

The application **is automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2 1/2 months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 *(see instructions)*

2 I request an extension of time until / / to file Form 5330.
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ a

b Enter the payment amount attached . . . . . ▶ b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . . . ▶ c

3 **State in detail why you need the extension**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ Jennifer M

Date ▶ 04/25/11