Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	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).	2009
Department of Labor Employee Benefits Security Administration	<ul> <li>Complete all entries in accordance with the instructions to the Form 5500.</li> </ul>	
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection
Part I Annual Report Ider	ntification Information	
For calendar plan year 2009 or fiscal	plan year beginning 01/01/2009 and ending 12/31/2	2009
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or	
·	a single-employer plan;	
<b>B</b> This return/report is:	the first return/report; the final return/report;	
	X an amended return/report; A a short plan year return/report (less t	han 12 months).
<b>C</b> If the plan is a collectively-bargain		
<b>D</b> Check box if filing under:	Form 5558; automatic extension;	the DFVC program;
	special extension (enter description)	
Part II Basic Plan Infor	nation—enter all requested information	
1a Name of plan MATRIX EMPLOYEE LEASING INC		<b>1b</b> Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 06/17/2007
2a Plan sponsor's name and addres (Address should include room or MATRIX EMPLOYEE LEASING INC	is (employer, if for a single-employer plan) suite no.)	<b>2b</b> Employer Identification Number (EIN) 59-3610674
		<b>2c</b> Sponsor's telephone number 904-739-2722
9016 PHILIPPS HWY JACKSONVILLE, FL 32256	9016 PHILIPPS HWY JACKSONVILLE, FL 32256	<b>2d</b> Business code (see instructions) 561410

### 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			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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	Plan administrator's name and address (if same as plan sponsor, enter "Same") TRIX EMPLOYEE LEASING INC		Iministrator's EIN 3610674
	16 PHILIPPS HWY CKSONVILLE, FL 32256	nu	ministrator's telephone Imber 4-739-2722
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 the plan number from the last return/report:	and	4b EIN
а	Sponsor's name		<b>4c</b> PN
5	Total number of participants at the beginning of the plan year	5	
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	6a	
b	Retired or separated participants receiving benefits	6b	
С	Other retired or separated participants entitled to future benefits	6c	
d	Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b>	6d	
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f	Total. Add lines <b>6d</b> and <b>6e</b>	6f	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

Page 2

Form 5500 (2009)

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

**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 fu	nding	arrangement (check all that apply)	9b	Plan bene	efit	arrangement (check all that apply)
	(1)		Insurance		(1)		Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)	Π	Trust		(3)		Trust
	(4)		General assets of the sponsor		(4)		General assets of the sponsor
10	Check a	all ap	plicable boxes in 10a and 10b to indicate which schedules are at	ttache	ed, and, wh	er	e indicated, enter the number attached. (See instructions)
а	Pensio	n Sc	hedules	b	General	Sc	hedules
	(1)		R (Retirement Plan Information)		(1)		H (Financial Information)
	(2)		MB (Multiemployer Defined Benefit Plan and Certain Money		(2)		I (Financial Information – Small Plan)
		_	Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)
			actuary		(4)		C (Service Provider Information)
	(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Participating Plan Information)
			Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)

T. 59-3610674T	
Form 5500 Annual Return/Report of Employee Benefit Plan OMB Nos. 1210-0110 / 1210-0089	
Department of the Treasury This form is required to be filed under sections 104 and 4065 of the Employee	
Department of Labor Employee Banefits Security 6057(b), and 6058(a) of the Internal Revenue Code (the Code).	t.
Administration Complete all entries in accordance with	Ø
Guaranty Corporation the instructions to the Form 5500. Public Inspection.	
For the calendar plan year 2007	
or fiscal plan year beginning $06 17 2007$ and ending $06 14 200/8$	
A This return/report is for: (1) a multiempioyer plan; (3) a multiple-employer plan; or	
(2) a single-employer plan (other than (4) a DFE (specify) a multiple-employer plan);	
B This retum/report is: (1) the first retum/report filed for the plan; (3) the final return/report filed for the plan;	
<ul> <li>(2) an amended return/report;</li> <li>(4) a short plan year return/report (less than 12 months).</li> <li>C If the plan is a collectively-bargained plan, check here</li> </ul>	
D If filing under an extension of time or the DFVC program, check box and attach required information. (see Instructions)	
Part II Basic Plan Information - enter all requested information.	
a contract of the second se	
MATRIX EMPLOYEE LEASING INC RECEIVED O	
MINI-MED PLAN	
OGDEN, UI	
1b Three-digit-plan number (PN)	
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 electropic/version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete	-
Signature of plan administrator	
Type or print name of individual signing as plan administrator	
· JAMES / W MARSHALL	
Signature of employer/plan sponsor/DFE	
SIGN HERE $M = 7$ Date $09$ 11 Z008 Type or print name of individual signing as amployar, plan sponsor or DFE	
DULLIAM L PEREZ	
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 13500F Form 5500 (2007)	

Forth 5500 (2007) Rage 2 Official Use Only Plan sponsor's name and address (employer, if for single-employer plan) (Address should include room or suffe no.) 2a ATRIX EMPLOYEE LEASING INC 1) c / o 2) 9016 PHILIPS HUY 3) JACKSONVILLE 4) 26 Employer identification Number (EN) FL 32756 3610674 5) 2c Sponsor's telephone. 9.04 ZIZZ 139 6) number 2d Business code 561410 7) (see instructions) 8) 9) Plan administrator's name and address (If same as plan sponsor, enter "Same") 3a SAME 1) c / o 2) 3) 4) 3b Administrator's EIN 5) 6) 3c Administrator's telephone number 7) 4 If the name and/or EIN of the plan sponsor has changed since the last retum/report filed for this plan, enter the name, EIN and the plan number from the last return/report below: Sponsor's name а ь EIN c PN

ŗ	Form 5500 (2007)	Page 3	
5	Preparer information (optional)		Official Use Only
ວ a	Name (including firm name, if applicable) and address		
1)			
2)			
3)		b EIN	
4)			
5)		c Telephone nun	nber
6)			
6	Total number of participants at the beginning of the plan year		ZZ6
_	A start with the second of the start (welfore plane complete only lines 72 7	a Te and Tel)	
7	Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7t		99
а	Active participants		77
t	Retired or separated participants receiving benefits		O
c	: Other retired or separated participants entitled to future benefits		0
C	f Subtotal. Add lines 7a, 7b, and 7c		99
	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		٥
	f Total. Add lines 7d and 7e		99
	g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		Ø
	h Number of participants that terminated employment during the plan year with accrued benefit were less than 100% vested		Ø
	I If any participant(s) separated from service with a deferred vested benefit, enter the number separated participants required to be reported on a Schedule SSA (Form 5500)		0



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	Form 5500 (2007)	Page 4	
Ì,			Official Use Only

- 8 Benefits provided under the plan (complete 8a and 8b, as applicable)
- a Pension benefits (check this box if the plan provides pension benefits and enter below the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):

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Welfare benefits (check this box if the plan provides welfare benefits and enter below the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

4A 4B 4D 4E 4F

9a	Plan funding	g arrangement (check all that apply)	9Ь	Plan	benet	fit arrangement (check all that apply)
	(1)	insurance		(1)	/	insurance
	(2)	Code section 412(i) insurance contracts		(2)		Code section 412(i) insurance contracts
	(3)	Trust		(3)		Trust
	(4)	General assets of the sponsor		(4)		General assets of the sponsor

10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pe	ension Benefit Schedules		b Financial Schedules		
1)		R (Retirement Plan Information)	1)	Η	(Financial Information)
2)	I	B (Actuarial Information)	2)	I	(Financial Information-Small Plan)
3)	ı	E (ESOP Annual Information)	3)	Å	(insurance information)
4)		SSA (Separated Vested Participant Information)	4)	С	(Service Provider Information)
			5)	D	(DFE/Participating Plan Information)
			6)	G	(Financial Transaction Schedules)



SCHEDULEA	Insurance Information		Official Use Only	
(Form 5500) Department of the Treasury Internal Revenue Service Department of Lebor	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974. File as an attachment to Form 5500.		OMB No. 1210-0110 2007	
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance companies are required to provide this Infor pursuant to ERISA section 103(a)(2).	mation	This Form is Open to Public Inspection.	
or calendar plan year 2007 or fiscal plan	n year beginning 06/17/2007 , and en	ding 06/14	1/2008	
	FREINE THE. Midi-MED PLAN	B Three-dig plan numb	Der > 002	
Plan sponsor's name as shown on lir MATRIX EMPLOYE	ELASIAG, ball	59-3	dentification Number	
Provide information for eac	ning Insurance Contract Coverage, Fees, and Co ch contract on a separate Schedule A. Individual contracts group dule A.		arts II and III can be	
reported on a single Sched				
1 Coverage:				

	(c) NAIC	(d) Contract or	(e) Appr	oximate number of persons	Policy or	contract year
(b) EIN	code	identification number	covered a	t end of policy or contract year	(f) From	(g) To
36-0883760	68381	BCM000383			06/17/2007	06/14/2008
				ons. Enter the total fees and to nt paid in the Items on the follow S		
	Total amoun	t of commissions paid		Total fee	es pald / amount	
			17158			(

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	07	Page 2	
			Official Use Only
		ss of the agents, brokers or other commissions or fees were paid	
CRAVEN AND ASSOCIATES 425 N. PALM AVENUE			· · · · · · · · · · · · · · · · · · ·
PALATKA	FL 32177		(e)
(b) Amount of		Fees paid	
commissions paid	(c) Amount	(d) Purpose	Organiz cod
17158	0.00	MMISSIONS	
		MATSSIONS	4
		ess of the agents, brokers or other	
	persons to whom	commissions or fees were paid	
	_		
		Fees paid	(e Organi:
(b) Amount of	(c) Amount	(d) Purpose	00
(b) Amount of commissions paid	(of random		1

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(b) Amount of commissions paid	Fees paid		(e) Organization
	(c) Amount	(d) Purpose	code
0	0		
	Y		

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L <sup>'</sup>	Schedule A (Form 5500) 2007		Page 4	Official Use Only
	Welfare Benefit Contract Information If more than one contract covers the same greenployee organization(s), the information material as a unit. Where individual contracts are provided treated as a unit for purposes on this report.	oup of employees of the s ay be combined for reporti	ng purposes If such contracts are ex	same perience-rated
	Benefit and contract type (check all applicable boxes)         a       Health (other than dental or vision)       b         e       Temporary disability (accident and sickness)       f         i       Stop loss (large deductible)       j         n       Other (specify) ►	Dental Long-term disability HMO contract	C Vision G Supplemental unemployment k PPO contract	d Life insurance h Prescription drug I X indemnity contract
8 a	Experience-rated contracts Premiums: (1) Amount received		11.2	
b	<ul> <li>(4) Earned ((1) + (2) - (3))</li> <li>Benefit charges: (1) Claims paid</li> <li>(2) Increase (decrease) in claim reserves</li> <li>(3) Incurred claims (add (1) and (2))</li> <li>(4) Claims charged</li> </ul>			
C	Remainder of premium: (1) Retention charges (ori an a (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         (G) Other retention charges	accrual basis)		
d e	<ul> <li>(H) Total retention</li> <li>(2) Dividends or retroactive rate refunds. (These amo Status of policyholder reserves at end of year: (1) Am</li> <li>(2) Claim reserves.</li> <li>(3) Other reserves.</li> <li>Dividends or retroactive rate refunds due. (Do not incl</li> </ul>	unts were <b>paid in cash</b> , nourit held to provide bene	, or Credited.)	C
9 a b	Nonexperience-rated contracts: Total premiums or subscription charges paid to carrie	r,	ection with the acquisition	171576

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SCHEDULE A	Insurance Information		Official Use Only	
(Form 5500) Department of the Treasury	(Form 5500) This schedule is required to be filed under section 104 of the Department of the Treasury Employee Retirement Income Security Act of 1974.			
Internal Revenue Service	<ul> <li>File as an attachment to Form 5500.</li> </ul>	· · · · · · · · · · · · · · · · · · ·		
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation		formation	This Form is Open to Public Inspection.	
or calendar plan year 2007 or fiscal pla	in year beginning 06/17/2007 and	ending 06/1	4/2008	
A Name of pian MATRIX EmployEEL	EASING THE MINI MED PLAN	B Three-dig plan num		
	te 2a of Form 6500	D Employe	r Identification Number	
MATRIX ENFLOYEE	LEASING INC.	59-	610674	
MATRIX EngloySE	Contract Coverage, Fees, and inch contract on a separate Schedule A. Individual contracts gr	Commissions		
Provide information for ea	Contract Coverage, Fees, and inch contract on a separate Schedule A. Individual contracts gr	Commissions		

#### (c) NAIC (d) Contract or (e) Approximate number of persons Policy or contract year (b) EIN code identification number covered at end of policy pr contract year (f) From (**g**) To 36-0883760 68381 BCM000384 06/17/2007 06/14/2008 2 Insurance fees and commissions paid to agents, brokers and othar persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the Items on the following page(s) in Part I. Totals Total amount of commissions paid Total fees paid / amount 4227 0

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# (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

CRAVEN AND ASSOCIATES 425 N. PALM AVENUE PALATKA	FL 321	77	
(b) Amount of		(e) Organization	
	(c) Amount	(d) Purpose	code
4227		COMMISSIONS	4
		address of the agents, brokers or other hom commissions or fees were paid	

(b) Amount of		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code
0	о		
	(a) Name and a	ddress of the agents, brokers or other	<u> </u>

(b) Amount of commissions paid		(e) Organization	
	(c) Amount	(d) Purpose	code
0	0		
0	0		

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I,	Schedule A (Form 5500) 2007 Page <b>4</b>	
	#780/111	Official Use Only
He ا	Welfare Benefit Contract Information	
	If more than one contract covers the same group of employees of the same employer(s) or members of t	
	employee organization(s), the information may be combined for reporting purposes if such contracts are as a unit. Where individual contracts are provided, the entire group of such individual contracts with each	
	treated as a unit for purposes on this report.	i camer may be
7	Benefit and contract type (check ail 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 unemploymental	
	i Stop loss (large deductible) j HMO contract k PPO contract	I X Indemnity contract
	m Other (specify)	
8	Experience-rated contracts	
а	Premiums: (1) Amount received	
	(2) Increase (decrease) in amount due but unpaid	
	(3) Increasa (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	0
b	Benefit charges: (1) Claims paid	
	(2) increase (decrease) in claim reserves	
	(3) Incurred claims (add (1) and (2))	0
	(4) Claims charged	
С	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 riaks or other contingencies	
	(G) Other retention charges	
	(H) Total retention	0
	(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)	
đ		
	(2) Claim reserves.	
-	(3) Other reserves.	<u> </u>
9	Nonexperiance-rated contracts:	
~	itonospontationalizado do su Bolo.	In the second

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a Total premiums or subscription charges paid to carrier

b If the carrier, service, or other organization incurred any specific costs in connaction with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs



· .						
A Name of plan	5500) the Treasury inue Service at of Labor scurity Administration aranty Corporation ear 2007 or fis Employ contained arange as show	This schedule Employed Fill Insurance com put cal plan year beginning Cal plan	Surance Information is required to be filed under se Retirement Income Security e as an attachment to Form inpanies are required to provid ursuant to ERISA section 1036 06/17/2007	Act of 1974. 5500. te this information (a)(2). and anding B T F	OMB This F Publ 06/14/2008 Three-digit blan number	
Provid	rmation Co	······	• •	•		
RELIANCE STA	(c) NAIC	FE INSURANCE COMPA	ANY (e) Approximate numbe			ontract year
	code	identification number	covered at end of policy of	or contract year	(f) From	(g) To
36-0883760	68381	BCD000385			06/17/2007	06/14/2008
		ssions paid to agents, brokers individually in descending orde				w and list agents,
			Totals			
	Total amount	of commissions paid		Total fees	paid / amount	
For Paperwork Re	eduction Act	Notice and OMB Control Nur	3983	for Form 5500.	v10.1 Schedule	( A (Form 5500) 2



Schedule A (Form 5500) 2007

Page 2

# (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

CRAVEN AND ASSOCIATES 425 N. PALM AVENUE PALATKA	FL 32177		
(b) Amount of		(e) Organization	
commissions paid	(c) Amount	(c) Amount (d) Purpose	
3983		ISSIONS	4
		of the agents, brokers or other mmissions or fees were paid	

(b) Amount of	Fees paid				
commissions paid	(c) Amount	(d) Purpose	code		
0	o				
	•••	ss of the agents, brokers or other commissions or fees were paid			

(b) Amount of commissions paid		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	còde
0	о		

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	Schedule A (Form 5500) 2007 Page <b>4</b>	Official Use Only
	Welfare Benefit Contract Information If more than one contract covers the same group of employees of the same employar(s) or mambers of employee organization(s), the information may be combined for reporting purposes if such contracts are as a unit. Where individual contracts are provided, the entire group of such individual contracts with each traated as a unit for purposes on this report.	experience-rated
	Benafit and contract type (check all applicable boxes)         a       Health (othar than dental or vision)       b       X       Dental       c       Vision         e       Tamporary disability (accident and sickness)       f       Long-term disability       g       Supplemental unamploym         i       Stop loss (large deductible)       j       HMO contract       k       PPO contract         m       Other (specify) ►	d Life Insurance ent h Prescription drug I Indemnity contract
8 a	Experience-rated contracts         Premiums: (1) Amount received         (2) Increase (decrease) in amount due but unpaid         (3) Increase (decrease) in unearned premium reserve	
b	(4) Earned ((1) + (2) - (3))         Benafit chargas: (1) Claims paid         (2) Increase (decrease) in claim raserves         (3) Incurred claims (add (1) and (2))         (4) Claims charged	0 0
С	Ramaindar 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	
đ	<ul> <li>(F) Charges for risks or other contingencies</li> <li>(G) Other retention charges</li> <li>(H) Total retantion</li> <li>(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or creditad.)</li> <li>Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement</li> </ul>	с С
e 9	<ul> <li>(2) Claim reserves.</li> <li>(3) Othar reserves.</li> <li>Dividands or retroactive rate refunds due. (Do not include amount entered in c(2).)</li> </ul>	
y a b		3982(

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· · ·					
SCHEDULE A	Ins	urance Inform	ation		Official Use Only
(Form 5500)	This schedule is	s required to be filed unde	r section 104 of	the	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor	• •	Retirement Income Securi as an attachment to For			2007
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		panies are required to provi suant to ERISA section 10		lion	This Form is Open to Public Inspection.
or calendar plan year 2007 or fiscal pla	n year beginning 06	5/17/2007	and ending	06/1	4/2008 ,
A Name of plan MATRIX EARLOYEE	LEASING IN	C MINIMA	Pan	B Three-dig plan num	
C Plan sponsor's name as shown on li	ne 2a of Form 5500	Inte	•	D Employer	r Identification Number 36/06 74
Provide information Concer Provide information for ea reported on a single Sche 1 Coverage:	ch contract on a separate				Parts II and III can be
	(a) Na	me of insurance carrier			
RELIANCE STANDARD LIFE	INSURANCE COMFAN	17			
(b) EIN (c) NAIC	(d) Contract or	(e) Approximate num	ber of persons		Policy or contract year

.

(b) EIN	(C) NAIC	(C) NAIC (d) Contract or		nate number of persons	Policy of contract year		
code identification number		covered at end of policy or contract year		(f) From	(g) To		
36-0883760	68381	BCL000386			06/17/2007	06/14/2008	
		ssions paid to agents, brokers Individually in descending orde					
	Total amoun	t of commissions paid		T otal fee	es paid / amount		
			526			0	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule A (Form 5500) 2007



	· ·		
``	Schedule A (Form 5500) 2007	Page 2	
			Official Use Only

### (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

CRAVEN AND ASSOCIATES 425 N. PALM AVENUE PALATKA	FL 32177		
(b) Amount of		( <del>e</del> ) Organization	
commissions paid	(c) Amount	(d) Purpose	code
526		MMISSIONS	4
		ess of the agents, brokers or other commissions or fees were paid	

(b) Amount of commissions paid	Fees paid					
commissions paid	(c) Amount	(d) Purpose	code			
0	0					
	• •	of the agents, brokers or other mmissions or fees were paid				

(b) Amount of commissions paid	Fees paid		(e) Organization
	(c) Amount	(d) Purpose	code
0	o		



,	. Schedule A (Form 5500) 2007 Page <b>4</b>	
•		Official Lise Only
	Welfare Benefit Contract Information	· · · · · · · · · · · · · · · · · · ·
	If more than one contract covers the same group of employees of the same employer(s) or members of	
	employee organization(s), the information may be combined for reporting purposes if such contracts are	
	as a unit. Where individual contracts are provided, the entire group of such individual contracts with eac	h carrier may be
7	treated as a unit for purposes on this report.	
, 2	Benefit and contract type (check all applicable boxes)	d X Life Insurance
e		
	i Stop loss (large deductible) j HMO contract k PPO contract	I Indemnity contract
	n Other (specify) ►	
	Experience-rated contracts	in an
	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 (t) and (2))	
	(4) Claims charged	
С	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) Texes	
	(F) Charges for risks or other contingencies	
	(G) Other retention charges	
	(H) Total retention	
	(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	
	(2) Claim reserves	
	(3) Other reserves	L
<u>_e</u>	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	
9	Nonexperience-rated contracts:	
a L	Total premiums or subscription charges paid to carrier	525
þ	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	

·`•						
SCHED	ULE A	Ins	surance Information		Official Use Only	
(Form 5500) This schedule is required to be filed under section 104 of the				0	MB No. 1210-0110	
Internal Reve	Department of the Treasury Employee Retirement income Security Act of 1974. Internal Revenue Service File as an attachment to Form 5500.				2007	
Employee Benafits Se Pension Benafit Gu	curlly Administratio		npanies are required to provide this information rsuant to ERISA section 103(a)(2).	1	s Form is Open to ublic Inspection.	
r caiendar plan ye	ar 2007 or fisc	ai plan yeer beginning 0	6/17/2007 , and ending	06/14/200	)8	
Name of plan	EMPLOY	EE LEASING	Inc. Mini Mes PLAN	Three-digit pian number	,	
	name as showr	on line 23 of Form 5500			fication Number	
2.5.02.0.000	rmation Co	•	TNC.			
Provid	rmation Co	ncerning Insurance Co for each contract on a separate	DIAC. Intract Coverage, Fees, and Commine Schedule A. Individual contracts grouped as	ssions		
Provid	rmation Co	ncerning Insurance Co for each contract on a separat Schedule A.		ssions		
Provic report Coverage:	rmation Co de information ted on a single	ncerning Insurance Co for each contract on a separat Schedule A.	te Schedule A. Individual contracts grouped as ame of insurance carrier	ssions		
Provic report Coverage: ELIANCE ST	rmation Co de information ted on a single	ncerning Insurance Co for each contract on a separat Schedule A. (a) Na	te Schedule A. Individual contracts grouped as ame of insurance carrier	ssions a unit in Parts II		
Provic report Coverage:	rmation Co de Information ted on a single ANDARD LI	ncerning Insurance Co for each contract on a separat Schedule A. (a) Na FE INSURANCE COMPA	ame of insurance carrier	ssions a unit in Parts II	and III can be	

Totals			
Total amount of commissions peid Total fees paid / amount			
1149	1	0	

For Peperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule A (Form 5500) 2007



<u> </u>	х.,		
· .	Schedule A (Form 5500) 2007	Page <b>2</b>	
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## (a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

CRAVEN	AND	ASSOCIATES
425 N.	PALM	AVENUE

• .

, .

PALATKA	FL 3217	77	
(b) Amount of	Fees paid		(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
1149		COMMISSIONS	4
		address of the agents, brokers or other hom commissions or fees were paid	

(b) Amount of	Fees paid		
commissions paid	(c) Amount	(d) Purpose	code
0	0		
			a an Stational Course
		ddress of the agents, brokers or other hom commissions or fees were paid	

(b) Amount of commissions paid	Fees pald		(e) Organization
	(c) Amount	(d) Purpose	code
0	0		

06	0 7 5	20 M

Schedule A (Form 5500) 2007

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Pane	

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er:	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 individual contracts are provided, the entire group of such individual contracts with each	n carrier may be
	treated as a unit for purposes on this report.	
7	Benefit and contract type (check all applicable boxes)	
1	a 🗍 Heaith (other than dentai or vision) b 🗋 Dental C 🗋 Vision	d Life insurance
(	e 🔀 Temporary disability (accident and sickness) f 🔲 Long-term disability 🛛 g 🗌 Supplemental unemploym	
	i 🗍 Stop ioss (large deductible) J 🗌 HMO contract 🛛 k 🗋 PPO contract	I 📋 indamnity contract
ŗ	n Other (specify) 🕨	and the second se
8	Experience-rated contracts	
а	Premiums: (1) Amount received	
	(2) Increase (decrease) in amount due but unpaid	
	(3) increase (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	0
b	Benefit charges: (1) Claims paid	
	(2) Increase (decrease) in claim reserves	
	(3) Incurred claims (add (1) and (2))	0
	(4) Claims charged	
C	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	
	(G) Other retention charges	
	(H) Total retention	0
	(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)	
d		
	(2) Claim reserves	
	(3) Other reserves.	
<u>e</u>		
9	Nonexperience-rated contracts:	11487
a L		11467
b	······································	
	or retention of the contract or policy, other than raported in Part I, item 2 above, report amount	
	Specify nature of costs	



