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
AMER TECHNOLOGY, INC. 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2005

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

5717 NORTHWEST PARKWAY
SAN ANTONIO, TX 78249-3381

2b Employer Identification Number (EIN)
74-2828249

2c Sponsor's telephone number
210-256-7070

2d Business code (see instructions)
541519

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.	10/07/2011	BALWINDER DHILLON
	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")
AMER TECHNOLOGY, INC.

5717 NORTHWEST PARKWAY
SAN ANTONIO, TX 78249-3381

3b Administrator's EIN
74-2828249

3c Administrator's telephone number
210-256-7070

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**	223
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**	198
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	30
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	228
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	228
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	95
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	12
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)	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
AMER TECHNOLOGY, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
AMER TECHNOLOGY, INC.

D Employer Identification Number (EIN)
74-2828249

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
TRANSAMERICA 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	Policy or contract year (g) To
39-0989781	86231	987126-000	95	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
8516	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

RONALD P. LOCKE
P.O. BOX 9053
CLEARWATER, FL 33758

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
8516			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 (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

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

(b) Amount of sales and base 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	

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	1100410

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	0
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 ▶ STABLE VALUE

b	Balance at the end of the previous year			7b	261685
c	Additions: (1) Contributions deposited during the year	7c(1)	134372		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	8560		
	(4) Transferred from separate account	7c(4)	24118		
	(5) Other (specify below)	7c(5)	983		
	▶ MISC. DORMANT CHECK				
	(6) Total additions			7c(6)	168033
d	Total of balance and additions (add **b** and **c(6)**)			7d	429718
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	31013		
	(2) Administration charge made by carrier	7e(2)	2817		
	(3) Transferred to separate account	7e(3)	27245		
	(4) Other (specify below)	7e(4)	256		
	▶ EXCESS CONTRIB. REFUND				
	(5) Total deductions			7e(5)	61331
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	368387

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
AMER TECHNOLOGY, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMER TECHNOLOGY, INC.

D Employer Identification Number (EIN)
74-2828249

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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

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

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)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(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 37 52 62 64 67	RECORDKEEPER	12064	Yes [X] No [ ]	Yes [X] No [ ]	0	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 ☐

(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
(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.	

(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
AMER TECHNOLOGY, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-2828249

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: TRANSAMERICA BOND RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA 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)
39-0989781-100	P	3530

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA EQUITY RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA 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)
39-0989781-101	P	5639

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA BALANCED RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA 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)
39-0989781-119	P	29102

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA 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)
39-0989781-143	P	3318

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES BOND RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA 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)
39-0989781-150	P	11004

a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN SMALL-CAP GROWTH RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA 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)
39-0989781-151	P	12781

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN GOVERNMENT SECURITIES RET

b Name of sponsor of entity listed in (a): TRANSAMERICA 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)
39-0989781-158	P	86930

a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA AGGRESSIVE GROWTH RET		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-166	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	53226
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA GROWTH OPPORTUNITIES R		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-167	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8428
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA CORE EQUITY RET OPT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-168	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	39838
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA PARTNERS INTERNATIONAL		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-389	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	18675
a Name of MTIA, CCT, PSA, or 103-12 IE:	INVESCO SMALL CAP GROWTH INV OPT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-390	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28684
a Name of MTIA, CCT, PSA, or 103-12 IE:	COLUMBIA INTERMEDIATE BOND INV OPT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-398	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	27471
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA PARTNERS MID GROWTH RE		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-425	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13558
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA PARTNERS LARGE CORE RE		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-426	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21728
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA PARTNERS MID VALUE RET		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-427	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15467
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA PARTNERS LARGE VALUE R		
b Name of sponsor of entity listed in (a):	TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-428	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29166

a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED INVESTORS SHORT HORIZON			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-429	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19144
a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED INVESTORS SHORT/INTERME			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-430	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	66457
a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED INVESTORS INTERMEDIATE			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-431	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	82512
a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED INVESTORS INTERMEDIATE/			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-432	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	48854
a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED INVESTORS LONG HORIZON			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-9098978-433	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11224
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH YIELD BO			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-434	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28384
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS CORE BOND RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-435	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	20953
a Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT SOCIAL INVESTMENT INV OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-439	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	235
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN BIOTECHNOLOGY DISCOVERY IN			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-440	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3144
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO LEISURE INV OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-443	**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: OPPENHEIMER CHAMPION INCOME			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-449	**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: DREYFUS INTERNATIONAL VALUE INV OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-446	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7946
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO BASIC VALUE INV OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-448	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	687
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS SMALL CAP VALUE RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	27512
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX R			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-9098978-003	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12916
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASHINGTON MUTUAL IN			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-008	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10991
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTAL INVESTOR			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-009	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	59121
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER MAIN STREET INV OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-012	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4579
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AMCAP INV OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-014	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	27159
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND OF AMERI			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-015	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	48002

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2030			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-111	**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: FRANKLIN FLEX CAP GROWTH INV OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-020	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5621
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE INV			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-023	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	23640
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED INV OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-026	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	33834
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH QUALITY			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-9098978-027	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3376
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA SMALL-CAP INDEX RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-033	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7753
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS SMALL CORE RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-034	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4787
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INTERNATIONAL STOCK INDEX RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-035	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14298
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MID-CAP INDEX RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-036	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2769
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA BOND INDEX RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-037	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6453

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2005 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-047	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	114
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2015 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-048	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	24110
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2025 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-049	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16779
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2035 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-050	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	175
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2045 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-9098978-051	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8739
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD REIT INDEX RET OPT			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-099	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13920
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2010 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-109	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22750
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-110	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1498
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-113	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10497
a Name of MTIA, CCT, PSA, or 103-12 IE: MAINSTAY HIGH YIELD CORPORATE BOND			
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY			
c EIN-PN 39-0989781-310	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10930

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN REAL ESTATE SECURITIES INV

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

c EIN-PN 39-0989781-441	**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: VANGUARD TARGET RETIREMENT 2030 RET

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

c EIN-PN 39-0989781-111	**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)

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

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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
AMER TECHNOLOGY, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMER TECHNOLOGY, INC.

D Employer Identification Number (EIN)
74-2828249

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)		
(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)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	805138	1100410
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	261685	368387
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(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	1066823	1468797
	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	1066823	1468797

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)	7638	
	(B) Participants	2a(1)(B)	499115	
	(C) Others (including rollovers)	2a(1)(C)	2590	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		509343
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(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)		
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		126637
(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)		
c Other income	2c		8562
d Total income. Add all **income** amounts in column (b) and enter total	2d		644542
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	222349	
(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)		222349
f Corrective distributions (see instructions)	2f		8230
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	2779	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	9210	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		11989
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		242568
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		401974
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: BRITTS & ASSOCIATES, LLP (2) EIN: 20-2039138

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		265000
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
AMER TECHNOLOGY, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMER TECHNOLOGY, INC.

D Employer Identification Number (EIN)
74-2828249

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): 42-6362604

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):

AMER TECHNOLOGY, INC. 401(k) PLAN

FINANCIAL STATEMENTS

Year Ended December 31, 2010

(See Independent Auditor's Report)

Britts &Associates L.L.P.
(A Registered Limited Liability Partnership)
Certified Public Accountants
San Antonio, Texas

Amer Technology, Inc. 401(k) Plan

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Britts & Associates L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS
A Registered Limited Liability Partnership

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
Amer Technology, Inc. 401(k) Plan
San Antonio, Texas

We were engaged to audit the Statements of Net Assets Available for Benefits for Amer Technology, Inc. 401(k) Plan-Cash Basis as of December 31, 2010 and December 31, 2009, and the related Statement of Changes in Net Assets Available for Benefits-Cash Basis for the year ended December 31, 2010. These financial statements and schedules 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 D, which was certified by Transamerica Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

As discussed in Note B, these financial statements and supplemental schedule were prepared on the cash basis of accounting which is a comprehensive basis of accounting other than generally accepted accounting principles.

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 supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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.

Britts & Associates LLP

San Antonio, TX
September 27, 2011

3201 Cherry Ridge, Suite A104
San Antonio, Texas 78230
(210)735-9101 Fax (210)735-9104

Amer Technology, Inc. 401(k) Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(Cash Basis)
As of December 31, 2010 and 2009

Plan Sponsor ID: 74-2828249
Plan Number: 001

	2010	2009
ASSETS:		
Investments:		
Pooled separate account - Note D	$ 1,100,410	$ 805,138
Stable value/guarantee - Note D	368,387	261,685
Total investments at fair value	1,468,797	1,066,823
LIABILITIES	0	0
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,468,797	$ 1,066,823

See independent auditor's report and accompanying notes to financial statements.

Amer Technology, Inc. 401(k) Plan
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
(Cash Basis)
For the Year Ended December 31, 2010

Plan Sponsor ID: 74-2828249
Plan Number: 001

		2010
ADDITIONS:		
Investment Income:		
Interest income	$	8,562
Net investment return		126,637
		135,199
Contributions:		
Employer match		7,638
Participants' deferrals		471,813
Participants' rollovers		1,607
Participants' after tax (Roth)		27,302
Other receipts		983
		509,343
TOTAL ADDITIONS		644,542
DEDUCTIONS:		
Benefits paid to participants		222,349
Corrective distributions		8,230
Administrative expenses		11,990
TOTAL DEDUCTIONS		242,569
NET INCREASE		401,973
Net assets available for benefits - beginning of year		1,066,824
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$	1,468,797

See independent auditor's report and accompanying notes to financial statements.

Amer Technology, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2010

NOTE A – DESCRIPTION OF PLAN

Amer Technology, Inc. (Plan Sponsor) formed the Amer Technology, Inc. 401 (k) Plan (the Plan) on January 1, 2005. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Employee Contributions

Each year, participants may contribute up to the lesser of the statutory maximum amount of compensation of 100% of pre-tax annual compensation, as defined by the Plan. Employees over the age of 50 are entitled to make additional catch up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers approximately 60 mutual funds and one money market account as investment options for participants. The Plan is tested on an annual basis for compliance with the discrimination regulations and corrective distributions are made, as necessary. The corrective distributions are included in the benefit payments to participants.

Rollover Contributions

Participants may contribute amounts representing distributions from other retirement benefit plans.

Employer Contributions

The Plan Sponsor may make discretionary matching contribution equal to a uniform percentage or dollar amount of a participant's elective deferrals each payroll period. The employer match began with the paycheck April 2, 2010. The employer's matching is in an amount of $.50 of the elected deferrals up to 4% of employee contributions per payroll period. For the year ended December 31, 2010, the Plan Sponsor contributed $7,638.

Investment Options

Participants have the privilege and responsibility to direct the investment of their account balance. The Plan offers participants approximately 60 investment options to choose from. Participants may change their investment options at any time by contacting the Trustee directly or by going on line and managing their individual account. The Plan has been designed to meet the ERISA Section 404(c) requirements, which means the participants and not the Plan fiduciaries are responsible for the investment decisions relating to the assets in a participant individual account.

NOTE A – DESCRIPTION OF PLAN (continued)

Participant Loans

The plan does not allow for participant loans.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Plan Sponsor contribution and (b) the Plan earnings, and charged with certain administrative expenses. Allocation of plan earnings depends on account balances and the investment options selected by the participants. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants vested in the Plan Sponsor's contribution portion of their account plus actual earnings thereon based on the following vesting schedule:

Years of Service	Vested Percentage
0	0%
1	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Payment of Benefits

The Plan generally provides that upon termination of employment, a participant will be required to take a lump-sum distribution if his or her vested account balance is less than $1,000, regardless of consent. The Plan Administrator may direct the Trustee to make an automatic rollover of a terminated participant account if the participant has not returned required distribution authorizations and the account balance is between $1,001 and $5,000. Terminated participants with account balances in excess of $5,000 will only receive distributions with distribution authorizations. As required by law, participants over the age of 70 ½ must receive minimum required distributions. Accordingly, participants over the age of 70 ½ must complete the appropriate documentation in order that the Trustee can make the required distributions.

NOTE A – DESCRIPTION OF PLAN (continued)

Administrative Expenses

The Plan Sponsor absorbs all of the expenses to administer the Plan. The Service Provider and Trustee charge individual participant accounts for certain partner and transaction fees.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan Administrator has elected to prepare the Plan's financial statements on the cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under the cash basis of accounting, contributions and investment earnings are recorded as they are received and plan expenses are recorded as they are paid. The cash basis of accounting is an acceptable method of accounting for employee benefit plans in accordance with Internal Revenue Service and Department of Labor regulations.

Investment Valuation

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides 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 unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1– Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

The Plan investments are stated at fair value based on Levels 1 and 2 quoted market prices for identical and similar assets in active markets which represent the net asset value of shares held by the Plan at year end.

Estimates

The preparation of financial statements requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Subsequent Events

For the year ended December 31, 2010, the Company has evaluated subsequent events for the potential recognition and disclosure through September 27, 2011, the date of financial statement issuance. This is the issuance date of the financial statements.

NOTE C – INVESTMENTS

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

Investment	Number of Shares Held	Fair Market Value
Diversified Inv. Intermediate	4002.4109	$ 82,512.15
JPMorgan Government Securities	2662.4705	$ 86,929.66
Transamerica Stable Value	20728.3286	$368,387.38

During the year ended December 31, 2010 the Plan investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $126,637. The mutual funds are diversified in accordance with Department of Labor regulations.

NOTE D – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Pooled separate investment accounts (at fair market value of $1,100,410), Stable value/ guarantee account (at fair market value of $368,387), interest income of $8,562, and net investment profit (totaling $126,637) included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Trustee as of and for the year ended December 31, 2010.

NOTE E – RELATED PARTY (PARTY-IN-INTEREST) TRANSACTIONS

The Plan Service Provider charged a partner fee for each participant account maintained by the Trustee Transamerica Retirement Services. This amounted to $2,779 for 2010. The Plan Investment Advisor charges certain transaction fees which are charged directly to the individual participant accounts. Massachusetts Fidelity Trust Company is the Trustee as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions. For the year ended December 31, 2010, the transaction fees charged to the participant accounts amounted to $9,210. The Plan Sponsor absorbs all other expenses of the Plan.

NOTE F – FULLY-BENEFIT RESPONSIVE GROUP ANNUITY CONTRACTS

The Plan holds fully-benefit responsive group annuity contracts. The Stable Value Option Investment choices in Transamerica's Group Annuity Contract comply with the FASB fully-responsive requirements, and thus are reportable at contract value in the financial statements. These are not guaranteed investment contracts.

Since contract value is fair value according to FASB standards, the average yield earned by the Plan is equal to the average yield earned by the Plan adjusted to reflect the actual interest rate credited to the plan participants.

The contracts operate as follows: prior to the last day of each month, an effective annual rate of return is established for that month. Interest is credited based upon the daily balance, at a rate that is the daily equivalent of effective annual rate of interest applicable fore each month. There is no stated minimum or maximum interest rate for the Stable Value Option Investment choices.

The average yield for 2010 and 2009 are as noted:

	2010	2009
Based on annualized earnings:	10.83%	19.47%
Based on interest rate credited to participants:	10.83%	19.47%

These values are calculated by calculating the weighted average annual return for each fund held as of the end of the year.

NOTE G – PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor 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 plan termination, participants would become 100% vested on all amounts credited to their accounts.

NOTE H – TAX STATUS

The Revised Prototype Non-Standardized Profit Sharing Plan with CODA obtained its latest determination letter on May 30, 2008, 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 (IRC), and that any employee benefit plans adopting such prototype plan, will be similarly qualified.

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 IRC. Since the Amer Technology, Inc. 401(k) Plan is such a plan; the Plan and Trust are also designed in accordance with the applicable sections of the IRC.

Because the Plan Administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC, no provision for income taxes has been included in the Plan's financial statements.

SUPPLEMENTAL SCHEDULE

Plan Sponsor's Employer Identification Number: 74-2828249
Plan Number: 001
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
December 31, 2010

	Column (a) Identity of issue, borrower lessor, or similar party.	Column (b) Description of investment including maturity date, rate of interest, collateral, par or maturity value (PSA = pooled separate account, interest rate = N/A)		Units 2010	Unit value 2010	Column (c) Cost	Column (d) Current value
*	Transamerica Life Insurance Company	Transamerica Stable Value	Participant Direct PSA	20728.3286	17.772170	N/A	$ 368,387.38
*	Transamerica Life Insurance Company	Transamerica Equity	Participant Direct PSA	70.7567	79.691422	N/A	$ 5,638.70
*	Transamerica Life Insurance Company	Transamerica Balanced	Participant Direct PSA	561.5886	51.820132	N/A	29,101.60
*	Transamerica Life Insurance Company	Transamerica Bond	Participant Direct PSA	133.8129	26.378643	N/A	3,529.80
*	Transamerica Life Insurance Company	Templeton Foreign	Participant Direct PSA	83.7491	39.622092	N/A	3,318.31
*	Transamerica Life Insurance Company	Loomis Sayles Bond	Participant Direct PSA	215.7418	51.005079	N/A	11,003.93
*	Transamerica Life Insurance Company	Artisan Small-Cap Growth	Participant Direct PSA	597.5934	21.388153	N/A	12,781.42
*	Transamerica Life Insurance Company	JPMorgan Government Securities	Participant Direct PSA	2662.4705	32.650001	N/A	86,929.66
*	Transamerica Life Insurance Company	Transamerica Aggressive Growth	Participant Direct PSA	2882.1987	18.467012	N/A	53,225.60
*	Transamerica Life Insurance Company	Transamerica Growth Opp	Participant Direct PSA	245.3976	34.346034	N/A	8,428.43
*	Transamerica Life Insurance Company	Transamerica Core Equity	Participant Direct PSA	2108.2022	18.896650	N/A	39,837.96
*	Transamerica Life Insurance Company	Transamerica Partners Int Eq	Participant Direct PSA	890.6374	20.967702	N/A	18,674.62
*	Transamerica Life Insurance Company	AIM Small Cap Growth	Participant Direct PSA	681.3909	42.096684	N/A	28,684.30
*	Transamerica Life Insurance Company	Columbia Intermediate Bond	Participant Direct PSA	630.7468	43.553482	N/A	27,471.22
*	Transamerica Life Insurance Company	Transamerica Partners Mid Grw	Participant Direct PSA	843.1262	16.080479	N/A	13,557.87
*	Transamerica Life Insurance Company	Transamerica Partners Lg Core	Participant Direct PSA	333.0503	65.240646	N/A	21,728.42
*	Transamerica Life Insurance Company	Transamerica Partners Mid Val	Participant Direct PSA	792.1260	19.525847	N/A	15,466.93
*	Transamerica Life Insurance Company	Transamerica Partners Lg Val	Participant Direct PSA	133.3560	218.710850	N/A	29,166.40
*	Transamerica Life Insurance Company	Diversified Inv Short	Participant Direct PSA	939.4086	20.379010	N/A	19,144.22
*	Transamerica Life Insurance Company	Diversified Inv Short/Int	Participant Direct PSA	3990.0591	16.655683	N/A	66,457.16
*	Transamerica Life Insurance Company	Diversified Inv. Intermediate	Participant Direct PSA	4002.4109	20.615612	N/A	82,512.15
*	Transamerica Life Insurance Company	Diversified Inv Int/Long	Participant Direct PSA	2336.7414	20.906912	N/A	48,854.05
*	Transamerica Life Insurance Company	Diversifed Inv Long	Participant Direct PSA	845.8838	13.269477	N/A	11,224.44
*	Transamerica Life Insurance Company	Transamerica Partners Hg Yd Bd	Participant Direct PSA	1014.1907	27.986601	N/A	28,383.75
*	Transamerica Life Insurance Company	Transamerica Partners Core Bd	Participant Direct PSA	573.1491	36.558357	N/A	20,953.39
*	Transamerica Life Insurance Company	Calvert Social Investment	Participant Direct PSA	4.3827	53.709535	N/A	235.39
*	Transamerica Life Insurance Company	Franklin Biotechnology Disc	Participant Direct PSA	111.8557	28.108363	N/A	3,144.08

See independent auditor's report.

Plan Sponsor's Employer Identification Number: 74-2828249
Plan Number: 001
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
December 31, 2010

	Column (a) Identity of issue, borrower lessor, or similar party.	Column (b) Description of investment including maturity date, rate of interest, collateral, par or maturity value (PSA = pooled separate account, interest rate = N/A)				Column (c) Cost	Column (d) Current value
		(continued)					
*	Transamerica Life Insurance Company	Franklin Real Estate Sec	Participant Direct PSA	0.0000	0.000000	N/A	$ -
*	Transamerica Life Insurance Company	Invesco Leisure Inv Opt	Participant Direct PSA	0.0015	79.500910	N/A	0.12
*	Transamerica Life Insurance Company	Dreyfus International Value	Participant Direct PSA	319.2945	24.887193	N/A	7,946.34
*	Transamerica Life Insurance Company	Invesco Basic Value Inv Opt	Participant Direct PSA	22.9715	29.890235	N/A	686.62
*	Transamerica Life Insurance Company	Opperheimer Champion Income	Participant Direct PSA	0.0000	0.000000	N/A	0.00
*	Transamerica Life Insurance Company	Janus Small Cap Value Ret Opt	Participant Direct PSA	686.6725	40.066314	N/A	27,512.44
*	Transamerica Life Insurance Company	Transamerica Partners Stk Index	Participant Direct PSA	367.6482	35.132111	N/A	12,916.26
*	Transamerica Life Insurance Company	American Funds Wash Mut Inv	Participant Direct PSA	253.7322	43.318174	N/A	10,991.22
*	Transamerica Life Insurance Company	American Funds Fundamentl Inv	Participant Direct PSA	1097.3418	53.876502	N/A	59,120.94
*	Transamerica Life Insurance Company	Opperheimer Main Street	Participant Direct PSA	114.6687	39.929075	N/A	4,578.62
*	Transamerica Life Insurance Company	American Fund AMCAP	Participant Direct PSA	593.0053	45.798391	N/A	27,158.69
*	Transamerica Life Insurance Company	American Funds Grth Fund of Am	Participant Direct PSA	867.9199	55.306762	N/A	48,001.84
*	Transamerica Life Insurance Company	Franklin Flex Cap Growth	Participant Direct PSA	81.7774	68.735808	N/A	5,621.03
*	Transamerica Life Insurance Company	American Funds New Pers	Participant Direct PSA	398.2395	59.361008	N/A	23,639.90
*	Transamerica Life Insurance Company	American Funds Balanced	Participant Direct PSA	821.9380	41.163722	N/A	33,834.03
*	Transamerica Life Insurance Company	Transamerica Partners Hh Qt Bd	Participant Direct PSA	123.4714	27.340250	N/A	3,375.74
*	Transamerica Life Insurance Company	SSgA Small-Cap Index	Participant Direct PSA	320.9594	24.156664	N/A	7,753.31
*	Transamerica Life Insurance Company	Transamerica Partners Sml Core	Participant Direct PSA	127.5093	37.541210	N/A	4,786.85
*	Transamerica Life Insurance Company	SSgA International Stock Ind	Participant Direct PSA	644.1429	22.196565	N/A	14,297.76
*	Transamerica Life Insurance Company	SSgA Mid-Cap Index	Participant Direct PSA	91.0121	30.424960	N/A	2,769.04
*	Transamerica Life Insurance Company	SSgA Bond Index	Participant Direct PSA	327.7577	19.689095	N/A	6,453.25
*	Transamerica Life Insurance Company	Vangaurd Target Ret 2035	Participant Direct PSA	12.1290	14.449443	N/A	175.26
*	Transamerica Life Insurance Company	Vangaurd Target Ret 2045	Participant Direct PSA	586.7374	14.894079	N/A	8,738.91
*	Transamerica Life Insurance Company	Vangaurd Target Ret 2005	Participant Direct PSA	8.2402	13.808520	N/A	113.78
*	Transamerica Life Insurance Company	Vangaurd Target Ret 2015	Participant Direct PSA	1702.4289	14.162305	N/A	24,110.32
*	Transamerica Life Insurance Company	Vangaurd Target Ret 2025	Participant Direct PSA	1188.0659	14.123166	N/A	16,779.25
*	Transamerica Life Insurance Company	Vanguard Target Ret 2010	Participant Direct PSA	1882.2079	12.087104	N/A	22,750.44
*	Transamerica Life Insurance Company	Vanguard Target Ret 2020	Participant Direct PSA	126.6460	11.824713	N/A	1,497.55
*	Transamerica Life Insurance Company	Vanguard Target Ret 2030	Participant Direct PSA	0.0000	0.000000	N/A	0.00
*	Transamerica Life Insurance Company	Vangaurd Target Ret 2050	Participant Direct PSA	918.7306	11.425943	N/A	10,497.36
*	Transamerica Life Insurance Company	Vangaurd REIT Index	Participant Direct PSA	359.5231	38.717905	N/A	13,919.98
*	Transamerica Life Insurance Company	MainStay High Yield Corp Bond	Participant Direct PSA	137.8437	79.291467	N/A	10,929.83
							$ 1,100,410.47
							$ 1,468,797.85

* - Party of interest
N/A - Cost information is omitted for participant-directed individual accounts.

See independent auditor's report.

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

Plan Name AMER TECHNOLOGY, INC. 401K PLAN **EIN:** 74-2828249
Plan Sponsor's Name AMER TECHNOLOGY, INC. **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
*	TRANSAMERICA LIFE INSURANCE	VANGUARD TARGET RETIREMENT 2045 RET OPT 0	0	8,739
*	TRANSAMERICA LIFE INSURANCE	VANGUARD REIT INDEX RET OPT 0	0	13,920
*	TRANSAMERICA LIFE INSURANCE	VANGUARD TARGET RETIREMENT 2010 RET OPT 0	0	22,750
*	TRANSAMERICA LIFE INSURANCE	VANGUARD TARGET RETIREMENT 2020 RET OPT 0	0	1,498
*	TRANSAMERICA LIFE INSURANCE	VANGUARD TARGET RETIREMENT 2050 RET OPT 0	0	10,497
*	TRANSAMERICA LIFE INSURANCE	MAINSTAY HIGH YIELD CORPORATE BOND RET OPT 0	0	10,930
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA STABLE VALUE GENERAL ACCOUNT	0	368,387

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name AMER TECHNOLOGY, INC. 401K PLAN **EIN:** 74-2828249
Plan Sponsor's Name AMER TECHNOLOGY, INC. **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
*	TRANSAMERICA LIFE INSURANCE	TRANSAMERICA AGGRESSIVE GROWTH RET OPT PSA	0	53,226
*	TRANSAMERICA LIFE INSURANCE	TRANSAMERICA GROWTH OPP ORTUNITIES RET OPT PSA	0	8,428
*	TRANSAMERICA LIFE INSURANCE	TRANSAMERICA CORE EQUIT Y RET OPT PSA	0	39,838
*	TRANSAMERICA LIFE INSURANCE	TRANSAMERICA PARTNERS I NTERNATIONAL EQUITY RET OPT PSA	0	18,675
*	TRANSAMERICA LIFE INSURANCE	INVESCO SMALL CAP GROWT H INV OPT PSA	0	28,684
*	TRANSAMERICA LIFE INSURANCE	COLUMBIA INTERMEDIATE B OND INV OPT PSA	0	27,471
*	TRANSAMERICA LIFE INSURANCE	TRANSAMERICA PARTNERS M ID GROWTH RET OPT PSA	0	13,558

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name AMER TECHNOLOGY, INC. 401K PLAN **EIN:** 74-2828249
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(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
*	TRANSAMERICA LIFE INSURANCE	TRANSAMERICA PARTNERS LARGE CORE RET OPT PSA	0	21,728
*	TRANSAMERICA LIFE INSURANCE	TRANSAMERICA PARTNERS MID VALUE RET OPT PSA	0	15,467
*	TRANSAMERICA LIFE INSURANCE	TRANSAMERICA PARTNERS LARGE VALUE RET OPT PSA	0	29,166
*	TRANSAMERICA LIFE INSURANCE	DIVERSIFIED INVESTORS SHORT HORIZON RET OPT PSA	0	19,144
*	TRANSAMERICA LIFE INSURANCE	DIVERSIFIED INVESTORS SHORT/INTERMEDIATE HORIZON RET OPT PSA	0	66,457
*	TRANSAMERICA LIFE INSURANCE	DIVERSIFIED INVESTORS INTERMEDIATE HORIZON RET OPT PSA	0	82,512
*	TRANSAMERICA LIFE INSURANCE	DIVERSIFIED INVESTORS INTERMEDIATE/LONG HORIZON RET OPT PSA	0	48,854

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name AMER TECHNOLOGY, INC. 401K PLAN **EIN:** 74-2828249
Plan Sponsor's Name AMER TECHNOLOGY, INC. **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
*	TRANSAMERICA LIFE INSURANCE	DIVERSIFIED INVESTORS L ONG HORIZON RET OPT PSA	0	11,224
*	TRANSAMERICA LIFE INSURANCE	TRANSAMERICA PARTNERS H IGH YIELD BOND RET OPT PSA	0	28,384
*	TRANSAMERICA LIFE INSURANCE	TRANSAMERICA PARTNERS C ORE BOND RET OPT PSA	0	20,953
*	TRANSAMERICA LIFE INSURANCE	CALVERT SOCIAL INVESTME NT INV OPT PSA	0	235
*	TRANSAMERICA LIFE INSURANCE	FRANKLIN BIOTECHNOLOGY DISCOVERY INV OPT PSA	0	3,144
*	TRANSAMERICA LIFE INSURANCE	INVESCO LEISURE INV OPT PSA	0	0
*	TRANSAMERICA LIFE INSURANCE	DREYFUS INTERNATIONAL V ALUE INV OPT PSA	0	7,946

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

Plan Name AMER TECHNOLOGY, INC. 401K PLAN **EIN:** 74-2828249

Plan Sponsor's Name AMER TECHNOLOGY, INC. **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
*	TRANSAMERICA LIFE INSURANCE	INVESCO BASIC VALUE INV OPT PSA	0	687
*	TRANSAMERICA LIFE INSURANCE	JANUS SMALL CAP VALUE R ET OPT PSA	0	27,512
*	TRANSAMERICA LIFE INSURANCE	TRANSAMERICA PARTNERS S TOCK INDEX RET OPT PSA	0	12,916
*	TRANSAMERICA LIFE INSURANCE	AMERICAN FUNDS WASHINGT ON MUTUAL INVESTORS INV OPT PSA	0	10,991
*	TRANSAMERICA LIFE INSURANCE	AMERICAN FUNDS FUNDAMEN TAL INVESTORS INV OPT PSA	0	59,121
*	TRANSAMERICA LIFE INSURANCE	OPPENHEIMER MAIN STREET INV OPT PSA	0	4,579
*	TRANSAMERICA LIFE INSURANCE	AMERICAN FUNDS AMCAP IN V OPT PSA	0	27,159

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*	TRANSAMERICA LIFE INSURANCE	AMERICAN FUNDS GROWTH F UND OF AMERICA INV OPT PSA	0	48,002
*	TRANSAMERICA LIFE INSURANCE	FRANKLIN FLEX CAP GROWT H INV OPT PSA	0	5,621
*	TRANSAMERICA LIFE INSURANCE	AMERICAN FUNDS NEW PERS PECTIVE INV OPT PSA	0	23,640
*	TRANSAMERICA LIFE INSURANCE	AMERICAN FUNDS BALANCED INV OPT PSA	0	33,834
*	TRANSAMERICA LIFE INSURANCE	TRANSAMERICA PARTNERS H IGH QUALITY BOND RET OP T PSA	0	3,376
*	TRANSAMERICA LIFE INSURANCE	SSGA SMALL-CAP INDEX RE T OPT 0	0	7,753
*	TRANSAMERICA LIFE INSURANCE	TRANSAMERICA PARTNERS S MALL CORE RET OPT 0	0	4,787

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

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(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
*	TRANSAMERICA LIFE INSURANCE	SSGA INTERNATIONAL STOCK INDEX RET OPT 0	0	14,298
*	TRANSAMERICA LIFE INSURANCE	SSGA MID-CAP INDEX RET OPT 0	0	2,769
*	TRANSAMERICA LIFE INSURANCE	SSGA BOND INDEX RET OPT 0	0	6,453
*	TRANSAMERICA LIFE INSURANCE	VANGUARD TARGET RETIREMENT 2005 RET OPT 0	0	114
*	TRANSAMERICA LIFE INSURANCE	VANGUARD TARGET RETIREMENT 2015 RET OPT 0	0	24,110
*	TRANSAMERICA LIFE INSURANCE	VANGUARD TARGET RETIREMENT 2025 RET OPT 0	0	16,779
*	TRANSAMERICA LIFE INSURANCE	VANGUARD TARGET RETIREMENT 2035 RET OPT 0	0	175

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

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(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
*	TRANSAMERICA LIFE INSURANCE	VANGUARD TARGET RETIREMENT 2045 RET OPT 0	0	8,739
*	TRANSAMERICA LIFE INSURANCE	VANGUARD REIT INDEX RET OPT 0	0	13,920
*	TRANSAMERICA LIFE INSURANCE	VANGUARD TARGET RETIREMENT 2010 RET OPT 0	0	22,750
*	TRANSAMERICA LIFE INSURANCE	VANGUARD TARGET RETIREMENT 2020 RET OPT 0	0	1,498
*	TRANSAMERICA LIFE INSURANCE	VANGUARD TARGET RETIREMENT 2050 RET OPT 0	0	10,497
*	TRANSAMERICA LIFE INSURANCE	MAINSTAY HIGH YIELD CORPORATE BOND RET OPT 0	0	10,930
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA STABLE VALUE GENERAL ACCOUNT	0	368,387