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
BERT SMITH OLDSMOBILE, INC. SALARY SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 06/15/1991

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
BERT SMITH OLDSMOBILE, INC.

3800 34TH ST N
ST PETERSBURG, FL 33714

2b Employer Identification Number (EIN) 59-0702194

2c Sponsor's telephone number 727-527-1111

2d Business code (see instructions) 441110

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.	10/06/2011	E.W. SMITH III
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3800 34TH ST N
ST PETERSBURG, FL 33714

3b Administrator's EIN
59-0702194

3c Administrator's telephone number
727-527-1111

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**	116
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**	77
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	8
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	85
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	85
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	47
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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 2G 2J 2K 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)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	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
BERT SMITH OLDSMOBILE, INC. SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
BERT SMITH OLDSMOBILE, INC.

D Employer Identification Number (EIN)
59-0702194

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
ING LIFE INSURANCE AND ANNUITY 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
71-0294708	86509	PHU984	0	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
2059	517

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
AMERICAN PORTFOLIOS FINANCIAL SERVI
4250 VETERANS MEMORIAL HWY
HOLBROOK, NY 11741

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2059		COMMISSIONS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ASSOCIATED PENSION CONSULTANTS, INC
50 JACKSON AVE., 3RD FLOOR
SYOSSET, NY 11791

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	517	TPA PARTNERSHIP PROGRAM	5

(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

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	(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	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AS PER PUBLISHED RATE OF INS. CO.

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. Specify nature of costs ▶	6d	

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 PENSION FUNDING

b	Balance at the end of the previous year			7b	213165
c	Additions: (1) Contributions deposited during the year	7c(1)	136825		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	3420		
	(4) Transferred from separate account	7c(4)	1290589		
	(5) Other (specify below) ▶ MARKET VALUE ADJUSTMENT	7c(5)	965		
	(6) Total additions			7c(6)	1431799
d	Total of balance and additions (add **b** and **c(6)**)			7d	1644964
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	91789		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	131399		
	(4) Other (specify below) ▶ TRANSFERRED ASSETS, TPA FEES PAID	7e(4)	1421776		
	(5) Total deductions			7e(5)	1644964
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)**	0
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)**	0
(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)**	0
(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) ▶	
BERT SMITH OLDSMOBILE, INC. SALARY SAVINGS PLAN		002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
BERT SMITH OLDSMOBILE, INC.	59-0702194	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

NATIONWIDE

31-1592130

(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?
65 64 65 66 72	SERVICE PROVIDER	7822	Yes [X] No [ ]	Yes [X] No [ ]	348	Yes [ ] No [X]

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

ING LIFE INSURANCE & ANNUITY CO

71-0294708

(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?
60 64 65 66 72	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	4878	Yes [ ] No [X]

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

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

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

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

(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
BARON FUNDS	28 52 63	1295

(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.
BARON ASSET FUND 13-6891420	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PIONEER FUNDS	28 52 63	1366

(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.
PIONEER EQUITY INCOME FUND 04-3091164	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES

(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

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(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: KIRKLAND, RUSS, MURPHY & TAPP, P.A.	**b** EIN: 59-3076061	
c Position: ACCOUNTANT		
d Address: 13577 FEATHER SOUND DRIVE SUITE 400 CLEARWATER, FL 33762	**e** Telephone: 727-572-1400	

Explanation: THE SHAREHOLDERS OF KIRKLAND, RUSS, MURPHY & TAPP, P.A. BECAME SHAREHOLDERS OF MAYER HOFFMAN MCCANN P.C. AS OF NOVEMBER 1, 2010.

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
BERT SMITH OLDSMOBILE, INC. SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BERT SMITH OLDSMOBILE, INC.

D Employer Identification Number (EIN)
59-0702194

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: MAP CONTRACT SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE & ANNUITY CO.

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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)

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
BERT SMITH OLDSMOBILE, INC. SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BERT SMITH OLDSMOBILE, INC.

D Employer Identification Number (EIN)
59-0702194

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	48914	52331
(2) Participant contributions	1b(2)	3564	3358
(3) Other	1b(3)	0	0
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)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	1152694	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	1649202
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	213165	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)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	1418337	1704891
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	1418337	1704891

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)	52331	
(B) Participants	2a(1)(B)	159603	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		211934
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)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	3420	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3420
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
	(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)		7462
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		219672
c	Other income	2c		27
d	Total income. Add all **income** amounts in column (b) and enter total	2d		442515
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	145752	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		145752
f	Corrective distributions (see instructions)	2f		9789
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	0	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	420	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		420
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		155961
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		286554
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: MAYER HOFFMAN MCCANN P.C. **(2)** EIN: 43-1947695

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		3674
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		250000
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	X		

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
BERT SMITH OLDSMOBILE, INC. SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BERT SMITH OLDSMOBILE, INC.

D Employer Identification Number (EIN)
59-0702194

Part I Distributions

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

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

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

EIN(s): 71-0294708 31-1592130

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BERT SMITH OLDSMOBILE, INC.
SALARY SAVINGS PLAN

Financial Statements
and Supplemental Schedules

December 31, 2010 and 2009
(With Independent Auditors' Report Thereon)

BERT SMITH OLDSMOBILE, INC.
SALARY SAVINGS PLAN

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Independent Auditors' Report

Plan Administrator
Bert Smith Oldsmobile, Inc. Salary Savings Plan:

We were engaged to audit the accompanying financial statements and supplemental schedules of Bert Smith Oldsmobile, Inc. Salary Savings Plan as of and for the year ended December 31, 2010, as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of Bert Smith Oldsmobile, Inc. Salary Savings Plan as of December 31, 2009 were audited by other auditors, Kirkland, Russ, Murphy & Tapp, P.A. whose shareholders became shareholders of Mayer Hoffman McCann P.C. as of November 1, 2010. 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 the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by ING Life Insurance and Annuity Company, the trustee of the Plan. Their report dated September 3, 2010, indicated that (a) because of the significance of the information they did not audit, they were unable to, and did not, express an opinion on the 2009 financial statements taken as a whole and (b) the form and content of the information included in the 2009 financial statements other than derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income and Security Act of 1974.

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 3, which was certified by ING Life Insurance and Annuity Company and Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB, a division of Nationwide Bank, the trustees of 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 Administrator that the trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the trustees as of and for the year ended December 31, 2010, that the information provided to the Plan Administrator by the trustees 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 2010 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2010 financial statements and supplemental schedules, other than that derived from the information certified by the trustees, 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.

Mayer Hoffman McCann P.C.

September 8, 2011
Clearwater, Florida

BERT SMITH OLDSMOBILE, INC.
SALARY SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

	2010	2009
Investments, at fair value:		
Registered investment companies	$ 1,643,665	-
Pooled separate accounts	-	1,152,694
Collective investment fund	5,537	-
Fixed account	-	208,110
Total investments, at fair value	1,649,202	1,360,804
Receivables:		
Employer contributions	52,331	48,914
Participant contributions	3,358	3,564
Total assets	1,704,891	1,413,282
Liabilities - excess contributions payable	11,446	7,919
Net assets available for benefits, at fair value	1,693,445	1,405,363
Adjustment from fair value to contract value for fully benefit-responsive investment contract	-	5,055
Net assets available for benefits	$ 1,693,445	1,410,418

BERT SMITH OLDSMOBILE, INC.
SALARY SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2010

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	226,169
Interest income		3,420
Net investment income		229,589
Contributions:		
Employer		53,642
Participant		150,274
Total contributions		203,916
Total additions to net assets		433,505
Deductions from net assets attributed to:		
Benefits paid to participants		150,058
Administrative expenses		420
Total deductions from net assets		150,478
Net increase in net assets		283,027
Net assets available for benefits at beginning of year		1,410,418
Net assets available for benefits at end of year	$	1,693,445

See accompanying notes to financial statements and independent auditors' report.

BERT SMITH OLDSMOBILE, INC.
SALARY SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

(1) Description of Plan

The following description of Bert Smith Oldsmobile, Inc. Salary Savings Plan (Plan), sponsored by Bert Smith Oldsmobile, Inc. (Employer) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan that covers eligible employees of Bert Smith Oldsmobile, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan has been amended to adopt certain provisions of the Economic Growth and Tax Relief Act of 2001 (EGTRRA) and the Uruguay Round Agreement Act, the Small Business Protection Act, the Taxpayer Relief Act, and the Internal Revenue Service Restructuring and Reform Act (collectively referred to as GUST).

Effective January 1, 2009, the Plan was amended to reflect certain provisions of the Pension Protection Act of 2006 (PPA), the Heroes Earnings Assistance and Relief Tax Act of 2008 (HEART), the Emergency Economic Stabilization Act of 2008 (EESA), and the Workers, Retiree, and Employer Recovery Act of 2008 (WRERA).

Effective January 1, 2010, the Plan was restated to meet requirements of EGTRRA, the Job Creation and Worker Assistance Act of 2002 (JCWAA), and the Sarbanes-Oxley Act of 2002 (SOA).

In July 2010, Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB, a division of Nationwide Bank (Nationwide) became the trustee of the Plan. As a result, all assets in the Plan were transferred to Nationwide from ING Life Insurance and Annuity Company (ILIAC), the former trustee of the Plan.

(b) Eligibility

All employees of the Employer are eligible to participate in the Plan on the first, fourth, seventh, and tenth months of the Plan year following the completion of twelve consecutive months of service and attainment of age 21.

(c) Contributions

Participants can elect to contribute 100% of their pre-tax annual salaries to the Plan subject to certain limitations. Additionally, the Employer may make discretionary matching contributions. The Employer's contribution to the Plan was approximately $54,000 for the year ended December 31, 2010. The Plan also accepts rollovers from other tax-qualified plans.

(d) Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Employer's contribution and (b) Plan earnings. Plan earnings are credited to participants' accounts at the rate attributable to participants' specific account balances.

(1) Description of Plan - Continued

(e) Plan Termination

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

(f) Forfeitures

Forfeitures of non-vested participant account balances are used to reduce the matching contributions of the Employer for the Plan Year in which the forfeitures occur. At December 31, 2009, the Plan had approximately $100 available to reduce future matching contributions. During the year ended December 31, 2010, the Employer used approximately $4,600 of forfeitures to reduce the Employer matching contribution. There were no forfeitures available at December 31, 2010.

(g) Vesting

Participants are immediately vested in their contributions plus actual earnings. Participants become fully vested in Employer contributions and earnings thereon upon death, disability, or as described in the following vesting schedule:

Years of Service	Vested Percentage
Less than two years	0%
After two years	20%
After three years	40%
After four years	60%
After five years	80%
After six years	100%

Participants are credited with a year of service for vesting purposes if they complete 1,000 hours of service during the Plan Year.

(h) Payment of Benefits

Upon termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account as a lump-sum distribution or equal periodic installments.

(i) In-Service Withdrawals

The Plan allows participants to withdraw a portion of their account balance after age 59 ½ or in the event of an immediate financial need (hardship withdrawal). Any hardship withdrawal is limited to the amount needed to meet the financial need and must qualify with respect to Plan provisions.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis and present the net assets available for benefits and changes in net assets available for benefits in accordance with accounting principles generally accepted in the United States of America.

(b) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Registered investment companies are valued based on quoted market prices per unit multiplied by units held. The fair values of pooled separate accounts are based on quoted market prices of the underlying investments. The collective investment fund is stated at fair value which approximates contract value. The fixed account is stated at fair value with an adjustment to contract value.

The net appreciation in the fair value of investments consists of realized gains or losses and unrealized appreciation or depreciation on those investments and is presented in the accompanying statement of changes in net assets available for benefits.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned.

(c) Investment Contracts

Accounting principles generally accepted in the United States of America define the circumstances in which an investment contract is considered fully benefit-responsive and provide certain reporting and disclosure requirements for fully benefit-responsive investment contracts in defined contribution, health and welfare, and pension plans.

Fully benefit-responsive investments 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 contributions plan attributable to fully benefit-responsive investment contracts. Contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

The collective investment fund and the fixed account in which the Plan invests as of December 31, 2010 and 2009, respectively, have been identified as fully benefit-responsive. At December 31, 2010 and 2009, respectively, the collective investment fund is stated at fair value which approximates contract value, and the fixed account was stated at fair value with an adjustment to contract value.

(d) Expenses

All significant administrative costs related to the Plan are primarily paid by the Employer. Participants of the Plan may be charged with administrative and transaction-based fees on a quarterly basis.

(2) Summary of Significant Accounting Policies - Continued

(e) Use of Estimates

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

(f) Risks and Uncertainties

The Plan provides for various investment options in any combination of investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. 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 statements of net assets available for benefits.

(g) New Accounting Pronouncement

In January 2010, FASB issued Accounting Standards Update ASU 2010-06, *Improving Disclosures about Fair Value Measurements* (ASU 2010-06) which is an update to ASC Topic 820, *Fair Value Measurement and Disclosure.* This update establishes further disclosure requirements regarding transfers in and out of levels 1 and 2, and activity in Level 3 fair value measurements. In addition, plans will be required to disclose quantitative information about the inputs used in determining fair values. ASU 2010-06 is effective for interim and annual reporting periods beginning after December 15, 2009, except for the new Level 3 disclosures, which will become effective for periods beginning after December 15, 2010. The Plan adopted ASU 2010-06 on January 1, 2010 and the adoption had no impact on the Plan's net assets available for benefits or changes in net assets available for benefits as it only amends required disclosures.

(3) Trustees Certification of Plan Investments (Unaudited)

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan's investment trustees, have certified that the following data included in the accompanying financial statements is complete and accurate:

- Investments at fair value, as shown in the statements of net assets available for benefits as of December 31, 2010 and 2009.

- Net investment income and related investment activity, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2010.

(3) Trustees Certification of Plan Investments (Unaudited) - Continued

- The schedule of assets (held at end of year) as of December 31, 2010 as shown in the supplemental schedule.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in these financial statements.

(4) Investments

The following presents investments that represent 5% or more of the Plan's net assets available for benefits at December 31, 2010 and 2009:

	2010	2009
Pooled separate accounts:		
ING Oppenheimer Global Portfolio	$ *	116,843
The Growth Fund of America	*	161,234
EuroPacific Growth Fund	*	98,761
Baron Asset Fund	*	182,713
Pioneer Equity Income Fund	*	189,055
Registered investment companies:		
Goldman Sachs MidCap Value Institutional	98,011	*
Janus Perkins Small Cap Value Fund	88,896	*
American Funds EuroPacific Growth R6	114,300	*
Thornberg International Value I	128,754	*
Invesco VanKampen Equity and Income	85,861	*
Invesco Growth Allocation Y	99,482	*
Vanguard Select Value Investment	91,291	*
Vanguard Target Retirement 2030	225,449	*
Vanguard Target Retirement 2015	111,534	*
ING Fixed Account	*	208,110

* Investment does not represent 5% or more of the Plan's net assets available for benefits.

During 2010, the Plan's investments, including investments bought, sold, and held during the year, appreciated in value as follows:

	2010
Registered investment companies	$ 219,672
Pooled separate accounts	6,497
	$ 226,169

(5) Fair Value Measurements

Accounting principles generally accepted in the United States of America establish a three-level hierarchy for disclosure of fair value measurements that prioritizes inputs used as follows:

Level 1. Observable inputs such as quoted prices in active markets;

Level 2. Inputs, other than quoted prices in active markets, that are observable either directly or indirectly; and

Level3. Unobservable inputs in which there is little or no market data, which require the reporting entity to develop its own assumptions.

The categorization of investments within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Following is a description of the valuation methodologies used for investments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Registered Investment Companies and Pooled Separate Accounts

Registered investment companies are valued based on the unit price of the mutual fund multiplied by units held by the Plan. Pooled separate accounts are valued based on the value of the underlying investments which invest in mutual funds. These mutual funds are valued using quoted market prices and are classified as Level 1 investments.

Collective Investment Fund

The collective investment fund is a collective trust investing all of its assets in the Morley Stable Value Fund, which is comprised of conventional and synthetic investment contracts, as of December 31, 2010. The fair value of the conventional investment contracts is determined using a discounted cash flow methodology where the cash flows of the underlying contracts are discounted at prevailing rates. Individual assets of the synthetic investment contracts are generally valued at representative quoted market prices. The collective investment's funds are classified as Level 2 assets.

Fixed Account

The ING Fixed Account is a collective trust fund. The ING Fixed Account had invested all of its assets in Wells Fargo Stable Return Fund G, as of December 31, 2009. The Wells Fargo Stable Return Fund G is a collective trust fund and is valued based on the unit value reported by the underlying funds. This fund is classified as Level 2 investments.

(5) Fair Value Measurements - Continued

As of December 31, 2010 and 2009, the Plan's investments measured at fair value were as follows:

		Fair Value Measurements at Reporting Date Using		
Description	**Assets Measured at Fair Value at 12/31/2010**	**Quoted Prices in Active Markets for Identical Assets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**
Registered investment companies:				
Aggressive Allocation	$ 99,482	99,482	-	-
Conservative Allocation	37,162	37,162	-	-
Fixed Income	4,632	4,632	-	-
Foreign Large Blend	114,300	114,300	-	-
Foreign Large Growth	128,755	128,755	-	-
High Yield Bond	5,841	5,841	-	-
Intermediate-Term Bond	25,240	25,240	-	-
Large Blend	1,024	1,024	-	-
Large Growth	18,393	18,393	-	-
Mid-Cap Growth	71,671	71,671	-	-
Mid-Cap Value	189,302	189,302	-	-
Moderate Allocation	85,861	85,861	-	-
Small Blend	29,695	29,695	-	-
Small Growth	703	703	-	-
Small Value	165,315	165,315	-	-
Target Allocation	663,272	663,272	-	-
World Allocation	3,017	3,017	-	-
Collective investment fund	5,537	-	5,537	-
	$ 1,649,202	1,643,665	5,537	-

(5) Fair Value Measurements - Continued

Description	Assets Measured at Fair Value at 12/31/2009	Fair Value Measurements at Reporting Date Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts:			-	-
Foreign Large Blend	$ 98,761	98,761	-	-
Intermediate Term Bond	51,631	51,631	-	-
Large Growth	194,771	194,771	-	-
Large Value	189,055	189,055	-	-
Mid Cap Growth	182,713	182,713	-	-
Mid Cap Value	61,424	61,424	-	-
Moderate Allocation	48,727	48,727	-	-
Money Market	3,501	3,501	-	-
Real Estate	25,230	25,230	-	-
Small Blend	67,168	67,168	-	-
Small Growth	48,269	48,269	-	-
Target Allocation	64,601	64,601	-	-
World Stock	116,843	116,843	-	-
Fixed account	208,110	-	208,110	-
	$ 1,360,804	1,152,694	208,110	-

In July 2010, the fixed account (level 2) was liquidated, and substantially all assets held in this account were transferred to participant elected registered investment companies (level 1) as a result of the transfer of all accounts from ILIAC to Nationwide.

(6) Investments in Insurance Contracts

Collective Investment Fund

As of December 31, 2010, the Plan has identified the collective investment in the Morley Stable Value Fund (Fund) as a fully benefit-responsive fund as the underlying contracts of the Fund are fully benefit-responsive (see Note 2(c)). As of December 31, 2010, the contract value of the Fund was approximately $6,000.

The objective of the Fund is to provide a diversified group of investments offering competitive levels of yield consistent with stable fixed-income methodology and the careful and prudent assumption of investment risk providing for preservation of capital, stability and predictability of returns, liquidity to pay plan benefits and high credit quality through investing in a variety of investment contracts, including wrap contract and guaranteed investment contracts (GICs). GICs are typically issued with a fixed crediting rate and maturity date. The wrap contracts held by the Fund are predominately reset on a monthly basis, and the issuers guarantee a minimum crediting rate of 0%.

(6) Investments in Insurance Contracts - Continued

The gross crediting rate calculation of the wrap contracts is based upon the following key factors: market value of the portfolio, book value of the portfolio, weighted average duration of the portfolio, and the annualized dollar or duration weighted yield to maturity of the portfolio. A number of factors can influence future crediting rates, including but not limited to portfolio cash flows, underlying portfolio performance, current market interest rates for reinvestment, duration posture, change in credit ratings, default or bankruptcy by an asset or issuer, the unexpected receipt of principal and interest payments, extraordinary withdrawals and certain contract terms, including fees.

The average yield earned by the Fund and the average yield earned by the Fund with an adjustment to reflect the actual interest rate credited to participants of the Fund was 2.66% and 2.75%, respectively, during the year ended December 31, 2010.

Market value events may limit the ability of the Fund to transact at contract value. Market value events are events or conditions that occur which are outside of the normal operation of the Fund and may include but are not limited to: amendment or change of Fund administration, merger or consolidation of investors, group terminations or layoffs, termination or partial termination of the Fund, failure to meet certain tax qualifications, transfers to competing options, and plan sponsor withdrawals without appropriate notice to the Fund.

An issuer can terminate an investment contract upon the event of default by the contract holder, advisor or trustee if the issuer determines the event is likely to have a material adverse effect on the issuer's interest with respect to the contract. Such events may include but are not limited to management of portfolio is not in accordance with investment guidelines, a breach of any material obligation under the agreement, any representation or warranty made by the contract holder become untrue in any material way, replacement of the advisor without consent, termination or disqualification of the Fund, or the contract becomes a prohibited transaction under ERISA.

Fixed Account

As of December 31, 2009, the plan maintained a guaranteed interest contract investment option, the ING Fixed Account (ING contract). The contracts underlying this investment option are considered to be fully benefit-responsive (see Note 2(c)). As of December 31, 2009, the contract value of the fixed account was approximately $213,000.

The average yield based on actual earnings for the ING contract for the year ended December 31, 2009, was 2.81%. The guaranteed minimum crediting interest rate for the ING contract for the year ended December 31, 2009 was 1.5%. ILIAC makes this guarantee, and although ILIAC may credit a higher interest rate, the credited rate will never fall below the lifetime guaranteed minimum of 1.5%.

ILIAC's determination of credited interest rates reflects a number of factors, including mortality and expense risks, interest rate guarantees, investment income earned on invested assets and amortization of any capital gains and/or losses realized on the sale of invested assets. A market value adjustment may apply to amounts withdrawn at the request of the contract holder.

(6) Investments in Insurance Contracts - Continued

The underlying contract has no restrictions on the use of Plan assets, and there are no valuation reserves recorded to adjust contract amounts.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (i) amendments to the plan documents (including complete or partial plan termination or merger with another plan) (ii) changes to plan's prohibition on competing investment options or deletion of equity wash provisions; or (iii) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

(7) Party-In-Interest

During 2010 and 2009, the Plan invested in certain funds managed by ILIAC, the former trustee as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions.

(8) Tax Status

The prototype plan document which the Plan adopted, obtained its latest determination letter dated March 31, 2008, in which the Internal Revenue Service stated that the prototype 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, no provision for income taxes has been included in the Plan's financial statements.

(9) Excess Contributions Payable

As of December 31, 2010 and 2009, the Plan has excess contributions payable of $11,446 and $7,919, respectively, to certain active participants as a return of excess deferral contributions required to satisfy the relevant nondiscrimination provisions of the Plan.

(10) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to net assets available for benefits per Schedule H of Form 5500 at December 31, 2010 and 2009:

		2010	2009
Net assets available for benefits per the financial statements	$	1,693,445	1,410,418
Excess contributions payable not reported on Form 5500		11,446	7,919
Net assets available for benefits per Schedule H of Form 5500, Line 1(l)	$	1,704,891	1,418,337

(10) Reconciliation of Financial Statements to Form 5500 - Continued

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2010 to net income on Schedule H of Form 5500:

Net increase in net assets available for benefits per the financial statements	$	283,027
Excess contributions payable at December 31, 2009		(7,919)
Excess contributions payable at December 31, 2010		11,446
Net income per Schedule H of Form 5500, Line 2(k)	$	286,554

(11) Subsequent Events

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements through September 8, 2011, the date which the financial statements were available to be issued.

BERT SMITH OLDSMOBILE, INC.
SALARY SAVINGS PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

Employer Identification Number: 59-0702194

Plan Number: 002

December 31, 2010

(a)	(b) Identity of issue, borrower, lessor or a similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value (if applicable)	(e) Current value
	Invesco High Yield Institutional	Registered Investment Company	$ 5,841
	Dreyfus Inst Preferred Mny Market Prem	Registered Investment Company	4,632
	Goldman Sachs Mid Cap Value Institutional	Registered Investment Company	98,011
	Janus Perkins Small Cap Value Fund	Registered Investment Company	88,896
	BlackRock Value Opportunities Inst	Registered Investment Company	29,695
	Morgan Stanley Mid Cap Growth I	Registered Investment Company	70,569
	Oppenheimer Small & Mid Cap Growth Y	Registered Investment Company	1,103
	Pioneer Growth Opportunities Y	Registered Investment Company	703
	American Funds AMCAP R6	Registered Investment Company	18,393
	American Funds EuroPacific Growth R6	Registered Investment Company	114,300
	American Funds Capital Income Builder R6	Registered Investment Company	3,017
	RidgeWorth Total Return Bond I	Registered Investment Company	25,240
	DWS Equity 500 Index Inst	Registered Investment Company	1,024
	Thornburg International Value I	Registered Investment Company	128,754
	Invesco Van Kampen Equity and Income	Registered Investment Company	85,861
	Vanguard Target Retirement 2050	Registered Investment Company	28,132
	Vanguard Target Retirement 2040	Registered Investment Company	46,328
	Vanguard Target Retirement 2035	Registered Investment Company	55,188
	Vanguard Small Cap Value Index Inv	Registered Investment Company	76,419
	Invesco Growth Allocation Y	Registered Investment Company	99,482
	Vanguard Selected Value Investment	Registered Investment Company	91,291
	Vanguard Target Retirement 2010	Registered Investment Company	29,895
	Vanguard Target Retirement 2030	Registered Investment Company	225,449
	Vanguard Target Retirement 2045	Registered Investment Company	31,486
	Vanguard Target Retirement 2025	Registered Investment Company	82,140
	Vanguard Target Retirement 2020	Registered Investment Company	53,120
	Vanguard Target Retirement 2015	Registered Investment Company	111,534
	Vanguard Wellesley Income Inv	Registered Investment Company	37,162
	Morley Stable Value Fund	Collective Investment Fund	5,537
			$ 1,649,202

BERT SMITH OLDSMOBILE, INC.
SALARY SAVINGS PLAN

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

Employer Identification Number: 59-0702194

Plan Number: 002

December 31, 2010

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments are included: □	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 2,109	$ -	$ 2,109	$ -	$ -
1,565	-	1,565	-	-
$ 3,674	$ -	$ 3,674	$ -	$ -

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Bert Smith Oldsmobile, Inc. Salary Savings Plan

Employer Identification Number:► 59-0702194

For plan year (beginning/ending):► 1/1/2010-12/31/2010 Plan number:► 002

(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
	Nationwide Insurance	AHIS INVSCO HI YLD INST		5841
	Nationwide Insurance	DIPA DREY INST PRFRD MNYMKT		4632
	Nationwide Insurance	GMTA MRLY STBL VAL V1 BALAN		5537
	Nationwide Insurance	GSMA GDMNSCS MDCAPY VAL IN		98011
	Nationwide Insurance	JCVA JNS PRKNS SMCAP VAL T		88896
	Nationwide Insurance	MBXA PUB-BLKRK BASIC VAL INS		29695
	Nationwide Insurance	MCGA MSIF MDCAP GR 1 BALANC		70569
	Nationwide Insurance	OEGA OPP SMMDCAP GR Y BALAN		1103
	Nationwide Insurance	PGRA PUB PIONR GR OPP Y BALAN		703
	Nationwide Insurance	RAFA AMFDS AMCAP R6 BALANC		18393
	Nationwide Insurance	RERA AMFDS EUROPACFC GR R6		114300
	Nationwide Insurance	RIRA AMFDS CAP INC BLDR R6		3017
	Nationwide Insurance	SAFA PUB-RGDWRTH TTL RTN BD1		25240
	Nationwide Insurance	SBTA DWS INST EQ 500 INDX INST		1024
	Nationwide Insurance	TIXA THRNBRG INTL VAL 1 BALAN		128754
	Nationwide Insurance	VATA INVSCO VK EQ INC Y BALAN		85861
	Nationwide Insurance	VFFA PUB-VNGRD TRGT RTRMT		28132
	Nationwide Insurance	VFOA PUB-VNGRD TRGT RTRMT		46328
	Nationwide Insurance	VHTA PUB-VNGRD TRGT RTRMT		55188
	Nationwide Insurance	VIVA VNGRD SMCAP VAL INDX INV		76419
	Nationwide Insurance	VMXA PUB-VANKAMP GR&INC 1		99482
	Nationwide Insurance	VSXA VNGR SEL VAL INV BALANCE		91291
	Nationwide Insurance	VTEA PUB-VNGRD TRGT RTRMT		29895
	Nationwide Insurance	VTHA PUB-VNGRD TRGT RTRMT		225449
	Nationwide Insurance	VTIA PUB-VNGRD TRGT RTRMT		31486
	Nationwide Insurance	VTTA PUB-VNGRD TRGT RTRMT		82140
	Nationwide Insurance	VTWA PUB-VNGRD TRGT RTRMT		53120
	Nationwide Insurance	VTXA PUB-VNGRD TRGT RTRMT		111534
	Nationwide Insurance	VWIA VNGRD WLSLY INC INV BAL		37162