Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CHANNELL COMMERCIAL CORPORATION 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1986

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
CHANNELL COMMERCIAL CORPORATION

PO BOX 9022
TEMECULA, CA 92589

2b Employer Identification Number (EIN)
95-2453261

2c Sponsor's telephone number
951-719-2600

2d Business code (see instructions)
326100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/26/2011	GERRY E. FEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/26/2011	GERRY E. FEIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

PO BOX 9022
TEMECULA, CA 92589

3b Administrator's EIN
95-2453261

3c Administrator's telephone number
951-719-2600

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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	255
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	173
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	173
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	173
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	173
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CHANNELL COMMERCIAL CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
CHANNELL COMMERCIAL CORPORATION

D Employer Identification Number (EIN)
95-2453261

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-710181	173	01/01/2010	12/31/2010

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
7961	76

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
SBHU LIFE AGCY INC
MORGANSTANLEY SMITHBARNEY LLC 700 R
OWINGS MILLS, MD 21117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7961			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MORGANSTANLEY SMITHBARNEY LLC
HARBOR SIDE FNCL CENTER
JERSEY CITY, NJ 07311

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	51	SALES/MARKETING	3

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

MORGANSTANLEY SMITHBARNEY LLC

MORGANSTANLEY SMITHBARNEY LLC
OWINGS MILLS, MD 21117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	25	SALES/MARKETING	3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	4214363

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	204		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	204
d	Total of balance and additions (add **b** and **c(6)**)			7d	204
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	204		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	204
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
CHANNELL COMMERCIAL CORPORATION 401(K) PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
CHANNELL COMMERCIAL CORPORATION	95-2453261	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HARTFORD LIFE INS. CO.

06-0974148

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

HARTFORD LIFE INS. CO.

06-0974148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 50 54 56 59 60 62 63 64 65 66 99	NONE	7362	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HARTFORD LIFE INSURANCE COMPANY	15 23 37 38 50 54 56 59 60 62 63 64 65 66 99	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEE ATTACHED 06-0974148	SEE ATTACHED	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CHANNELL COMMERCIAL CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CHANNELL COMMERCIAL CORPORATION

D Employer Identification Number (EIN)
95-2453261

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD ADVANTAGE TK2

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	995277

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 401

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	694538

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 457

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	2410165

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CHANNELL COMMERCIAL CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CHANNELL COMMERCIAL CORPORATION

D Employer Identification Number (EIN)
95-2453261

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	268904	308174
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4242651	4214363
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4511555	4522537
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4511555	4522537

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	196078	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		196078
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	11805	
	(F) Other	2b(1)(F)	204	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12009
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		285058
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		493145
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	474801	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		474801
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	7362	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		7362
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		482163
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		10982
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: BRAKENSICK LEAVITT PLEGER, LLP (2) EIN: 95-4704847

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CHANNELL COMMERCIAL CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CHANNELL COMMERCIAL CORPORATION

D Employer Identification Number (EIN)
95-2453261

Part I Distributions

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

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

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

EIN(s): 06-0974148

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **6a** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c** 0

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Fax Transmittal
Accountant's Opinion Information

To: The Hartford, Compliance Reporting Team: FAX 860-843-7245

From: Brakensiek Leavitt Pleger, LLP

Plan Name: Channell Commercial Corporation 401(K) Plan

6-digit Plan Number: 710181 Plan Year Ending: 12/31/10

The following information is being provided to The Hartford, to complete the Accountant's Opinion Section (Part III), on Schedule H of the Form 5500.

1) Type of Opinion (circle one): Unqualified, Qualified, Disclaimer, or Adverse

2) Did the accountant perform a limited scope audit? (circle one) Yes or No

3) Name of accountant or firm: Brakensiek Leavitt Pleger, LLP

4) EIN of accountant or firm: 95-4704847

Note: If you changed Auditors from last year, the following information is required regarding the prior auditing firm:

Name of Prior Auditing Firm: Same as current

Complete Address: _____

EIN#: _____ Telephone#: _____

Reason for Changing Auditors: _____

5) Additional changes to Schedule H (check one):

☑ No
☐ Yes, as noted on the attached copy of ____ additional pages.

Please prepare signature-ready Form 5500 with the above revisions.

Signed _____ Date 9/23/11
(Accountant or Plan Sponsor)

CRT, 5500REV

CHANNELL COMMERCIAL CORPORATION

401(k) Plan
Report and Financial Statements
December 31, 2010 and 2009

CONTENTS

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Schedules omitted are not applicable or are not required based on disclosure requirements of the Employee Retirement Income Security Act of 1974 and regulations issued by the U.S. Department of Labor.

Brakenslek Leavitt Pleger, LLP
The Eclectic Accountants & Business Advisors

Lynne Leavitt, C.P.A.
Corinne Pleger, C.P.A.

INDEPENDENT AUDITORS' REPORT

To the Participants and Administration Committee of the
CHANNELL COMMERCIAL CORPORATION 401(k) PLAN

We were engaged to audit the financial statements of the Channell Commercial Corporation 401(k) Plan as of December 31, 2010 and 2009 and for the year ended December 31, 2010 and the supplemental schedule as of and for the year ended December 31, 2010 as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Hartford Life Insurance Company, the custodian for the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules . We have been informed by the Plan's administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule referred to above taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA).

Brakenslek Leavitt Pleger, LLP

Los Angeles, California
September 19, 2011

CHANNELL COMMERCIAL CORPORATION
401(k) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

ASSETS

	December 31, 2010	December 31, 2009
Assets		
Investments- Value of interest in registered investment companies (mutual funds)	$ 4,214,363	$ 4,242,651
Participant loans receivable	308,174	268,904
	4,522,537	4,511,555
Liabilities	-	-
Net assets available for plan benefits	$ 4,522,537	$ 4,511,555

See accompanying notes to financial statements and auditors' report

CHANNELL COMMERCIAL CORPORATION
401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

Additions to net assets:	
Contributions	
Participants	$ 196,078
Employer	-
Transfers of assets	-
Total contributions	196,078
Earnings	
Interest income	204
Interest on participant loans	11,805
Net appreciation (decline) in fair value of investments	285,058
Net earnings/(loss)	297,067
Deductions from net assets:	
Benefits paid to participants	474,801
Corrective distributions	-
Investment advisory and management fees	7,362
Total deductions	482,163
Net increase (decrease) in assets	10,982
Net assets, beginning of year	4,511,555
Net assets, end of year	$ 4,522,537

See accompanying notes to financial statements and auditors' report

CHANNELL COMMERCIAL CORPORATION
401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

1. Plan description

The following description of the Channell Commercial Corporation 401(k) Plan provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Channell Commercial Corporation 401(k) Plan is a defined contribution plan covering substantially all employees of Channell Commercial Corporation (the "Company") who have met certain eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was adopted January 1, 1986, and restated October 1, 1998. As of May 1, 2006, Hartford Life Insurance Company became the plan's custodian. The purpose of the plan is to provide retirement benefits for the Company's employees.

The Channell Commercial Corporation 401(k) Plan was initially adopted as a profit sharing plan covering substantially all employees of the Company who had two years of service and were age twenty-one or older. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The initial profit sharing plan was amended to meet the requirements of Section 401(k) of the Internal Revenue Code (the "Code") and was simultaneously merged with the Company's existing 401(k) plan.

Although the Plan has been amended several times, the Plan is intended to be a qualified defined contribution plan which satisfies the requirements of Section 401(k) of the Code. Under the Code, participants are not liable for federal income taxes on employee contributions, Company contributions or plan earnings until such time as they are partially or completely withdrawn from the Plan.

Summary of significant plan amendments

As of September 16, 2004, the Plan was amended to include maximum contribution limits, new catch up contribution for participants over 50, higher compensation limits and discretionary matching sponsor contributions. The Plan was amended March 16, 2005 to direct payment of mandatory distributions greater than $1,000, that have not been specified by the participant, to a direct rollover to an individual retirement plan designated by the Administrator. On October 24, 2006, the plan was amended to add Roth 401(k) deferrals.

Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan termination, participants become 100% vested in all employer contributions.

CHANNELL COMMERCIAL CORPORATION
401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

1. Plan description (continued)

Contributions
Contributions to the 401(k) plan may consist of funds contributed by the Company, employees and rollover contributions. Participants may elect to contribute up to 100% of compensation, as defined in the Plan, up to a maximum amount as prescribed by the Internal Revenue Service. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing rollovers from other qualified retirement plans. The Company provides a discretionary matching contribution determined annually.

Vesting
Participants in the 401(k) plan are 100% vested in their salary reduction and rollover contributions and the related earnings. Vesting in any Company contributions is based on years of service. A participant is 20% vested after two years, with a 20% increase each succeeding year until becoming fully vested after the sixth year of service. Each participant is 100% vested in his share of Company contributions upon death or disability. Upon termination of employment, non-vested balances are accumulated and used to pay administrative expenses of the Plan, or used to reduce future company matching contributions.

Payment of benefits
Benefits are recorded when paid. Upon termination, employees may elect to receive their distributions in a lump sum or allow their investments to remain in the Plan subject to certain restrictions.

Participant accounts
Each participant's account is credited with the participant's contribution and the matching contribution of Channell Commercial and the Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All contributions made to these accounts are directed by the participant into a particular investment offered by the administrator and the allocations between investments can be changed at will.

Participant loans receivable
Employees may borrow against their deferred balances, subject to certain restrictions, with interest charged at market rates as defined in the Plan. Loans are measured at unpaid principal balance plus accrued but unpaid interest. At December 31, 2010 and 2009, there were loans to participants which totaled $308,174 and $268,904, respectively with interest rates ranging from 3.25% to 8.25%.

CHANNELL COMMERCIAL CORPORATION
401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

2. Summary of significant accounting policies

Basis of accounting

The financial statements of the Plan have been prepared using the accrual method of accounting from information supplied by the Company, the Plan administrator and the custodian. The Hartford Life Insurance Company (HLIC), the Plan's custodian, has certified substantially all amounts shown in the financial statements.

Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis. The plan no longer holds any fully benefit-responsive investment contracts.

Investment valuation and income recognition

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The Plan uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to inputs to the valuation methodology that are unobservable and significant to the fair value measurement (level 3 measurements).

Investments are in: mutual funds measured at readily available quoted market prices in active markets for identical securities, net asset value of shares held by the plan at year end (Level 1 input measurements). There are no Level 2 or 3 investments.

CHANNELL COMMERCIAL CORPORATION
401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

2. Summary of significant accounting policies (continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value heirarchy, the Plan's assets at fair value as of December 31:

	December 31,	
	2010	2009
	Level 1	Level 1
Mutual funds by class:		
Stable/cash	$ 1,738,777	$ 2,079,237
Bond	341,923	210,248
Asset allocation/balanced	560,515	516,369
Large cap	392,604	441,523
Mid cap	400,325	351,195
Small cap	238,415	168,456
International/Global	453,464	408,040
Specialty	88,340	67,583

Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in the statement of changes in net assets available for plan benefits as increases or decreases in net assets. All investment transactions are recorded on a trade date basis.

3. Concentrations

The following presents the fair values of the Plan's investments and other assets that represent 5% or more of the Plan's net assets as certified by the trustee and asset custodian.

	December 31,	
	2010	2009
Description	Value	Value
Loans by participants	308,174	268,904
JPMorgan Prime MM Cashmgt	1,738,777	2,079,237
Thornburg International	283,639	273,026

CHANNELL COMMERCIAL CORPORATION
401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

4. Income taxes

The Plan obtained its latest determination letter on April 15, 1998, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, amounts contributed by the Company, Plan participants and Plan earnings are not taxable to the participants until distributed and no provision for income taxes has been included in the plan's financial statements.

5. Related party transactions

The investments of the Plan are shares of mutual funds managed by the custodian, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to the custodian were $7,362 and $8,438 for 2010 and 2009, respectively. Revenue sharing received by The Hartford from underlying investment funds was estimated at $24,990 for 2010. The following officers of the Company also qualify as parties-in-interest when they are participants in the plan and have the following balances as of 2010 and 2009, respectively: William Channell Jr, $38,250 and $46,448, Jacqueline Channell, $1,891 and $2,051, and Edward Burke, $184,407 and $173,960.

The Company may pay administrative and trust expenses in whole or in part. All expenses not paid by the Company shall be paid by the Plan. Administrative and trust expenses paid by the Company and not charged to the Plan amounted to $15,592 and $16,469 for the years ended December 31, 2010 and 2009, respectively. The Company also pays the salaries of the benefits administrators and other personnel who perform services for the Plan as part of their duties. These expenses are not recorded as plan expenses.

6. Forfeited matching contributions

During 2010 and 2009, the amount of forfeited non-vested accounts was $1,636 and $55. The amount will be used to reduce the amount contributed as a matching contribution by the Company or for administrative expenses.

CHANNELL COMMERCIAL CORPORATION
401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

7. Information prepared and certified by the Custodian

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by HLIC, the custodian.

Information included in the statements of net assets available for benefits:
Value of interest in registered investment companies (e.g. mutual funds)
Particpant loans receivable

Information included in the statement of changes in net assets available for benefits:
Contributions
Earnings
Deductions from net assets

8. ERISA bond requirement

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total plan assets, and is required to be at least equal to the lesser of 10% of the plan's assets at the beginning of the plan year or $500,000. At December 31, 2010 and 2009, the Plan's sponsor maintained bond coverage in the amount of $2,000,000 which includes the Plan.

9. Risks and Uncertainties

The Plan maintains its cash and investment accounts in uninsured accounts held by The Hartford Retirement Plans Group. The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

10. Subsequent events

Management has evaluated subsequent events through September 19, 2011, the date the financial statements were available to be issued.

Channell Commercial Corporation
401(k) Plan

Schedule of Assets Held For Investment Purposes
Form 5500 Schedule H (4i)
For the plan year ended December 31, 2010
EIN: 95-2453261
Plan Number: 001

(A)	(B) IDENTITY OF ISSUE	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
*	Alger Midcap Growth In	Mutual funds		$139,979
*	AF Europacific Grth R1	Mutual funds		$169,826
*	AF Growth Fund Amer R1	Mutual funds		$154,095
*	AF Income Fund Amer R1	Mutual funds		$130,766
*	AF Inv Comp America R1	Mutual funds		$23,486
*	Blackrock Mid Cap Val	Mutual funds		$38,413
*	Davis New York Venture	Mutual funds		$30,662
*	DWS RREEF Real Estate	Mutual funds		$148,836
*	DWS Small Cap Growth	Mutual funds		$38,039
*	Wells Fargo Adv Total Ret Bond	Mutual funds		$52,647
*	JPMorgan Prime MM cashmgt	Mutual funds		$1,738,777
*	Franklin Income	Mutual funds		$115,223
*	Franklin Total Return	Mutual funds		$84,706
*	Hartford Balanced Allo	Mutual funds		$60,566
*	Hartford Conservative	Mutual funds		$32,433
*	Hartford Growth Alloca	Mutual funds		$34,741
*	Hartford TR Bond	Mutual funds		$64,080
*	Hotchkis Wiley Lrg Cap	Mutual funds		$72,228
*	Mutual Shares	Mutual funds		$112,133
*	Oppenheimer Main St Sm	Mutual funds		$175,368
*	Oppenheimer Sm & Mid-C	Mutual funds		$89,579
*	Pioneer High Yield	Mutual funds		$140,490
*	Pioneer Mid-Cap Value	Mutual funds		$46,565
*	Hartford Eq Growth Alloc	Mutual funds		$186,785
*	Hartford Global Health	Mutual funds		$50,301
*	Thornburg International	Mutual funds		$283,639
*	Loans by participants	Other		$308,174
				$4,522,537

Note: (D) cost is not a required disclosure for mutual funds or loans.

See accompanying notes to financial statements and auditors' report

2010 Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in understanding the fees and compensation associated with your plan. If your plan is required to complete a *Form 5500 Schedule C*, this report identifies the different types of reportable compensation paid with respect to the Hartford product utilized by the retirement plan.

As permitted under the Schedule C reporting rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate, or a formula or rate.

- Where it is an actual dollar amount, no further notation is provided.
- Where it is an estimate, we have used a reasonable method to arrive at the estimate and described the method used to arrive at the estimated amount.
- Where a formula or rate is provided, the formula may be disclosed under the Schedule C reporting rules. Alternatively, for purposes of Schedule C or for your fiduciary review of the compensation paid with respect to the plan's product, you may calculate an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies. Thus, much of the compensation information being provided can be expressed in the form of a formula.

Please note that all compensation is being reported for the 2010 calendar year. This report includes compensation actually paid to or by The Hartford within the 2010 calendar year as part of your Hartford product. This report does not include amounts deducted from plan assets and paid to third parties (other than The Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here directly from other service providers.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. These service codes are listed in the 2010 Instructions for Schedule C (Form 5500). Please review with your experienced benefits counsel and other professionals to determine the most appropriate service codes for your plan.

Please contact your Hartford Client Service Team should you require additional information regarding the compensation paid to or by The Hartford with respect to your plan.

Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice or accounting or other professional services. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

CHANNELL COMMERCIAL CORPORATION 401(K) PLAN (710181)
PLAN YEAR END: 12/31

For use with lines 2(h), 3(c), 3(d), 3(e)

Recipient: Hartford Life Insurance Company EIN: 06-0974148

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

1. Direct Compensation **$7,362.17**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction. Of this amount, our records indicate that Hartford Life Insurance Company received **$7,362.17** . Please review your records to determine what other service providers (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, plan auditor) received all or any portion of the remaining amount.

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Hartford Life Insurance Company are the net result of aggregating direct compensation after the effects of adjustments processed in 2010, some of which may have pertained to prior years.

2. Indirect Compensation

Float compensation **$17.98**

Bank accounts and investments associated with short-term investment pool, 200 Hopmeadow Road, Simsbury, CT 06089

This is an estimate based on the annual average rate of float (0.1415% for 2010) earned on the bank accounts and investment associated with the short-term investment pool for the 2010 calendar year multiplied by an estimate of the assets related to uncashed checks. This estimate does not include float earned for any other reason (e.g., if amounts remitted to Hartford cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

Compensation paid with respect to Underlying Funds

Investment Option Name	*EIN*	*Fees Received from investment options on your Plan's Menu (rates as of 12/31/10)*	*Total Annual Expenses[2] (as of 12/31/10)*
ALGER MIDCAP GROWTH INSTITUT R	13-2665689	0.80% x assets	1.68%
AMERICAN FUNDS EUROPAC GROWTH R1	95-1411037	1.10% x assets	1.64%
AMERICAN FUNDS GR FD OF AMER R1	52-0792143	1.10% x assets	1.44%
AMERICAN FUNDS INC FD OF AMER R1	06-0867264	1.10% x assets	1.44%
AMERICAN FUNDS INV CO OF AMER R1	95-1426645	1.10% x assets	1.43%
BLACKROCK MID CAP VALUE OPPS R	13-3806694	0.75% x assets	1.81%
DAVIS NEW YORK VENTURE R	13-2601967	0.60% x assets plus $12/participant	1.24%
DWS RREEF REAL EST SECURITIES R	13-3241232	0.75% x assets	1.19%
DWS SMALL CAP GROWTH A	13-3241232	0.55% x assets	1.42%
EVERGREEN CORE BOND R	NA[1]	0.75% x assets	1.09%
FRANKLIN INCOME R	13-2573775	0.60% x assets plus $12/participant	1.00%
FRANKLIN TOTAL RETURN R	13-3151768	0.60% x assets plus $12/participant	1.16%

Investment Option Name	*EIN*	*Fees Received from investment options on your Plan's Menu (rates as of 12/31/10)*	*Total Annual Expenses[2] (as of 12/31/10)*
HOTCHKIS AND WILEY LGCAP VALUE R	95-4871957	0.75% x assets	1.55%
JPMORGAN PRIME MONEY MKT CASHMGT	33-1043149	0.80% x assets	0.53%
MUTUAL SHARES R	22-2894171	0.60% x assets plus $12/participant	1.33%
OPPENHEIMER MAIN ST SM&MD CAP N	84-1501338	0.50% x assets plus $12/participant	1.49%
OPPENHEIMER SM AND MIDCAP VAL N	13-6977079	0.50% x assets plus $12/participant	1.54%
PIONEER HIGH YIELD R	04-3500606	0.75% x assets	1.47%
PIONEER MID-CAP VALUE R	04-3091159	0.75% x assets	1.66%
THE HARTFORD BALANCED ALLOCAT A	13-3317783	0.65% x assets	1.33%
THE HARTFORD CONSERV ALLOCA A	13-3317783	0.65% x assets	1.32%
THE HARTFORD EQU GROWTH ALLOC A	13-3317783	0.65% x assets	1.60%
THE HARTFORD GLOBAL HEALTH A	22-2937447	0.65% x assets	1.55%
THE HARTFORD GROWTH ALLOCATION A	13-3317783	0.65% x assets	1.47%
THE HARTFORD MONEY MARKET A	22-2937447		0.90%
THE HARTFORD TOTAL RETURN BOND A	22-2937447	0.65% x assets	1.00%
THORNBURG INTERNATIONAL VALUE R3	06-1158764	0.75% x assets	1.45%

[1] At the time this report was generated this information was not available.

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Hartford Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The list includes any investment option held by the plan during the 2010 calendar year. To arrive at an estimate of the dollar amount that Hartford received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

[2] This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. Please note that affiliates of Hartford Life Insurance Company act as advisor to the Hartford funds. Such affiliates are identified in the fund's prospectus' and receive management fees in the following amounts:

The Hartford Balanced Allocation Inv Opt	0.14% x assets
The Hartford Conservative Allocation Inv Opt	0.15% x assets
The Hartford Equity Growth Allocation Inv Opt	0.15% x assets
The Hartford Global Health Inv Opt	0.90% x assets
The Hartford Growth Allocation Inv Opt	0.14% x assets
The Hartford Money Market Inv Opt	0.45% x assets
The Hartford Total Return Bond Inv Opt	0.52% x assets

Fax Transmittal
Accountant's Opinion Information

To: The Hartford, Compliance Reporting Team: FAX 860-843-7245

From: Brakensiek Leavitt Pleger, LLP

Plan Name: Channell Commercial Corporation 401(K) Plan

6-digit Plan Number: 710181 Plan Year Ending: 12/31/10

The following information is being provided to The Hartford, to complete the Accountant's Opinion Section (Part III), on Schedule H of the Form 5500.

1) Type of Opinion (circle one): Unqualified, Qualified, Disclaimer, or Adverse

2) Did the accountant perform a limited scope audit? (circle one) Yes or No

3) Name of accountant or firm: Brakensiek Leavitt Pleger, LLP

4) EIN of accountant or firm: 95-4704847

Note: If you changed Auditors from last year, the following information is required regarding the prior auditing firm:

Name of Prior Auditing Firm: Same as current

Complete Address: _____

EIN#: _____ Telephone#: _____

Reason for Changing Auditors: _____

5) Additional changes to Schedule H (check one):

☑ No
☐ Yes, as noted on the attached copy of ____ additional pages.

Please prepare signature-ready Form 5500 with the above revisions.

Signed _____ Date 9/23/11
(Accountant or Plan Sponsor)

CRT, 5500REV

CHANNELL COMMERCIAL CORPORATION

401(k) Plan
Report and Financial Statements
December 31, 2010 and 2009

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Statement of changes in net assets available for plan benefits for the year ended December 31, 2010	3
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Schedules omitted are not applicable or are not required based on disclosure requirements of the Employee Retirement Income Security Act of 1974 and regulations issued by the U.S. Department of Labor.

Brakenslek Leavitt Pleger, LLP
The Eclectic Accountants & Business Advisors

Lynne Leavitt, C.P.A.
Corinne Pleger, C.P.A.

INDEPENDENT AUDITORS' REPORT

To the Participants and Administration Committee of the
CHANNELL COMMERCIAL CORPORATION 401(k) PLAN

We were engaged to audit the financial statements of the Channell Commercial Corporation 401(k) Plan as of December 31, 2010 and 2009 and for the year ended December 31, 2010 and the supplemental schedule as of and for the year ended December 31, 2010 as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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Brakenslek Leavitt Pleger, LLP

Los Angeles, California
September 19, 2011

CHANNELL COMMERCIAL CORPORATION
401(k) PLAN
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Benefits paid to participants	474,801
Corrective distributions	-
Investment advisory and management fees	7,362
Total deductions	482,163
Net increase (decrease) in assets	10,982
Net assets, beginning of year	4,511,555
Net assets, end of year	$ 4,522,537

See accompanying notes to financial statements and auditors' report

CHANNELL COMMERCIAL CORPORATION
401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

1. Plan description

The following description of the Channell Commercial Corporation 401(k) Plan provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Channell Commercial Corporation 401(k) Plan is a defined contribution plan covering substantially all employees of Channell Commercial Corporation (the "Company") who have met certain eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was adopted January 1, 1986, and restated October 1, 1998. As of May 1, 2006, Hartford Life Insurance Company became the plan's custodian. The purpose of the plan is to provide retirement benefits for the Company's employees.

The Channell Commercial Corporation 401(k) Plan was initially adopted as a profit sharing plan covering substantially all employees of the Company who had two years of service and were age twenty-one or older. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The initial profit sharing plan was amended to meet the requirements of Section 401(k) of the Internal Revenue Code (the "Code") and was simultaneously merged with the Company's existing 401(k) plan.

Although the Plan has been amended several times, the Plan is intended to be a qualified defined contribution plan which satisfies the requirements of Section 401(k) of the Code. Under the Code, participants are not liable for federal income taxes on employee contributions, Company contributions or plan earnings until such time as they are partially or completely withdrawn from the Plan.

Summary of significant plan amendments

As of September 16, 2004, the Plan was amended to include maximum contribution limits, new catch up contribution for participants over 50, higher compensation limits and discretionary matching sponsor contributions. The Plan was amended March 16, 2005 to direct payment of mandatory distributions greater than $1,000, that have not been specified by the participant, to a direct rollover to an individual retirement plan designated by the Administrator. On October 24, 2006, the plan was amended to add Roth 401(k) deferrals.

Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan termination, participants become 100% vested in all employer contributions.

CHANNELL COMMERCIAL CORPORATION
401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

1. Plan description (continued)

Contributions
Contributions to the 401(k) plan may consist of funds contributed by the Company, employees and rollover contributions. Participants may elect to contribute up to 100% of compensation, as defined in the Plan, up to a maximum amount as prescribed by the Internal Revenue Service. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing rollovers from other qualified retirement plans. The Company provides a discretionary matching contribution determined annually.

Vesting
Participants in the 401(k) plan are 100% vested in their salary reduction and rollover contributions and the related earnings. Vesting in any Company contributions is based on years of service. A participant is 20% vested after two years, with a 20% increase each succeeding year until becoming fully vested after the sixth year of service. Each participant is 100% vested in his share of Company contributions upon death or disability. Upon termination of employment, non-vested balances are accumulated and used to pay administrative expenses of the Plan, or used to reduce future company matching contributions.

Payment of benefits
Benefits are recorded when paid. Upon termination, employees may elect to receive their distributions in a lump sum or allow their investments to remain in the Plan subject to certain restrictions.

Participant accounts
Each participant's account is credited with the participant's contribution and the matching contribution of Channell Commercial and the Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All contributions made to these accounts are directed by the participant into a particular investment offered by the administrator and the allocations between investments can be changed at will.

Participant loans receivable
Employees may borrow against their deferred balances, subject to certain restrictions, with interest charged at market rates as defined in the Plan. Loans are measured at unpaid principal balance plus accrued but unpaid interest. At December 31, 2010 and 2009, there were loans to participants which totaled $308,174 and $268,904, respectively with interest rates ranging from 3.25% to 8.25%.

CHANNELL COMMERCIAL CORPORATION
401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

2. Summary of significant accounting policies

Basis of accounting

The financial statements of the Plan have been prepared using the accrual method of accounting from information supplied by the Company, the Plan administrator and the custodian. The Hartford Life Insurance Company (HLIC), the Plan's custodian, has certified substantially all amounts shown in the financial statements.

Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis. The plan no longer holds any fully benefit-responsive investment contracts.

Investment valuation and income recognition

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The Plan uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to inputs to the valuation methodology that are unobservable and significant to the fair value measurement (level 3 measurements).

Investments are in: mutual funds measured at readily available quoted market prices in active markets for identical securities, net asset value of shares held by the plan at year end (Level 1 input measurements). There are no Level 2 or 3 investments.

CHANNELL COMMERCIAL CORPORATION
401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

2. Summary of significant accounting policies (continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value heirarchy, the Plan's assets at fair value as of December 31:

	December 31,	
	2010	2009
	Level 1	Level 1
Mutual funds by class:		
Stable/cash	$ 1,738,777	$ 2,079,237
Bond	341,923	210,248
Asset allocation/balanced	560,515	516,369
Large cap	392,604	441,523
Mid cap	400,325	351,195
Small cap	238,415	168,456
International/Global	453,464	408,040
Specialty	88,340	67,583

Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in the statement of changes in net assets available for plan benefits as increases or decreases in net assets. All investment transactions are recorded on a trade date basis.

3. Concentrations

The following presents the fair values of the Plan's investments and other assets that represent 5% or more of the Plan's net assets as certified by the trustee and asset custodian.

	December 31,	
	2010	2009
Description	Value	Value
Loans by participants	308,174	268,904
JPMorgan Prime MM Cashmgt	1,738,777	2,079,237
Thornburg International	283,639	273,026

CHANNELL COMMERCIAL CORPORATION
401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

4. Income taxes

The Plan obtained its latest determination letter on April 15, 1998, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, amounts contributed by the Company, Plan participants and Plan earnings are not taxable to the participants until distributed and no provision for income taxes has been included in the plan's financial statements.

5. Related party transactions

The investments of the Plan are shares of mutual funds managed by the custodian, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to the custodian were $7,362 and $8,438 for 2010 and 2009, respectively. Revenue sharing received by The Hartford from underlying investment funds was estimated at $24,990 for 2010. The following officers of the Company also qualify as parties-in-interest when they are participants in the plan and have the following balances as of 2010 and 2009, respectively: William Channell Jr, $38,250 and $46,448, Jacqueline Channell, $1,891 and $2,051, and Edward Burke, $184,407 and $173,960.

The Company may pay administrative and trust expenses in whole or in part. All expenses not paid by the Company shall be paid by the Plan. Administrative and trust expenses paid by the Company and not charged to the Plan amounted to $15,592 and $16,469 for the years ended December 31, 2010 and 2009, respectively. The Company also pays the salaries of the benefits administrators and other personnel who perform services for the Plan as part of their duties. These expenses are not recorded as plan expenses.

6. Forfeited matching contributions

During 2010 and 2009, the amount of forfeited non-vested accounts was $1,636 and $55. The amount will be used to reduce the amount contributed as a matching contribution by the Company or for administrative expenses.

CHANNELL COMMERCIAL CORPORATION
401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

7. Information prepared and certified by the Custodian

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by HLIC, the custodian.

Information included in the statements of net assets available for benefits:
Value of interest in registered investment companies (e.g. mutual funds)
Particpant loans receivable

Information included in the statement of changes in net assets available for benefits:
Contributions
Earnings
Deductions from net assets

8. ERISA bond requirement

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total plan assets, and is required to be at least equal to the lesser of 10% of the plan's assets at the beginning of the plan year or $500,000. At December 31, 2010 and 2009, the Plan's sponsor maintained bond coverage in the amount of $2,000,000 which includes the Plan.

9. Risks and Uncertainties

The Plan maintains its cash and investment accounts in uninsured accounts held by The Hartford Retirement Plans Group. The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

10. Subsequent events

Management has evaluated subsequent events through September 19, 2011, the date the financial statements were available to be issued.

Channell Commercial Corporation
401(k) Plan

Schedule of Assets Held For Investment Purposes
Form 5500 Schedule H (4i)
For the plan year ended December 31, 2010
EIN: 95-2453261
Plan Number: 001

(A)	(B) IDENTITY OF ISSUE	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
*	Alger Midcap Growth In	Mutual funds		$139,979
*	AF Europacific Grth R1	Mutual funds		$169,826
*	AF Growth Fund Amer R1	Mutual funds		$154,095
*	AF Income Fund Amer R1	Mutual funds		$130,766
*	AF Inv Comp America R1	Mutual funds		$23,486
*	Blackrock Mid Cap Val	Mutual funds		$38,413
*	Davis New York Venture	Mutual funds		$30,662
*	DWS RREEF Real Estate	Mutual funds		$148,836
*	DWS Small Cap Growth	Mutual funds		$38,039
*	Wells Fargo Adv Total Ret Bond	Mutual funds		$52,647
*	JPMorgan Prime MM cashmgt	Mutual funds		$1,738,777
*	Franklin Income	Mutual funds		$115,223
*	Franklin Total Return	Mutual funds		$84,706
*	Hartford Balanced Allo	Mutual funds		$60,566
*	Hartford Conservative	Mutual funds		$32,433
*	Hartford Growth Alloca	Mutual funds		$34,741
*	Hartford TR Bond	Mutual funds		$64,080
*	Hotchkis Wiley Lrg Cap	Mutual funds		$72,228
*	Mutual Shares	Mutual funds		$112,133
*	Oppenheimer Main St Sm	Mutual funds		$175,368
*	Oppenheimer Sm & Mid-C	Mutual funds		$89,579
*	Pioneer High Yield	Mutual funds		$140,490
*	Pioneer Mid-Cap Value	Mutual funds		$46,565
*	Hartford Eq Growth Alloc	Mutual funds		$186,785
*	Hartford Global Health	Mutual funds		$50,301
*	Thornburg International	Mutual funds		$283,639
*	Loans by participants	Other		$308,174
				$4,522,537

Note: (D) cost is not a required disclosure for mutual funds or loans.

See accompanying notes to financial statements and auditors' report

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CHANNELL COMMERCIAL CORPORATION 401(K) PLAN **EIN:** 95-2453261
Plan Sponsor's Name CHANNELL COMMERCIAL CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AF INCOME FUND AMER R1	Other Investments		130,766
	OPPEN MAIN ST SMALL AND MID-CAP IN	Other Investments		175,368
	FRANKLIN INCOME R	OTHER INVESTMENTS		115,223
	FRANKLIN TOT RETURN R	OTHER INVESTMENTS		84,706
	ALGER MC GROWTH INST R	OTHER INVESTMENTS		139,979
	THORNBURG INTL VALUE R3	OTHER INVESTMENTS		283,639
	OPPEN SM AND MIDCAP VAL N	OTHER INVESTMENTS		89,579

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CHANNELL COMMERCIAL CORPORATION 401(K) **EIN:** 95-2453261
Plan Sponsor's Name CHANNELL COMMERCIAL CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PIONEER M-CAP VALUE R	OTHER INVESTMENTS		46,565
	BLCKRCK MC VAL OPP R	OTHER INVESTMENTS		38,413
	MUTUAL SHARES R	OTHER INVESTMENTS		112,133
	AF INV COMP AMERICA R1	OTHER INVESTMENTS		23,486
	AF GROWTH FUND AMER R1	OTHER INVESTMENTS		154,095
	AF EUROPACIFIC GRTH R1	OTHER INVESTMENTS		169,826
	DAVIS NY VENTURE R	OTHER INVESTMENTS		30,662

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CHANNELL COMMERCIAL CORPORATION 401(K) **EIN:** 95-2453261
Plan Sponsor's Name CHANNELL COMMERCIAL CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JPMORGAN PRIME MM CASHMGT	OTHER INVESTMENTS		1,738,777
	DWS RREEF REAL EST SECURITIES R	OTHER INVESTMENTS		148,836
	DWS SMALL CAP GROWTH A	OTHER INVESTMENTS		38,039
	HOTCHKIS AND WILEY LGCAP VALUE R	OTHER INVESTMENTS		72,228
	PIONEER HIGH YIELD R	OTHER INVESTMENTS		140,490
	THE HARTFORD BALANCED ALLOCAT A	OTHER INVESTMENTS		60,566
	THE HARTFORD CONSERV ALLOCA A	OTHER INVESTMENTS		32,433

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CHANNELL COMMERCIAL CORPORATION 401(K) **EIN:** 95-2453261
Plan Sponsor's Name CHANNELL COMMERCIAL CORPORATION **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	THE HARTFORD EQU GROWTH ALLOC A	OTHER INVESTMENTS		186,786
	THE HARTFORD GLOBAL HEALTH A	OTHER INVESTMENTS		50,302
	THEHARTFORD GROWTH ALLOCATION A	OTHER INVESTMENTS		34,741
	THEHARTFORD TOTAL RETURN BOND A	OTHER INVESTMENTS		64,080
	WELLS FARGO ADV TOTAL RET BOND R	OTHER INVESTMENTS		52,647
	LOAN	OTHER INVESTMENTS		308,174