### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	calendar plan year 2010 or fiscal plan year beginning 01/01/20	_	and ending	12/31/	2010 				
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)	nultiemployer) one-participant plan					
В	This return/report is for: first return/report	final retur	return/report						
	an amended return/report	short plan	year return/report (less than 12 m	onths)					
С	Check box if filing under:	automatio	extension		DFVC progra	am			
	special extension (enter descripti	on)							
Pa	irt II Basic Plan Information—enter all requested inform	nation							
1a	Name of plan			1b	Three-digit				
RAC	INSURANCE PARTNERS, LLC 401K PLAN				plan number	001			
				10	(PN) Effective date o	f plan			
				10	05/01/2				
2a	Plan sponsor's name and address (employer, if for single-employe	r plan)		2b	Employer Identi				
RAC	INSURANCE PARTNERS, LLC				(EIN) 65-115				
6161	BLUE LAGOON DRIVE			2c	Plan sponsor's t	telephone number 0-3600			
SUIT	E 300 II, FL 33126-2040			2d	Business code (	(see instructions)			
	,				524210	)			
3a RAC	Plan administrator's name and address (if same as Plan sponsor, of INSURANCE PARTNERS, LLC 6161 BLUE	enter "Same	e") DRIVE	3b	Administrator's				
10.0	SUITE 300 MIAMI, FL 3		7. T.	30		telephone number			
	MIAWI, FL 3	3120-2040			305-26	0-3600			
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Spons	or's name		4c	4c PN				
5a	Total number of participants at the beginning of the plan year								
	Total number of participants at the end of the plan year			5b					
C									
	complete this item)					39			
6a	Were all of the plan's assets during the plan year invested in eligib	ble assets?	(See instructions.)			X Yes No			
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes ☐ No			
	If you answered "No" to either 6a or 6b, the plan cannot use F		•						
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year			
а	Total plan assets	7a	125623	34		1574168			
b	Total plan liabilities	7b	2	26		26			
C	Net plan assets (subtract line 7b from line 7a)	7с	125620	)8		1574142			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	Total			
а	Contributions received or receivable from:	0=(4)	7225	53					
	(1) Employers	, ,	14472	9					
	(2) Participants								
b	(3) Others (including rollovers)  Other income (loss)		126464		64				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					343446			
d	Benefits paid (including direct rollovers and insurance premiums	60							
_	to provide benefits)	8d	2393	32					
е	Certain deemed and/or corrective distributions (see instructions) $\ldots$	8e							
f	$\label{providers} \mbox{Administrative service providers (salaries, fees, commissions)}$	8f	158	30					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				25512			
i	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>				317934			
i	Transfers to (from) the plan (see instructions)	gi		0					

	Form 5500-SF 2010 Page <b>2-</b>							
ar	IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charac	cteristic	Cod	des in t	the instru	ctions:		
	2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charact	taristic (	^^d	les in tl	ha inetru	ctions:		
D	in the plan provides wehate benefits, enter the applicable wehate heatthe codes from the List of Flan Charact	ienstie (	Jou	163 III ti	ie ilistiut	Juons.		
art	V Compliance Questions							
0	During the plan year:	Y	es	No		Amou	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	(				1	100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	(					43424
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl 5500))					 . П	Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of	or section	n 3	02 of E	ERISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing granting the waiver							
lf y	vou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_	Day _		rear .		
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			[	Yes	No	0	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				

#### Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?..... C

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

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

Yes X No

#### 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/15/2011	LUIS ALVAREZ
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation  Complete all entries in accord	lance with	the instructions to the Form 5500	SF.			
Part I Annual Report Identification Information						
	01/01/2	010 and ending		12/31/2010		
A This return/report is for:	multiple-er	nployer plan (not multiemployer)		one-participant plan		
B This return/report is for:	final return/report					
an amended return/report	year return/report (less than 12 mor	nths)				
C Check box if filling under: Form 5558	DFVC program					
special extension (enter description	n)					
Part II Basic Plan Information—enter all requested informa						
1a Name of plan			1b	Three-digit		
RAC INSURANCE PARTNERS, LLC 401K PLAN				plan number		
			4-	(PN) ▶ 001		
			10	Effective date of plan 05/01/2004		
2a Plan sponsor's name and address (employer, if for single-employer)	nlan)		2h	Employer Identification Number		
RAC INSURANCE PARTNERS, LLC	pian)			(EIN) 65-1155697		
			2c	Plan sponsor's telephone number		
6161 BLUE LAGOON DRIVE SUITE 300		·	0-1	305-260-3600		
MIAMI FL 33126-2040			<b>2</b> 0	Business code (see instructions) 524210		
	ter "Same	")	3b	Administrator's EIN		
3a Plan administrator's name and address (if same as Plan sponsor, er RAC INSURANCE PARTNERS, LLC	nor ourne	<b>'</b>		65-1155697		
6161 BLUE LAGOON DRIVE SUITE			3с	Administrator's telephone number		
MIAMI FL 33126-204			41-	305-260-3600		
4 If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponsor	st return/re; r's name	port filed for this plan, enter the	40	EIN		
name, EIN, and the plan number from the tast return report. Operation	- S Hamo		4c	PN		
5a Total number of participants at the beginning of the plan year		.,	5a	48		
<b>b</b> Tota I number of participants at the end of the plan year	5b	51				
C Total number of participants with account balances as of the end of		20				
complete this item)			5c	39		
6a Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		X Yes No		
b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520,104-46? (See instructions on waiver eligibility a	an indepen	dent qualified public accountant (IQI	PA)	X Yes No		
If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-9	SF and must instead use Form 55	00.			
Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
a Total plan assets	7a	125623	4	1574168		
<b>b</b> Tota I plan liabilities	7b	2	6	. 26		
C Net plan assets (subtract line 7b from line 7a)	7c	125620	8	1574142		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	1	(b) Total		
a Contributions received or receivable from:						
(1) Employers	8a(1)	7225	3			
(2) Participants	8a(2)	14472	9			
(3) Others (including rollovers)	8a(3)					
<b>b</b> Ot her income (loss)	. 8b	12646	4			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			343446		
d Benefits paid (including direct rollovers and insurance premiums						
to provide benefits)	8d	2393	4			
e Certain deemed and/or corrective distributions (see instructions)	8e	150	1:0			
f Administrative service providers (salaries, fees, commissions)		158				
g Other expenses				OF 51.0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)				25512		
i Net income (loss) (subtract line 8h from line 8c)	. 8i	No. of the second secon	_	317934		
i Transfers to (from) the plan (see instructions)		İ	0 i .			

	Form 5500-SF 2010 Page <b>2-</b>								
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2F 2G 2J 2K 2T 3D	acteris	stic Co	des in t	he instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cor	des in ti	he instructi	ons:			
,					<del> </del>				
Part	V Compliance Questions		,						
10	During the plan year:								
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)								
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х					
c	Was the plan covered by a fidelity bond?	10c	Х			100000			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraudor dishonesty?	10d		х					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		х					
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х				4	3424	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			-		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						<u></u>	
Part									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))	nplete	Sched	lule SB	(Form		Yes	No	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  Yes X No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		r	401					
	Enter the minimum required contribution for this plan year			12b				<del></del>	
	Enter the amount contributed by the employer to the plan for this plan year			12c	-				
a	negative amount)	a		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	o [	N/A	
Part	VII Plan Terminations and Transfers of Assets							<u>.</u>	
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?			*****			Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	**********		13a	<u>L</u>				
b	Were all the pian assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?						Yes	X No	
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
13c(1) Name of plan(s):			13	lc(2) El	N(s)	1	3c(3)	PN(s)	
								•	
		<del> </del>							
							.,		
Caut	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble ca	use is	establ	ished.				
SBo	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is true, correct, and completer	turn/re n/repoi	port, in rt, and	ncludin to the l	g, if applica sest of my	ible, a knowi	i Sche ledge	edule and	

Date

SIGN HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

LUIS ALVAREZ

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor