Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

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

1 611310	on Benefit Guaranty Corporation				This Form is Open to Pu Inspection	ıblic		
Part I		tification Information						
For cale	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 multip	le-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	olan year return/report (less	than 12 months).			
C If the	plan is a collectively-bargaine	ed plan, check here						
D Chec	k box if filing under:	X Form 5558;	automat	ic extension;	the DFVC program;			
		special extension (enter de	—					
Part	II Rasic Plan Inform	nation—enter all requested inform	. ,					
_	ne of plan	enter all requested illioni	iation		1b Three-digit plan			
	ROUP FLEXIBLE BENEFITS	PLAN			number (PN) ▶	501		
					1c Effective date of pla	an		
30 Dis-					09/01/1986			
	ress should include room or s	s (employer, if for a single-employer suite no.)	pian)		2b Employer Identifica Number (EIN)	ition		
NBBJ LF		,			91-1574838			
					2c Sponsor's telephon	ne		
					number 206-223-5555			
	E AVENUE N		E AVENUE N		2d Business code (see	Δ		
SEATTL	E, WA 98109	SEATTLE	E, WA 98109		instructions)	•		
					541310			
Caution	: A penalty for the late or in	complete filing of this return/repo	ort will be assessed	unless reasonable cause	is established.			
		enalties set forth in the instructions,				dules,		
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 ele	ectronic signature.	07/15/2011	GREG WINKER				
HEKE	Signature of plan adminis	trator	Date	Enter name of individual	signing as plan administrator			
SIGN								
HERE	Signature of employer/pla	in sponsor	Date	Enter name of individual	signing as employer or plan sp	onsor		
SIGN								
HERE								

Date

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

Form 5500 (2009) v.092307.1

Enter name of individual signing as DFE

Form 5500 (2009)	Page 2

	Plan administrator's name and address (if same as plan sponsor, enter "San BJ LP	ne")		ministrator's EIN 1574838	
	223 YALE AVENUE N SEATTLE, WA 98109			3C Administrator's telephone number 206-223-5555	
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for this plan, enter the name, EIN	and	4b EIN	
а	Sponsor's name			4c PN	
5	Total number of participants at the beginning of the plan year		5	643	
6	Number of participants as of the end of the plan year (welfare plans complet	e only lines 6a, 6b, 6c, and 6d).		T	
а	Active participants		6a	583	
b	Retired or separated participants receiving benefits		6b	32	
С	Other retired or separated participants entitled to future benefits		6c		
d	Subtotal. Add lines 6a, 6b, and 6c		6d	615	
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits	6e		
f	Total. Add lines 6d and 6e		6f	615	
g	Number of participants with account balances as of the end of the plan year complete this item)		. 6g		
h	Number of participants that terminated employment during the plan year with less than 100% vested		6h		
7	Enter the total number of employers obligated to contribute to the plan (only		7		
8a	If the plan provides pension benefits, enter the applicable pension feature co	odes from the List of Plan Characteristic Code	s in the i	nstructions:	
	f the plan provides welfare benefits, enter the applicable welfare feature code 4A 4B 4H 4L				
эа	Plan funding arrangement (check all that apply) (1)	9b Plan benefit arrangement (check all that (1) Insurance	at apply)		
	(2) Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3)	insuranc	e contracts	
	(3) Trust (3) Trust				
	(4) General assets of the sponsor (4) General assets of the sponsor				
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and, where indicated, enter the number	oer attac	hed. (See instructions)	
а	Pension_Schedules	b General Schedules			
	(1) R (Retirement Plan Information)	(1) H (Financial Inform	,		
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2) I (Financial Inform		Small Plan)	
	Purchase Plan Actuarial Information) - signed by the plan actuary	(3) X 6 A (Insurance Infor	,	-4:)	
		(4) C (Service Provide			
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5) D (DFE/Participati	-		
	Information) - signed by the plan actuary	(6) G (Financial Trans	action S	ochedules)	

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.

OMB No. 1210-0110

,	,		e required to provide the informa RISA section 103(a)(2).	This For	rm is Open to Public Inspection
For calendar plan year 20	09 or fiscal plan	year beginning 10/01/2009	and e	nding 09/30/2010	
A Name of plan NBBJ GROUP FLEXIBLE BENEFITS PLAN B Three-digit plan number (PN) 501					
C Plan sponsor's name a	ıs shown on line	e 2a of Form 5500.	D Emplo	oyer Identification Number	(EIN)
NBBJ LP			91-15	74838	
		ing Insurance Contract C Individual contracts grouped as a			
1 Coverage Information:					
(a) Name of insurance ca	rrier				
(I.) FIN	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or c	ontract year
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To
58-0663085	60380	58-0663085	33	10/01/2009	09/30/2010
2 Insurance fee and com descending order of the		tion. Enter the total fees and total	commissions paid. List in item 3	3 the agents, brokers, and	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid					
2546					
3 Persons receiving com		es. (Complete as many entries a	· ' ' '		
KIMBERLY MOGER	(a) Name a	nd address of the agent, broker, o	or other person to whom commiss NE 4TH ST, SUITE 212	sions or fees were paid	
KINDERLY MOGER			VUE, WA 98004		
(b) Amount of sales ar	nd base	Fees	and other commissions paid		
commissions pa		(c) Amount	(d) Purpos	е	(e) Organization code
	576	33			3
	(a) Name a	nd address of the agent, broker, c		sions or fees were paid	
TERESA ANTHONY 3778 RIVERSIDE DRIVE MASON, OH 45040					
(b) Amount of sales ar	nd hasa	Fees	and other commissions paid		
commissions pa		(c) Amount	(d) Purpos	e	(e) Organization code
	576	59			3
For Paperwork Reduction	n Act Notice a	nd OMB Control Numbers. see	the instructions for Form 5500.	. Sch	nedule A (Form 5500) 2009

Schedule A (Form 5500) 2009)	Page 2- 1	
(a) Name	and address of the agent, brok	er, or other person to whom commissions or fees were pai	d
LORRIE WETZEL		HATHAWAY ROAD ST JEFFERSON, OH 43162	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
267	0		3
(a) Name		ter, or other person to whom commissions or fees were pai	d
ASENATH POLIS		12 NE 133RD STREET KLAND, WA 98034	
		Food and other commissions poid	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
148	(c) Amount	` ' '	3
(a) Name		er, or other person to whom commissions or fees were pai	d
WENDY POOLE PYNE		EAST UNION STREET LAND, MA 01721	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code 3
116	0		3
(a) Name	and address of the agent, brok	er, or other person to whom commissions or fees were pai	d
JOSHUA BALTOR	5 TH SAN	IOMAS MELLON CIRCLE, SUITE 156 FRANCISCO, CA 94134	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
108	0		3
(a) Name	and address of the agent, brok	er, or other person to whom commissions or fees were pai	
SCOTT SMITH	3410	ALEXANDER ROAD NE, #715	<u>u</u>
	ATL/	ANTA, GA 30326	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
74	0		3

Schedule A (Form 5500) 2		Page 2- 2	
HILARY CAHILL	22910	er, or other person to whom commissions or fees were page 283RD STREET	aid
	MAPL	LE VALLEY, WA 98038	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 69	(c) Amount	(d) Purpose	code 3
	· ·		
(a) No.			
NICOLE REID	1101	er, or other person to whom commissions or fees were per AVENUE D, #C102-141	ald
	SNOF	HOMISH, WA 98290	
(b) Amount of sales and base	Fees and other commissions paid		(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
56	0		3
(a) Nar	ne and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid
ROBERT HARE		CRAINDOW COURT .IN, OH 43017	
		Face and other commissions and	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
54	0	(4) - 4.5000	3
(a) Nar	ne and address of the agent broke	er, or other person to whom commissions or fees were pa	aid
SCOTT BLACKSHEAR	11400) SE 8TH STREET, #375	aru.
	BELL	EVUE, WA 98004	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code 3
53	1		3
	U '	er, or other person to whom commissions or fees were pa	aid
STEVE NIETO	5419 WES	CLUB DRIVE TERVILLE, OH 43082	

(d) Purpose

(c) Amount

0

(e) Organization code

3

(b) Amount of sales and base commissions paid

Schedule A (Form 5500) 2	2009	Page 2- 3	
	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
SHAWN THEIS	3309 \	WESTERVILLE WOODS DRIVE IMBUS, OH 43231	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 49	(c) Amount	(d) Purpose	code 3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
LINDA NAPOLI	1443 I PASA	E. WASHINGTON BLVD, #128 DENA, CA 90015	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
47	16		3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
PAUL ROBEDEAU		ERRAZA COURT FEREY, CA 93940	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
35	8		3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
LORI ESCH	1344	HARVEST RUN DRIVE NON, OH 45036	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 32	(c) Amount	(d) Purpose	code 3
32	12		
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
KANDACE MCCARTHY		SOUTHAMPTON LANE CHESTER, OH 45069	

(d) Purpose

(c) Amount

3

(e) Organization code

3

(b) Amount of sales and base commissions paid

Schedule A (Form 5500) 2	2009	Page 2- 4	
			.
THOMPSON SPEARS & ASSOC.	1950	er, or other person to whom commissions or fees were pa 112TH AVENUE NE, SUITE 201 EVUE, WA 98004	id
(b) Amount of sales and base	(2) (2)	Fees and other commissions paid	(e) Organization
commissions paid 18	(c) Amount	(d) Purpose	code 3
(a) Na	5900	er, or other person to whom commissions or fees were pa ROCHE DRIVE, SUITE 202 JMBUS, OH 43229	id
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
17	0	(2)	3
(a) No	mo and addraga of the agent broke	er, or other person to whom commissions or fees were pa	id
LISA BRELAND	4020	8 N FAIRGREEN WAY HEM, AZ 85086	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 16	(c) Amount	(d) Purpose	code 3
(a) No	mo and addraga of the agent broke	er, or other person to whom commissions or fees were pa	id
KAREN TUCCI	73 S ⁻	TETSON DRIVE LBOROUGH, MA 01752	iu
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
16	0		3
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were pa	 iid
REGINA MARTINELLI		MARTINELLI ROAD ESTVILLE, CA 95436	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

3

0

Schedule A (Form 5500) 2	2009	Page 2- 5	
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pai	id
SHERRIE SUTHERLAND	29003	S HANEY ROAD EWICK, WA 99337	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 12	(c) Amount	(d) Purpose	code 3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pai	id
QUINN, MEYER & ASSOCIATES	8580 N	MAJORCA LANE ES, FL 34114	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
12	0		3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pai	id
MARLENE WOLKOFF	8240 E	BECKETT PARK DRIVE, SUITE B CHESTER, OH 45069	
(b) Amount of sales and base	<u> </u>	Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
12	5		3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pai	id
MICHAEL MCCARTHY	8240 E	BECKETT PARK DRIVE, SUITE B CHESTER, OH 45069	
(b) Amount of sales and base	Fees and other commissions paid		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
11	3		3
(a) Na	me and address of the agent, broken	r, or other person to whom commissions or fees were pai	id
DANIEL CLARK	33 LAI	NDAU ROAD VILLE, MA 02762	

(d) Purpose

(c) Amount

0

(e) Organization code

3

(b) Amount of sales and base commissions paid

Schedule A (Form 5500)	2009	Page 2- 6	
(a) Na	ime and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
STEVE KARAS	AFLA 2020	•	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
10	0		3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
ERIC MILLER		FOX RIDGE CIRCLE DSON, NC 28036	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
10	0		3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
ROLAND STEIN		BUSCH BLVD IMBUS, OH 43229	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
9	0		3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
SPALDING GROUP ENTERPRISES	847 N	HOLLYWOOD WAY, SUITE #204 BANK, CA 91505	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
6	3		3
(a) No	and address of the agent broke	r or other negrees to whom commissions or foce were no	id
HERBERT SHNIDER	6192	rr, or other person to whom commissions or fees were par MCNAUGHTEN GROVE LANE IMBUS, OH 43213	Id
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
5	0		3

Schedule A (Form 5500) 2009	9	Page 2- 7	
(a) Name	and address of the agent, broke	r, or other person to whom commissions or fees were pai	id
JILL MOORE	6805	E 83RD ST A, OK 74133	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 5	(c) Amount	(d) Purpose	code 3
(a) Name	and address of the agent, broke	r, or other person to whom commissions or fees were pai	id
BRUCE MEYER		BREWSTER LANE ELL, OH 43065	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
5	0		3
(a) Name	and address of the agent, broke	r, or other person to whom commissions or fees were pai	id
BRIAN DAY		UNION CENTRE BLVD CCHESTER, OH 45069	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 5	(c) Amount	(d) Purpose	code 3
(a) Name	and address of the agent, broke	r, or other person to whom commissions or fees were pai	id
CHRISTOPHER MARSHALL	2841	AIGIN COURT ARD, OH 43026	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
4	(C) Amount	(u) Fulpose	3
JOSEPH BUZZELLO	9018	r, or other person to whom commissions or fees were pai BALBOA BLVD, SUITE 254 THRIDGE, CA 91325	id
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Schedule A (Form 5500) 2	2009	Page 2- 8	
	me and address of the agent, broke	r, or other person to whom commissions or fees were pai	d
MATTHEW BLOCK		WINDY CREEK DRIVE IMBUS, OH 43240	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
3	0		3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pai	d
JOSEPH EVANS		73RD ST, SUITE A SOR HEIGHTS, IA 50311	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
2	0		3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pai	d
BRUCE FORD	RENT	RENTON VILAGE PLACE SUITE 160 ON, WA 98057	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code 3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pai	d
PATRICIA LEES	1124	CHURCH'S COURT BANK, CA 91501	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
1	0		3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pai	d
MARGARET TIBBITS	PO BO BELLI	OX 32388 NGHAM, WA 98228	

(d) Purpose

(c) Amount

0

(b) Amount of sales and base commissions paid

(e) Organization code

23847 NE REDMOND Fees (c) Amount	other person to whom commissions or fees were part of the person to whom commissions or fees were part of the part of the person to whom commissions or fees were part of the person to whom commissions or fees were part of the person to whom commissions or fees were part of the person to whom commissions or fees were part of the person to whom commissions or fees were part of the person to whom commissions or fees were part of the person to whom commissions or fees were part of the person to whom commissions or fees were part of the person to whom commissions or fees were part of the person to whom commissions or fees were part of the person to whom commissions or fees were part of the person to whom commissions or fees were part of the person to whom commissions part of the person to who	(e) Organization code
Fees (c) Amount	and other commissions paid (d) Purpose	code
(c) Amount	(d) Purpose	code
(c) Amount	(d) Purpose	code
		3
address of the agent, broker, or o		
addition agoing broker, or t	other person to whom commissions or fees were p	paid
LONG BEA	ACH, CA 90802	(1) (2) (2) (1) (1)
(c) Amount	(d) Purpose	(e) Organization code
0		3
address of the agent, broker, or o	other person to whom commissions or fees were p	paid
P O BOX 2 ISSAQUAF	21 H, WA 98027	
Fees	and other commissions paid	(e) Organization
(c) Amount	(d) Purpose	code
0		3
	Fees (c) Amount 0 address of the agent, broker, or	Fees and other commissions paid (c) Amount (d) Purpose address of the agent, broker, or other person to whom commissions or fees were person to whom commissions or

Fees and other commissions paid

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

(d) Purpose

(d) Purpose

(c) Amount

(c) Amount

(e) Organization code

(e) Organization

code

(b) Amount of sales and base commissions paid

(b) Amount of sales and base

commissions paid

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	be treated	d as a unit for purposes of		
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
_		racts With Allocated Funds:				
-	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify)	d annuity	_		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan c	heck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)		
	а	Type of contract: (1)		ion guarantee		
	b	Balance at the end of the previous year			. 7b	
	С	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)	
		Total of balance and additions (add b and c(6))			. 7d	
		Deductions:				
			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	

age	4

Yes

No

Pa	rt II									
		If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts w	urpos	es if such contracts	are expe	rienc	e-rated as a unit. Wh	ere contrac		
8	Bene	fit and contract type (check all applicable boxes)								
	a	Health (other than dental or vision)	b	Dental		С	Vision		d Life insu	rance
	e	Temporary disability (accident and sickness)	f	Long-term disabili	ty	gΓ	Supplemental unemp	oloyment	h Prescrip	tion drug
	i Ē	Stop loss (large deductible)	ιĒ	HMO contract		kΞ	PPO contract		I Indemnit	y contract
	m	Other (specify)	, _			_			- 🖂	,
	∟	Cities (specify)								
9	Expe	rience-rated contracts:								
-		Premiums: (1) Amount received			9a(1))			1	
		(2) Increase (decrease) in amount due but unpaid							1	
		(3) Increase (decrease) in unearned premium res								
		(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)		
	С	Remainder of premium: (1) Retention charges (o	n an	accrual basis)	Г					
		(A) Commissions			9c(1)(_	
		(B) Administrative service or other fees			9c(1)(_	
		(C) Other specific acquisition costs			9c(1)(_	
		(D) Other expenses			9c(1)(l				4	
		(E) Taxes			9c(1)(l	_			_	
		(F) Charges for risks or other contingencies			9c(1)(l				_	
		(G) Other retention charges						0-(4)(11)		
		(H) Total retention						9c(1)(H)		
		(2) Dividends or retroactive rate refunds. (These				_		9c(2)		
	d	Status of policyholder reserves at end of year: (1	•	·				9d(1)		
		(2) Claim reserves						9d(2)		
	•	(3) Other reserves						9d(3)		
10		Dividends or retroactive rate refunds due. (Do no	ot inc	lude amount entered	a in c(2) .)	•••••		. 9e		
10		nexperience-rated contracts:	orrio					10a		15824
	-	Total premiums or subscription charges paid to c If the carrier, service, or other organization incurr						IUa		13024
	D	retention of the contract or policy, other than repo						10b		
	Sp	ecify nature of costs		,	-, -,				1	
		,								

11 Did the insurance company fail to provide any information necessary to complete Schedule A?.....

Provision of Information

Part IV

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.

OMB No. 1210-0110

, , , , , , , , , , , , , , , , , , , ,	,		RISA section 103(a)(2).	This	Form is Open to Public Inspection			
For calendar plan year 200	09 or fiscal plan	year beginning 10/01/2009	and e	nding 09/30/2010				
A Name of plan NBBJ GROUP FLEXIBLE BENEFITS PLAN B Three-digit plan number (PN) 501								
C Plan sponsor's name as shown on line 2a of Form 5500. NBBJ LP D Employer Identification Number (EIN) 91-1574838								
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 ca	rrier							
(I.) FIN	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy	or contract year			
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To			
58-0663085	60380	52-0807803	5	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								
886								
3 Persons receiving com		es. (Complete as many entries a						
SHARON NEIMANIS	(a) Name ar	nd address of the agent, broker, on the agent and 123 ST	or other person to whom commiss REET ADDRESS NOT PROVIDE					
		MANH.	ASSET, NY 10030					
(b) Amount of sales ar	nd base	Fees	and other commissions paid					
commissions pa	id	(c) Amount	(d) Purpos	е	(e) Organization code			
	553	0		3				
	(a) Name ar	nd address of the agent, broker, c	or other person to whom commiss	sions or fees were paid				
SHAUN KONIOR 255 SOUTH 13TH STREET, #1 LINDENHURST, NY 11757								
(b) Amount of sales ar	nd hase	Fees	and other commissions paid					
commissions pai		(c) Amount	(d) Purpos	e	(e) Organization code			
	121	0			3			
For Paperwork Reductio	n Act Notice a	nd OMB Control Numbers, see	the instructions for Form 5500.		Schedule A (Form 5500) 2009			

Schedule A (Form 5500) 2	009	Page 2- 1	
(a) Nar	me and address of the agent, broke	er, or other person to whom commissions or fees were	paid
RUHLE RISK MANAGEMENT, INC.		SARDEN CITY PLAZA, SUITE 502 DEN CITY, NY 11530	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 86	(c) Amount	(d) Purpose	code 3
(a) Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were	paid
KIMBERLY MOGER	10655 BELLI	5 NE 4TH STREET, SUITE 212 EVUE, WA 98004	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 61	(c) Amount	(d) Purpose	code 3
	v		
(a) Nar	me and address of the agent, broke	er, or other person to whom commissions or fees were	paid
KENNETH C MEIER CORP	401 F GARD	RANKLIN AVENUE, SUITE 312 DEN CITY, NY 11530	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
58	0		3
(a) Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were	paid
SCOTT BLACKSHEAR	11400 BELLI	0 SE 8TH STREET, #375 EVUE, WA 98004	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
6	0		3
(a) Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were	paid
(I) A second of a little		Fees and other commissions paid	430
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	be treated	d as a unit for purposes of		
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
_		racts With Allocated Funds:				
-	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify)	d annuity	_		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan c	heck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)		
	а	Type of contract: (1)		ion guarantee		
	b	Balance at the end of the previous year			. 7b	
	С	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)	
		Total of balance and additions (add b and c(6))			. 7d	
		Deductions:				
			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	

Yes

No

Pa	art I	Welfare Benefit Contract Information If more than one contract covers the same groinformation may be combined for reporting pur the entire group of such individual contracts with the same group of such individual contracts with the same group of such individual contracts.	up of employee poses if such o	ontracts are experie	ence-rate	ed as a unit. Wher	e contract		,
8	Ber	efit and contract type (check all applicable boxes)							
		_	b Dental	C	: Visio	ion		d Life insurance	
			f ☐ Long-terr		H	oplemental unemplo		h Prescription drug	
	е		=				Dymem	=	
	ı	Stop loss (large deductible)	j HMO con	tract K	PPC	O contract		I Indemnity contract	
	m	Other (specify)							
9	Exp	erience-rated contracts:							
	а	Premiums: (1) Amount received		9a(1)					
		(2) Increase (decrease) in amount due but unpaid.							
		(3) Increase (decrease) in unearned premium rese							
		(4) Earned ((1) + (2) - (3))					9a(4)		
	b	Benefit charges (1) Claims paid				•			
		(2) Increase (decrease) in claim reserves		21 (2)					
		(3) Incurred claims (add (1) and (2))					9b(3)		_
		(4) Claims charged					9b(4)		
	С	Remainder of premium: (1) Retention charges (on				_			
		(A) Commissions)				
		(B) Administrative service or other fees		2 (1)(2)					
		(C) Other specific acquisition costs		2 (4)(2)					
		(D) Other expenses		2 (1)(2)	_				
		(E) Taxes		0. (4)(5)					
		(F) Charges for risks or other contingencies							
		(G) Other retention charges		0 (4)(0))				
		(H) Total retention					9c(1)(H)		_
		(2) Dividends or retroactive rate refunds. (These a	-	_	_		9c(2)		
	d	Status of policyholder reserves at end of year: (1)	L			· -	9d(1)		
	<u>~</u>	(2) Claim reserves		•			9d(2)		_
		(3) Other reserves					9d(3)		_
	е	Dividends or retroactive rate refunds due. (Do not					9e		
10	_	onexperience-rated contracts:	include amou	it critered in c(2) .)			36		
	a	Total premiums or subscription charges paid to ca	rrior				10a	17	91
	b	If the carrier, service, or other organization incurre				 	IVa		·
		retention of the contract or policy, other than repor					10b		
	S	pecify nature of costs	•	, ,		_		•	
	-	,							

Provision of Information

Part IV

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

OMB No. 1210-0110

			RISA section 103(a)(2).	11113 1 011	m is Open to Public Inspection				
For calendar plan year 20	09 or fiscal plan	year beginning 10/01/2009	and er						
A Name of plan NBBJ GROUP FLEXIBLE	501								
C Plan sponsor's name a NBBJ LP									
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 ca									
	(a) NIAIC	(d) Contract or	(e) Approximate number of	Policy or co	entract year				
(b) EIN	(c) NAIC code	identification number	persons covered at end of policy or contract year	(f) From	(g) To				
91-0511770	95672	0434400	38	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									
5444 0									
3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).									
			or other person to whom commiss	ions or fees were paid					
THOMPSON BENEFIT G	ROUP INC.		12TH AVE NE, SUITE 201 VUE, WA 98004						
(b) Amount of sales ar	nd base	Fees	and other commissions paid						
commissions pa	id	(c) Amount	(d) Purpose	(e) Organization code					
	4989	0	3						
	(a) Name a	nd address of the agent, broker, o	or other person to whom commiss	ions or fees were paid					
THOMPSON SPEARS & ASSOCIATES, LTD. 1950 112TH AVENUE NE, SUITE 201 BELLEVUE, WA 98004									
(b) Amount of sales ar	nd hase	Fees	and other commissions paid						
commissions pa		(c) Amount	(d) Purpose	9	(e) Organization code				
	455	0			3				
For Panerwork Reduction	n Act Notice a	nd OMB Control Numbers, see	the instructions for Form 5500	Sch	 				

Schedule A (Form 5500)	2009	Page 2- 1							
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid									
		Fees and other commissions paid							
(b) Amount of sales and base commissions paid	(c) Amount	(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		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						
(a) Na	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
	I								
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were pai							
(4)	and address of the agont, or	oner, et euret person le miem commissione et lece were per	-						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						

Pai	rt II	Investment and Annuity Contract Information				
		Where individual contracts are provided, the entire group of such individual this report.	idual contracts with	n each carrier may b	,	d as a unit for purposes of
		ent value of plan's interest under this contract in the general account at year			4	
5 (Curre	ent value of plan's interest under this contract in separate accounts at year e	nd		5	
6 (Cont	racts With Allocated Funds:				
1	а	State the basis of premium rates •				
ı	b	Premiums paid to carrier			6b	
(С	Premiums due but unpaid at the end of the year			6c	
(d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
(е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan check h	ere 🕨 🗌		
7 (Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	e accounts)		
	а		ite participation gua			
		(3) guaranteed investment (4) other				
		(5) Guaranteed investment (1) Gunor ,				
	b	Balance at the end of the previous year		Г	7b	
	C	Additions: (1) Contributions deposited during the year	7c(1)		10	
	•	(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)			
		•				
		, , , , , , , , , , , , , , , , , , ,				
		4			7-(0)	
		(6)Total additions			7c(6)	
		Total of balance and additions (add b and c(6))			7d	
		Deductions:	70(1)			
		(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)	
		Balance at the end of the current year (subtract e(5) from d)			7f	

Page	4

P	art III	If more than one contract covers the same gr information may be combined for reporting puthe entire group of such individual contracts with	oup of employees of the surposes if such contracts	are experie	nce	e-rated as a unit. Whe	ere contrac		
8	Bene	fit and contract type (check all applicable boxes)							
	a	Health (other than dental or vision)	b Dental	С		Vision		d Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disabili	ty g	Ī	Supplemental unemp	oloyment	h Prescription dr	ug
	ιĒ	Stop loss (large deductible)	j HMO contract	k	Ħ	PPO contract	•	I Indemnity cont	ract
	m	Other (specify)	, Lime contidet	•	Ш	T T O COMMON		I I machinity cont	iaot
	m _	Other (specify)							
9	Expe	rience-rated contracts:							
	a F	Premiums: (1) Amount received		9a(1)					
	((2) Increase (decrease) in amount due but unpaid	ł						
	((3) Increase (decrease) in unearned premium res	erve	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)		
	С	Remainder of premium: (1) Retention charges (o	,						
		(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		<u></u>			9c(1)(H)		
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	C	redited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits aft	er ı	retirement	9d(1)		
		(2) Claim reserves					9d(2)		
		(3) Other reserves					9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in c(2) .)			9e		
10	0 Nor	nexperience-rated contracts:							
	а	Total premiums or subscription charges paid to c	arrier				10a		181461
		If the carrier, service, or other organization incurretention of the contract or policy, other than repo	, ,			•	10b		
		ecify nature of costs							

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	No	

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 NBBJ GROUP FLEXIBLE BENEFITS PLAN B Three-digit plan number (PN) 501 C Plan sponsor's name as shown on line 2a of Form 5500. NBBJ LP D Employer Identification Number (EIN) 91-1574838 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:					
NBBJ GROUP FLEXIBLE BENEFITS PLAN C Plan sponsor's name as shown on line 2a of Form 5500. NBBJ LP D Employer Identification Number (EIN) 91-1574838 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.					
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.					
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.					
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:	ontract				
•					
(a) Name of insurance carrier REGENCE LIFE & HEALTH					
(e) Approximate number of Policy or contract year					
(b) EIN (c) NAIC code (d) Contract or identification number (e) Approximate number of persons covered at end of policy or contract year (f) From (g) To	0				
93-6030398 97985 60018418 1066 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					
(b) Amount of sales and base Fees and other commissions paid					
commissions paid (c) Amount (d) Purpose (e) Organization	ion 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 Fees and other commissions paid					
commissions paid (c) Amount (d) Purpose (e) Organization	ion code				

Schedule A (Form 5500)	2009	Page 2- 1	
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d
	I		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were pai	
(4)	and address of the agont, or	oner, et euret person le miem commissione et lece were per	-
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contrad	cts with each carrier may	be treated	d as a unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
_		racts With Allocated Funds:				
-	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify)	d annuity	_		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan c	heck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)		
	а	Type of contract: (1)		ion guarantee		
	b	Balance at the end of the previous year			. 7b	
	С	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)	
		Total of balance and additions (add b and c(6))			. 7d	
		Deductions:				
			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	

	Schedule A (Form 5500) 2009		Р	age 4		
Part	Welfare Benefit Contract Informa If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	group of employees of the sourposes if such contracts	are experienc	e-rated as a unit. Wh	ere contrac	
8 Be	nefit and contract type (check all applicable boxes)				
а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
е	Temporary disability (accident and sickness)	f Long-term disabilit	ty g	Supplemental unem	olovment	h Prescription drug
i	Stop loss (large deductible)	j HMO contract	, g_ k□	PPO contract	p.0,	I Indemnity contract
		I I IIVIO contract	ν_	11 O contract		■ Indemnity contract
m	Other (specify)					
Q Ev	perience-rated contracts:					
	Premiums: (1) Amount received		9a(1)			
u	(2) Increase (decrease) in amount due but unpai				-39749	9
	(3) Increase (decrease) in unearned premium re		9a(3)			
	(4) Earned ((1) + (2) - (3))				9a(4)	-39749
b	Benefit charges (1) Claims paid		9b(1)		3539234	1
	(2) Increase (decrease) in claim reserves		9b(2)			
	(3) Incurred claims (add (1) and (2))				9b(3)	3539234
	(4) Claims charged				9b(4)	
С	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) 9c(1)(E)			
	(E) Taxes		0-(4)(5)			
	(F) Charges for risks or other contingencies		9c(1)(I) 9c(1)(G)			
	(G) Other retention charges(H) Total retention	•			9c(1)(H)	\
	(2) Dividends or retroactive rate refunds. (Thes	_				1
d		— ·				
u	(2) Claim reserves	,			9d(1) 9d(2)	
	(3) Other reserves				9d(3)	
е					9e	
10 N	onexperience-rated contracts:		- () /			
а	Total premiums or subscription charges paid to	carrier			10a	511636
b	If the carrier, service, or other organization incur				10b	

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	X Yes	No	

Specify nature of costs >

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

OMB No. 1210-0110

2009

This Form is Open to Public

		pursuant to El	RISA section 103(a)(2).			11	Inspection
For calendar plan year 200	09 or fiscal plan	year beginning 10/01/2009		and en	ding 09	9/30/2010	
A Name of plan				B Three	-digit		
NBBJ GROUP FLEXIBLE	BENEFITS PL	AN			number (P	N) •	501
				·	,	,	
C Plan sponsor's name a	s shown on line	e 2a of Form 5500.		D Employ	er Identific	cation Number (EIN)
NBBJ LP				91-1574		`	,
	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 ca	rrier						
UNUM LIFE INSURANCE		F AMERICA					
	(a) NIAIC	(d) Contract or	(e) Approximate nu	mber of		Policy or co	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at policy or contract	end of	(f)	From	(g) To
01-0278678	62235	328472	58	33	09/01/20	009	09/01/2010
2 Insurance fee and com- descending order of the		ation. Enter the total fees and tota	l commissions paid. Li	st in item 3	the agents	s, brokers, and o	other persons in
		nissions paid		(b) Tot	tal amount	of fees paid	
(a) Total ((a) Total amount of commissions paid (b) Total amount of fees paid						
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all p	persons).			
	(a) Name a	nd address of the agent, broker, o	or other person to whom	n commissio	ons or fees	s were paid	
(b) Amount of sales ar	nd hase	Fees	s and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose			(e) Organization code
	(a) Name a	nd address of the agent, broker, o	or other person to whom	n commission	ons or fees	s were paid	
(b) Amount of sales and base Fees and other commissions paid							
commissions pa		(c) Amount		(d) Purpose			(e) Organization code

Schedule A (Form 5500)	2009	Page 2- 1	
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d
	I		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were pai	
(4)	and address of the agont, or	oner, et euret person le miem commissione et lece were per	-
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contrad	cts with each carrier may	be treated	d as a unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
_		racts With Allocated Funds:				
-	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify)	d annuity	_		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan c	heck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)		
	а	Type of contract: (1)		ion guarantee		
	b	Balance at the end of the previous year			. 7b	
	С	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)	
		Total of balance and additions (add b and c(6))			. 7d	
		Deductions:				
			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	

Page	4

Yes

No

information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover in 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	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. In the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. In the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. In the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. In the entire group of such individual employees, the entire group of such individual employees of this report. In the entire group of such individual employees of the group of such individual employees, the entire group of such individual employees, the entire group of such individual employees, the entire group of group of the group of g	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 intermediation of the 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. Benefit and contract type (check all applicable boxes) a Health (other than dental or vision) b Dental c Vision d Life insurance Life insurance Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment h Prescription drug light Stop loss (large deductible) j HMO contract k PPO contract light Indemnity contract m Other (specify) M PPO contract light Indemnity contract m Other (specify) M PPO contract light Indemnity contract m Other (specify) M PPO contract light Indemnity contract m Other (specify) M PPO contract light Indemnity contract m PPO contract light PPO contract light Indemnity contract m PPO contract light light PPO contract light								
information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover in 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	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. nefit and contract type (check all applicable boxes)	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 seach carrier may be treated as a unit for purposes of this report. 8 Benefit and contract type (check all applicable boxes) a	oofit				()			
8 Benefit and contract type (check all applicable boxes) a	melit and contract type (check all applicable boxes)	Benefit and contract type (check all applicable boxes) a	oofit	information may be combined for reporting p	urposes if such contracts	are experien	ce-rated as a unit. Wi	here contracts		3,
a	Health (other than dental or vision)	a	ofit	the entire group of such individual contracts	with each carrier may be	treated as a ι	init for purposes of thi	s report.		
e	Temporary disability (accident and sickness) Temporary disability (accident and sickness) Temporary disability Temporary disability Temporary disability Temporary disability Temporary disability Temporary	e Temporary disability (accident and sickness) i Stop loss (large deductible) j HMO contract k PPO contract l Indemnity contract m Other (specify) Experience-rated contracts: a Premiums: (1) Amount received. (2) Increase (decrease) in amount due but unpaid. (3) Increase (decrease) in unearned premium reserve. (4) Earned ((1) + (2) · (3)) b Benefit charges (1) Claims paid. (2) Increase (decrease) in claim reserves. (3) Incurred claims (add (1) and (2)). (4) Claims charged. (5) Administrative service or other fees. (6) Administrative service or other fees. (7) Cher specific acquisition costs. (8) Administrative service or other contingencies. (9) Countract 1 Indemnity contract 2 Indemnity and contract 2 Indemnity and contract 2 Indemnity and contract 3 Indemnity and contract 4 Ind	ICIII	and contract type (check all applicable boxes))					
i	Stop loss (large deductible)	i	_ H	Health (other than dental or vision)	b Dental	С	Vision	C	Life insurance	
m ☐ Other (specify) Image: specific contracts: Premiums: (1) Amount received	Other (specify)	B Experience-rated contracts: a Premiums: (1) Amount received	□ -	Temporary disability (accident and sickness)	f X Long-term disabi	ity g	Supplemental unem	nployment h	Prescription drug	
m ☐ Other (specify) ► 9 Experience-rated contracts: 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)	Other (specify)	## Display Page ## Display #		Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract	
9 Experience-rated contracts: a Premiums: (1) Amount received	Pereince-rated contracts: Premiums: (1) Amount received	9 Experience-rated contracts: a Premiums: (1) Amount received	Π	Other (specify)		_	_		<u> </u>	
a Premiums: (1) Amount received	Premiums: (1) Amount received	a Premiums: (1) Amount received	ш`	curer (openity)						
a Premiums: (1) Amount received	Premiums: (1) Amount received	a Premiums: (1) Amount received	erie	ence-rated contracts:						
(2) Increase (decrease) in amount due but unpaid	(2) Increase (decrease) in amount due but unpaid	(2) Increase (decrease) in amount due but unpaid				9a(1)				
(3) Increase (decrease) in unearned premium reserve	(3) Increase (decrease) in unearned premium reserve	(3) Increase (decrease) in unearned premium reserve		` '						
(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)	(4) Earned ((1) + (2) - (3)) 9a(4) 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) Remainder of premium: (1) Retention charges (on an accrual basis) (A) Commissions (B) Administrative service or other fees (C) Other specific acquisition costs (D) Other expenses (E) Taxes (F) Charges for risks or other contingencies (F) Charges for risks or other contingencies (G) Other retention charges (H) Total retention (D) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) (F) Credited.) (F) Scalar (1) Amount held to provide benefits after retirement (F) Glim reserves (F) Claim reserves (F) Glim reserves (C) Claim reserves 9d(1) (B) Administrative service or other fees 9c(1)(B) 9c(1)(C) (B) Administrative service or other fees 9c(1)(D)	(4) Earned ((1) + (2) - (3))								
b Benefit charges (1) Claims paid	Benefit charges (1) Claims paid	b Benefit charges (1) Claims paid						9a(4)		
(2) Increase (decrease) in claim reserves	(2) Increase (decrease) in claim reserves	(2) Increase (decrease) in claim reserves						, , ,		
(3) Incurred claims (add (1) and (2))	(3) Incurred claims (add (1) and (2)) 9b(3) (4) Claims charged 9b(4) Remainder of premium: (1) Retention charges (on an accrual basis)	(3) Incurred claims (add (1) and (2))		• , ,						
(4) Claims charged	(4) Claims charged 9b(4) Remainder of premium: (1) Retention charges (on an accrual basis)	(4) Claims charged	` '	,				9b(3)		
(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)(E) (F) Charges for risks or other contingencies 9c(1)(F) (G) Other retention charges 9c(1)(G) (H) Total retention 9c(1)(G) (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)	(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) 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)	(A) Commissions								
(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)(E) (F) Charges for risks or other contingencies 9c(1)(F) (G) Other retention charges 9c(1)(G) (H) Total retention 9c(1)(G) (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)	(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) 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)	(A) Commissions	Re	emainder of premium: (1) Retention charges (on an accrual basis)					
(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)	(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) 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)	(B) Administrative service or other fees				9c(1)(A)				
(D) Other expenses	(D) Other expenses	(D) Other expenses		(B) Administrative service or other fees						
(E) Taxes	(E) Taxes	(E) Taxes		(C) Other specific acquisition costs		9c(1)(C)				
(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)	(F) Charges for risks or other contingencies	(F) Charges for risks or other contingencies		(D) Other expenses		9c(1)(D)				
(G) Other retention charges	(G) Other retention charges	(G) Other retention charges		(E) Taxes		9c(1)(E)				
(G) Other retention charges	(G) Other retention charges	(G) Other retention charges		(F) Charges for risks or other contingencies		9c(1)(F)				
(H) Total retention	(H) Total retention	(H) Total retention		(G) Other retention charges		9c(1)(G)				
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement						9c(1)(H)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	(2) Dividends or retroactive rate refunds. (These	e amounts were paid i	n cash, or	credited.)	9c(2)		
(2) Claim reserves 9d(2)	(2) Claim reserves 9d(2) (3) Other reserves 9d(3)	(2) Claim reserves	St	atus of policyholder reserves at end of year: (1) Amount held to provide	benefits after	r retirement			
(3) Other receives		Poividends or retroactive rate refunds due. (Do not include amount entered in c(2).) Poividends or retroactive rate refunds due. (Do not include amount entered in c(2).) Poividends or retroactive rate refunds due. (Do not include amount entered in c(2).) Poividends or retroactive rate refunds due. (Do not include amount entered in c(2).) Poividends or retroactive rate refunds due. (Do not include amount entered in c(2).) Poividends or retroactive rate refunds due. (Do not include amount entered in c(2).) Poividends or retroactive rate refunds due. (Do not include amount entered in c(2).) Poividends or retroactive rate refunds due. (Do not include amount entered in c(2).) Poividends or retroactive rate refunds due. (Do not include amount entered in c(2).) Poividends or retroactive rate refunds due. (Do not include amount entered in c(2).) Poividends or retroactive rate refunds due. (Do not include amount entered in c(2).) Poividends or retroactive rate refunds due. (Do not include amount entered in c(2).) Poividends or retroactive rate refunds due. (Do not include amount entered in c(2).) Poividends or retroactive rate refunds due. (Do not include amount entered in c(2).) Poividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	(2) Claim reserves						
(b) Other reserves	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	10 Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier	(3	Other reserves				9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		Total premiums or subscription charges paid to carrier	Di	vidends or retroactive rate refunds due. (Do r	ot include amount entere	d in c(2) .)		9e		
10 Nonexperience-rated contracts:	lonexperience-rated contracts:	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	one	xperience-rated contracts:						
Total premiums or subscription charges paid to carrier		retention of the contract or policy, other than reported in Part I, item 2 above, report amount	To	otal premiums or subscription charges paid to	carrier			10a	2900)74
	Total premiums or subscription charges paid to carrier									
	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or	Specify nature of costs			orted in Part I, item 2 abo	ove, report am	ount	10b		
	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	Spoonly flatation of social y	pec	ify nature of costs						
	Total managinary and a substantial for a bound of the country	retention of the contract or policy, other than reported in Part I, item 2 above, report amount						<u>10a</u>	2900)/4
	Total Promission of Gason Prior of G							10b		
retention of the contract or policy other than reported in Part Litem 2 above report amount	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or				ortod iii i dit i, itolii 2 dot	vo, roport an				
retention of the contract or policy, other than reported in Part I, item 2 above, report amount	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									
	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									
	If the carrier, service, or other organization incurred any specific costs in retention of the contract or policy, other than reported in Part I, item 2 ab									

11 Did the insurance company fail to provide any information necessary to complete Schedule A?.....

Provision of Information

Part IV

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

OMB No. 1210-0110

pursuant to ERISA section 103(a)(2). Inspection							
For calendar plan year 200	09 or fiscal pla	in year beginning 10/01/2009		and en	nding 09	9/30/2010	•
A Name of plan NBBJ GROUP FLEXIBLE	BENEFITS P	LAN		B Three plan	e-digit number (P	vN) ▶	501
C Plan sponsor's name a				91-157	4838	cation Number (E	
		ning Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca		DF AMERICA					
	() 1/1/0	(1) 0	(e) Approximate nui	mber of		Policy or co	ntract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at policy or contract	end of	(f) From	(g) To
01-0278678 62235 541890 199 12/01/2008 12/01/2009							
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 a	amount of com	missions paid		(b) To	tal amount	of fees paid	
		0					0
3 Persons receiving com	missions and f	fees. (Complete as many entries	s as needed to report all p	ersons).			
	(a) Name a	and address of the agent, broker	, or other person to whom	commissi	ons or fee	s were paid	
(b) Amount of sales ar	nd base	Fe	es and other commission	s paid			
commissions pai	d	(c) Amount		d) Purpose)		(e) Organization code
	(a) Name a	and address of the agent, broker	, or other person to whom	n commissi	ons or fee	s were paid	
	,					·	
(b) Amount of sales ar	nd base	Fe	es and other commission	s paid			
commissions pai		(c) Amount	(d) Purpose	•		(e) Organization code

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(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d
	I		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were pai	
(4)	and address of the agont, or	oner, et euret person le miem commissione et lece were per	-
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	be treated	d as a unit for purposes of		
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
_		racts With Allocated Funds:				
-	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan c	heck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶		ion guarantee		
	b	Balance at the end of the previous year			7b	
	С	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)	
		Total of balance and additions (add b and c(6))			7d	
		Deductions:	7.44			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	_ ` _			
		(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	

	Schedule A (Form 5500) 2009		Pa	age 4	_	
Part III	Welfare Benefit Contract Informa If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the sourposes if such contracts a	are experienc	e-rated as a unit. Where	e contracts co	
8 Bene a [e [m [efit and contract type (check all applicable boxes Health (other than dental or vision) Temporary disability (accident and sickness) Stop loss (large deductible) Other (specify)	b Dental f Long-term disability j HMO contract	y g	Vision Supplemental unemplo PPO contract	oyment h	Life insurance Prescription drug Indemnity contract
a F	rience-rated contracts: Premiums: (1) Amount received	dserve	9b(1) 9b(2)		9a(4) 9b(3) 9b(4)	
С	Remainder of premium: (1) Retention charges ((A) Commissions	on an accrual basis)	9c(1)(A) 9c(1)(B) 9c(1)(C) 9c(1)(D) 9c(1)(E) 9c(1)(F) 9c(1)(G)		9c(1)(H) 9c(2)	
_	Status of policyholder reserves at end of year: (9d(1)	

(3) Other reserves

e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

9d(2)

9d(3)

9e

10a

10b

132290

	,	,		,	•		•
retentio	n of the co	ntract c	or policy, othe	than reported in F	Part I, item 2 above	, report amount	
Specify nat	ure of cost	ts 🕨					

10 Nonexperience-rated contracts:

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A2	☐ Yes	No	

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