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
INDUSTRIAL ELECTRICAL CO. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1991

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

P.O. BOX 3806
MODESTO, CA 95352

2b Employer Identification Number (EIN) 94-1231917

2c Sponsor's telephone number 209-527-2800

2d Business code (see instructions) 238210

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	LAURIE BYER
	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")
INDUSTRIAL ELECTRICAL COMPANY

P.O. BOX 3806
MODESTO, CA 95352

3b Administrator's EIN
94-1231917

3c Administrator's telephone number
209-527-2800

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**	132
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**	105
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	10
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	115
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	115
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	115
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
INDUSTRIAL ELECTRICAL CO. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
INDUSTRIAL ELECTRICAL COMPANY

D Employer Identification Number (EIN)
94-1231917

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

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-028500	115	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
5182	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

MERRILL LYNCH LIFE AGENCY
1215 4TH AVENUE 26THFL
SEATTLE, WA 98161

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5182			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	3779245

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
INDUSTRIAL ELECTRICAL CO. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
INDUSTRIAL ELECTRICAL COMPANY

D Employer Identification Number (EIN)
94-1231917

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

HARTFORD LIFE INS. CO.

06-0974148

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

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

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

HARTFORD LIFE INS. CO.

06-0974148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 50 54 56 59 60 62 63 64 65 66 99	NONE	1150	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

RELIANCE TRUST COMPANY

58-7428634

(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?
25 99	NONE	400	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HARTFORD LIFE INS. CO.	15 23 37 38 50 54 56 59 60 62 63 64 65 66 99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEE ATTACHED 06-0974148	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RELIANCE TRUST COMPANY	25 99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARTFORD LIFE INS. CO. 06-0974148	SEE ATTACHED

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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
INDUSTRIAL ELECTRICAL CO. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
INDUSTRIAL ELECTRICAL COMPANY

D Employer Identification Number (EIN)
94-1231917

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	3745847

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT K2

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	33398

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
INDUSTRIAL ELECTRICAL CO. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
INDUSTRIAL ELECTRICAL COMPANY

D Employer Identification Number (EIN)
94-1231917

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	102777	43611
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3534027	3735634
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3636804	3779245
	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	3636804	3779245

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)	92332	
	(B) Participants	2a(1)(B)	354903	
	(C) Others (including rollovers)	2a(1)(C)	25000	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		472235
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)	0	
	(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)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	**(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		365676
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		837911
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	694320	
	(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)		694320
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		
i	Administrative expenses: **(1)** Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)	1150	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1150
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		695470
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		142441
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GALLINA LLP **(2)** EIN: 94-2147510

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		300000
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
INDUSTRIAL ELECTRICAL CO. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
INDUSTRIAL ELECTRICAL COMPANY

D Employer Identification Number (EIN)
94-1231917

Part I Distributions

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

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

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

EIN(s): 06-0974148

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Industrial Electrical Co.
401(K) Profit Sharing Plan
Financial Statements
and Supplemental Information
December 31, 2010 and 2009

GALLINA LLP
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

To the Trustees
Industrial Electrical Co.
401(k) Profit Sharing Plan
Modesto, California

We were engaged to audit the accompanying statements of net assets available for benefits of Industrial Electrical Co. 401(K) Profit Sharing Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Hartford Life Insurance Company, custodian for 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 Hartford Life Insurance Company holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the custodian is complete and accurate.

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

Gallina LLP

Rancho Cordova, California
September 20, 2011

Industrial Electrical Co. 401(K) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

Assets

	2010	2009
Investments at fair value	$ 3,779,245	$ 3,636,804
Receivables:		
Participant contributions	4,427	4,632
Employer contributions	46,897	92,332
Total receivables	51,324	96,964
Total assets	$ 3,830,569	$ 3,733,768

Net Assets Available for Benefits

Net assets available for benefits	$ 3,830,569	$ 3,733,768

The accompanying notes are an integral part of these financial statements.

Industrial Electrical Co. 401(K) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
for the year ended December 31, 2010

Additions to net assets attibuted to:			
Investment income:			
Net appreciation in fair value of investments		$ 365,677	
Contributions:			
Participant	$ 379,697		
Employer	46,897		
Total contributions		426,594	
Total additions			$ 792,271
Deductions from net assets attributed to:			
Benefits paid to participants		694,320	
Administrative expenses		1,150	
Total deductions			695,470
Net increase			96,801
Net assets available for plan benefits:			
Beginning of year			3,733,768
End of year			$ 3,830,569

The accompanying notes are an integral part of these financial statements.

Industrial Electrical Co. 401(K) Profit Sharing Plan
Notes to the Financial Statements
December 31, 2010 and 2009

Note 1: Description of Plan:

The following description of Industrial Electrical Co. (the Company) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan established for the benefit of all full-time employees of the Company. The Plan, effective January 1, 1991, is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code and similar state tax laws. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility:

Employees are eligible to make elective deferrals on either January 1 or July 1, immediately following the date of employment and attaining the age of eighteen.

Employees are eligible for discretionary employer matching contributions if they are active employees on the last day of the Plan year and have at least 1,000 hours of service during the Plan year.

Contributions:

Participants may contribute to the Plan any amount not to exceed the limits of Internal Revenue Code sections specified in the Plan. Participants who have attained age 50 before the end of Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a guaranteed investment contract as investment options for participants. Employer matching contributions may be contributed at the discretion of the Company's Board of Directors for all participants employed on the last day of the Plan year and have at least 1,000 hours of service during the year. For the year ending December 31, 2010, the Company made a matching contribution for participants employed on the last day of the Plan year. Contributions are subject to certain limitations.

Participant Accounts:

Each participant's account is credited with the participant's contribution and allocations of the Company's contributions and plan earnings and charged with an allocation of expenses. Allocations are based on participant earnings or account balance, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1: Description of Plan, continued:

Vesting:

Participants are immediately vested in their salary deferral contributions and qualified nonelective contributions plus actual earnings thereon. Vesting in the Company's discretionary matching contributions is based on years of service as defined. Participants become 20% vested per year after completing two years of service and are therefore fully vested after six completed years of service. A year of service is a twelve-month period ending December 31 during which a participant worked for the Company at least 1,000 hours. A participant is also fully vested upon reaching normal retirement age.

Investment Options:

All of the investments in the Plan are participant directed investments.

Benefit Payments:

On termination of service, death, disability, or retirement, a participant may elect to receive either a lump-sum amount or a partial withdrawal equal to the value of the participant's vested interest in his or her account. Participants may withdraw the balance of their account after suffering an extreme financial hardship (as defined by the Plan agreement) or after attaining age sixty-five (65). The distribution of the participant's account must commence no later than April 1, following the calendar year in which the participant attains age seventy and one-half (70-1/2).

Forfeitures:

Forfeitures of terminated participant’s non-vested accounts may first be used to pay Plan expenses and remaining forfeitures will reduce any employer discretionary matching contributions to the Plan. As of December 31, 2010 and 2009, forfeited non-vested accounts totaled $11,102 and $10,023, respectively.

Administrative Expenses:

All administrative expenses may be paid out of the Plan unless paid by the Plan sponsor. During the year ended December 31, 2010, the Company elected to pay for substantially all of the administrative expenses, with the exception of $1,150 in participant charges.

Note 2: Summary of Significant Accounting Policies:

Basis of Accounting:

The financial statements of the Plan are prepared using the accrual method of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts. The Statement of Changes in Net Assets Available for Benefits is prepared on the fair value basis. Contract value approximates fair value for this Plan's fully benefit responsive investments.

Use of Estimates:

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

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. (See Note 4 for discussion of fair value measurements.)

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Note 2: Summary of Significant Accounting Policies, continued:

Payment of Benefits:

Benefits are recorded when paid.

Recent Accounting Pronouncements:

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update 2010-06 which expanded the required disclosures about fair value measurements. In particular, this guidance requires separate disclosure of the amounts of significant transfers in and out of level 1 and level 2 fair value measurements along with the reasons for such transfers, and information about the purchases, sales issuances and settlements to be presented separately in the reconciliation for level 3 fair value measurements.

It also requires fair value measurement disclosures for each class of assets and liabilities and disclosures about the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements for fair value measurements that fall in either level 2 or level 3. This guidance is effective for annual reporting periods beginning after December 15, 2009 except for the additional disclosure requirements on level 3 activity that will be effective for years beginning after December 15, 2010. The adoption of this standard did not have a material impact on the Plan's financial statements.

Reclassification:

Certain amounts in the prior year's financial statements have been reclassified to conform with the current year's presentation.

Date of Management's Evaluation:

Management has evaluated subsequent events through September 20, 2011, the date on which the financial statements were available to be issued.

Note 3: Information Prepared and Certified by Custodian:

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Hartford Life Insurance Company, the custodian.

The following presents investments held by the Plan as of December 31:

	2010		2009	
AIM Small Cap Equity	$ 91,468		$ 60,184	
Allianz OCC Target	61,311		762	
American Century Vista	34,235		24,309	
American Funds Growth	83,760		72,325	
American Funds Inv Co AM	24,011		23,906	
Blackrock Global Allocation	271,056	*	127,932	
Blackrock Natural Resource Trust	77,878		236,880	*
Blackrock Value Opportunity	125,139		81,848	
Davis New York Venture	198,185	*	232,758	*
Davis Opportunity	9,923		34,203	
DWS Rreef Real Estate	137,461		114,993	
Eaton Vance, Inc. Fund Boston	71,023		167,084	
Eaton Vance WW Health Sciences	46,883		39,492	
Evergreen Asset Allocation	85,581		120,428	
Fidelity Advisor Equity Growth	17,611		8,896	
Franklin Utilities	5,387		17,256	
Goldman Sachs Mid Cap Value	85,082		75,212	
Goldman Sachs Small Cap Value	42,813		94,212	
Hartford Global Research	18,836		12,029	
Hartford Index HLS	14,562		7,830	
Hotchkis Wiley Large Cap Value	56,284		52,147	
Ivy Science and Technology	11,461		5,123	
Janus Adviser Flexible Bond	10,552		6,545	

* Investments that represent 5% or more of net assets available for plan benefits.

Note 3: Information Prepared and Certified by Custodian, continued:

	2010		2009	
Lifepath 2020	711,401	*	493,426	*
Lifepath 2030	256,420	*	213,018	*
Lifepath 2040	126,853		106,653	
Lifepath Retirement	265,768	*	239,239	*
LM Clearbridge SC Growth	39,948		86,746	
Lord Abbet Affiliated	68,690		129,597	
Lord Abbet Bond Debenture	11,657		10,009	
Lord Abbet Mid Cap Value	167,525		142,782	
MFS International New Disc	80,984		69,756	
Oppenheimer International Bond	30,798		28,957	
Oppenheimer International GR	9,511		11,115	
Oppenheimer Main Street Opportunity	4,195		2,631	
Pimco Emerging Markets Bond	52,679		82,896	
Pimco Real Return	116,229		111,167	
Pimco Total Return	114,841		107,650	
SEI Stable Asset	43,611		102,777	
Templeton Foreign	6,956		7,052	
Thornburg International Value	90,677		74,979	
Total	$ 3,779,245		$ 3,636,804	

* Investments that represent 5% or more of net assets available for plan benefits.

During 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $365,677 as follows:

Common collective trusts	$ (46)
Mutual funds	365,723
Total	$ 365,677

Note 4: Fair Value Measurement of Investments:

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the 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 below:

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 or similar 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.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Guaranteed investment contract (which has underlying investments in bonds, U.S. government agency obligations and other securities): Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

Note 4: Fair Value Measurement of Investments, continued:

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2010:

	Investments at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Guaranteed Investment Contract	$ -	$ -	$ 43,611	$ 43,611
Mutual Funds:				
Asset allocation/ balanced	1,717,079	-	-	1,717,079
Bond	407,779	-	-	407,779
International	206,964	-	-	206,964
Large cap	477,221	-	-	477,221
Mid cap	348,153	-	-	348,153
Small cap	299,368	-	-	299,368
Other	279,070	-	-	279,070
Total mutual funds	3,735,634	-	-	3,735,634
Total investments at fair value	$ 3,735,634	$ -	$ 43,611	$ 3,779,245

Note 4: Fair Value Measurement of Investments, continued:

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2009:

	Investments at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Guaranteed Investment Contract	$ -	$ -	$ 102,777	$ 102,777
Mutual Funds:				
Asset allocation/ balanced	1,300,696	-	-	1,300,696
Bond	514,308	-	-	514,308
International	174,931	-	-	174,931
Large cap	564,293	-	-	564,293
Mid cap	243,065	-	-	243,065
Small cap	322,990	-	-	322,990
Other	413,744	-	-	413,744
Total mutual funds	3,534,027	-	-	3,534,027
Total investments at fair value	$ 3,534,027	$ -	$ 102,777	$ 3,636,804

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2010.

	Guaranteed Investment Contract
Balance, beginning of year	$ 102,777
Unrealized loss relating to instruments still held at the reporting date	(46)
Purchases, sales, issuances and settlements, net	(59,120)
Balance, end of year	$ 43,611
The amount of total loss for the period attributable to the change in unrealized loss relating to assets still held at the reporting date	$ (46)

Note 5: Guaranteed Investment Contract with SEI Trust Company:

In 2005, the Plan entered into a benefit-responsive investment contract with SEI Trust Company (SEI). SEI maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair market value as reported to the Plan by SEI. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by SEI, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer and varies depending on the date the participant enters the investment, but may not be less than zero percent. The average yield based on actual earnings for the year ended December 31, 2010 and 2009 was approximately 1.63% and 1.40%, respectively. The average yield based on interest rates credited to participants for the year ended December 31, 2010 and 2009 was approximately 0.89% and 1.40%, respectively.

Certain events limit the Plan's ability to transact at contract value with Hartford. Such events include the following: (a) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events that would limit the Plan’s ability to transact at contract value with Plan participants are probable or occurring.

Note 6: Net Assets Available for Plan Benefits:

Net assets available for benefits as of December 31, 2010 and 2009 include $653,720 and $467,706, respectively, allocated to the accounts of persons who as of that date had withdrawn from participating in the earnings and operations of the Plan. The amount is payable to the former participants as provided under the terms of the Plan. This amount has not been recorded as a liability as of December 31, 2010 and 2009.

Note 7: Transactions with Parties-in-Interest:

The Company provides to the Plan certain accounting and administrative services for which no fees are charged.

Certain plan investments consist of a guaranteed investment contract and mutual funds managed by Hartford Life Insurance Company. Hartford Life Insurance Company charged $1,150 in administrative expenses for the Plan year ended December 31, 2010. Hartford Life Insurance Company is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Commissions and fees paid by the Plan to Merrill Lynch Life Agency, amounted to $5,182 and $4,117 for the years ended December 31, 2010 and 2009. Merrill Lynch Life Agency is the Plan's investment firm, therefore, these transactions qualify as party-in-interest transactions.

Note 8: Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their account balances.

Note 9: Tax Status:

The Plan obtained its latest determination letter on March 31, 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.

Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010 and 2009, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits of any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Note 10: Risks and Uncertainties:

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

Note 11: Reconciliation of Financial Statements to Form 5500:

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

	December 31, 2010	December 31, 2009
Net assets available for plan benefits per the financial statements	$ 3,830,569	$ 3,733,768
Employer contributions receivable	(46,897)	(92,332)
Participant contributions receivable	(4,427)	(4,632)
Net assets available for plan benefits per Form 5500	$ 3,779,245	$ 3,636,804

Net increase in net assets available for plan benefits per financial statements	$ 96,801
Add: Employer contributions receivable at December 31, 2009	92,332
Add: Participant contributions receivable at December 31, 2009	4,632
Less: Employer contributions receivable at December 31, 2010	(46,897)
Less: Participant contributions receivable at December 31, 2010	(4,427)
Net increase per Schedule H of Form 5500	$ 142,441

Industrial Electrical Co. 401(K) Profit Sharing Plan
Employer Identification Number – 94-1231917
Plan Number - 001
Schedule H, line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2010

(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
*	Hartford Life Insurance Company	AIM Small Cap Equity	Not Applicable	$ 91,468
*	Hartford Life Insurance Company	Allianz OCC Target	Not Applicable	61,311
*	Hartford Life Insurance Company	American Century Vista	Not Applicable	34,235
*	Hartford Life Insurance Company	American Funds Growth	Not Applicable	83,760
*	Hartford Life Insurance Company	American Funds Inv Co AM	Not Applicable	24,011
*	Hartford Life Insurance Company	Blackrock Global Allocation	Not Applicable	271,056
*	Hartford Life Insurance Company	Blackrock Natural Resource Trust	Not Applicable	77,878
*	Hartford Life Insurance Company	Blackrock Value Opportunity	Not Applicable	125,139
*	Hartford Life Insurance Company	Davis New York Venture	Not Applicable	198,185
*	Hartford Life Insurance Company	Davis Opportunity	Not Applicable	9,923
*	Hartford Life Insurance Company	DWS Reef Real Estate	Not Applicable	137,461
*	Hartford Life Insurance Company	Eaton Vance, Inc. Fund Boston	Not Applicable	71,023
*	Hartford Life Insurance Company	Eaton Vance WW Health Sciences	Not Applicable	46,883
*	Hartford Life Insurance Company	Evergreen Asset Allocation	Not Applicable	85,581
*	Hartford Life Insurance Company	Fidelity Advisor Equity Growth	Not Applicable	17,611
*	Hartford Life Insurance Company	Franklin Utilities	Not Applicable	5,387
*	Hartford Life Insurance Company	Goldman Sachs Mid Cap Value	Not Applicable	85,082
*	Hartford Life Insurance Company	Goldman Sachs Small Cap Value	Not Applicable	42,813

The independent auditor's report should be read in connection with this supplemental schedule.

Industrial Electrical Co. 401(K) Profit Sharing Plan
Employer Identification Number – 94-1231917
Plan Number - 001
Schedule H, line 4(i) - Schedule of Assets (Held at End of Year), continued
December 31, 2010

(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
*	Hartford Life Insurance Company	Hartford Global Research	Not Applicable	18,836
*	Hartford Life Insurance Company	Hartford Index HLS	Not Applicable	14,562
*	Hartford Life Insurance Company	Hotchkis Wiley Large Cap Value	Not Applicable	56,284
*	Hartford Life Insurance Company	Ivy Science and Technology	Not Applicable	11,461
*	Hartford Life Insurance Company	Janus Adviser Flexible Bond	Not Applicable	10,552
*	Hartford Life Insurance Company	Lifepath 2020	Not Applicable	711,401
*	Hartford Life Insurance Company	Lifepath 2030	Not Applicable	256,420
*	Hartford Life Insurance Company	Lifepath 2040	Not Applicable	126,853
*	Hartford Life Insurance Company	Lifepath Retirement	Not Applicable	265,768
*	Hartford Life Insurance Company	LM Clearbridge SC Growth	Not Applicable	39,948
*	Hartford Life Insurance Company	Lord Abbet Affiliated	Not Applicable	68,690
*	Hartford Life Insurance Company	Lord Abbet Bond Debenture	Not Applicable	11,657
*	Hartford Life Insurance Company	Lord Abbet Mid Cap Value	Not Applicable	167,525
*	Hartford Life Insurance Company	MFS International New Disc	Not Applicable	80,984
*	Hartford Life Insurance Company	Oppenheimer International Bond	Not Applicable	30,798
*	Hartford Life Insurance Company	Oppenheimer International GR	Not Applicable	9,511
*	Hartford Life Insurance Company	Oppenheimer Main Street Opportunity	Not Applicable	4,195

The independent auditor's report should be read in connection with this supplemental schedule.

Industrial Electrical Co. 401(K) Profit Sharing Plan
Employer Identification Number – 94-1231917
Plan Number - 001
Schedule H, line 4(i) - Schedule of Assets (Held at End of Year), continued
December 31, 2010

(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
*	Hartford Life Insurance Company	Pimco Emerging Markets Bond	Not Applicable	52,679
*	Hartford Life Insurance Company	Pimco Real Return	Not Applicable	116,229
*	Hartford Life Insurance Company	Pimco Total Return	Not Applicable	114,841
*	Hartford Life Insurance Company	SEI Stable Asset; maturity dates through December 20, 2054; interest rate range was 0.00% to 0.99% as of December 31, 2010	Not Applicable	43,611
*	Hartford Life Insurance Company	Templeton Foreign	Not Applicable	6,956
*	Hartford Life Insurance Company	Thornburg International Value	Not Applicable	90,677
		Total		$ 3,779,245

* Party-in-interest

The independent auditor's report should be read in connection with this supplemental schedule.

Industrial Electrical Co.
401(K) Profit Sharing Plan
Financial Statements
and Supplemental Information
December 31, 2010 and 2009

GALLINA LLP
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

To the Trustees
Industrial Electrical Co.
401(k) Profit Sharing Plan
Modesto, California

We were engaged to audit the accompanying statements of net assets available for benefits of Industrial Electrical Co. 401(K) Profit Sharing Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Hartford Life Insurance Company, custodian for 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 Hartford Life Insurance Company holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the custodian is complete and accurate.

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

Gallina LLP

Rancho Cordova, California
September 20, 2011

Industrial Electrical Co. 401(K) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

Assets

	2010	2009
Investments at fair value	$ 3,779,245	$ 3,636,804
Receivables:		
Participant contributions	4,427	4,632
Employer contributions	46,897	92,332
Total receivables	51,324	96,964
Total assets	$ 3,830,569	$ 3,733,768

Net Assets Available for Benefits

Net assets available for benefits	$ 3,830,569	$ 3,733,768

The accompanying notes are an integral part of these financial statements.

Industrial Electrical Co. 401(K) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
for the year ended December 31, 2010

Additions to net assets attibuted to:			
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Administrative expenses		1,150	
Total deductions			695,470
Net increase			96,801
Net assets available for plan benefits:			
Beginning of year			3,733,768
End of year			$ 3,830,569

The accompanying notes are an integral part of these financial statements.

Industrial Electrical Co. 401(K) Profit Sharing Plan
Notes to the Financial Statements
December 31, 2010 and 2009

Note 1: Description of Plan:

The following description of Industrial Electrical Co. (the Company) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

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Eligibility:

Employees are eligible to make elective deferrals on either January 1 or July 1, immediately following the date of employment and attaining the age of eighteen.

Employees are eligible for discretionary employer matching contributions if they are active employees on the last day of the Plan year and have at least 1,000 hours of service during the Plan year.

Contributions:

Participants may contribute to the Plan any amount not to exceed the limits of Internal Revenue Code sections specified in the Plan. Participants who have attained age 50 before the end of Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a guaranteed investment contract as investment options for participants. Employer matching contributions may be contributed at the discretion of the Company's Board of Directors for all participants employed on the last day of the Plan year and have at least 1,000 hours of service during the year. For the year ending December 31, 2010, the Company made a matching contribution for participants employed on the last day of the Plan year. Contributions are subject to certain limitations.

Participant Accounts:

Each participant's account is credited with the participant's contribution and allocations of the Company's contributions and plan earnings and charged with an allocation of expenses. Allocations are based on participant earnings or account balance, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1: Description of Plan, continued:

Vesting:

Participants are immediately vested in their salary deferral contributions and qualified nonelective contributions plus actual earnings thereon. Vesting in the Company's discretionary matching contributions is based on years of service as defined. Participants become 20% vested per year after completing two years of service and are therefore fully vested after six completed years of service. A year of service is a twelve-month period ending December 31 during which a participant worked for the Company at least 1,000 hours. A participant is also fully vested upon reaching normal retirement age.

Investment Options:

All of the investments in the Plan are participant directed investments.

Benefit Payments:

On termination of service, death, disability, or retirement, a participant may elect to receive either a lump-sum amount or a partial withdrawal equal to the value of the participant's vested interest in his or her account. Participants may withdraw the balance of their account after suffering an extreme financial hardship (as defined by the Plan agreement) or after attaining age sixty-five (65). The distribution of the participant's account must commence no later than April 1, following the calendar year in which the participant attains age seventy and one-half (70-1/2).

Forfeitures:

Forfeitures of terminated participant’s non-vested accounts may first be used to pay Plan expenses and remaining forfeitures will reduce any employer discretionary matching contributions to the Plan. As of December 31, 2010 and 2009, forfeited non-vested accounts totaled $11,102 and $10,023, respectively.

Administrative Expenses:

All administrative expenses may be paid out of the Plan unless paid by the Plan sponsor. During the year ended December 31, 2010, the Company elected to pay for substantially all of the administrative expenses, with the exception of $1,150 in participant charges.

Note 2: Summary of Significant Accounting Policies:

Basis of Accounting:

The financial statements of the Plan are prepared using the accrual method of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts. The Statement of Changes in Net Assets Available for Benefits is prepared on the fair value basis. Contract value approximates fair value for this Plan's fully benefit responsive investments.

Use of Estimates:

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

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. (See Note 4 for discussion of fair value measurements.)

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Note 2: Summary of Significant Accounting Policies, continued:

Payment of Benefits:

Benefits are recorded when paid.

Recent Accounting Pronouncements:

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update 2010-06 which expanded the required disclosures about fair value measurements. In particular, this guidance requires separate disclosure of the amounts of significant transfers in and out of level 1 and level 2 fair value measurements along with the reasons for such transfers, and information about the purchases, sales issuances and settlements to be presented separately in the reconciliation for level 3 fair value measurements.

It also requires fair value measurement disclosures for each class of assets and liabilities and disclosures about the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements for fair value measurements that fall in either level 2 or level 3. This guidance is effective for annual reporting periods beginning after December 15, 2009 except for the additional disclosure requirements on level 3 activity that will be effective for years beginning after December 15, 2010. The adoption of this standard did not have a material impact on the Plan's financial statements.

Reclassification:

Certain amounts in the prior year's financial statements have been reclassified to conform with the current year's presentation.

Date of Management's Evaluation:

Management has evaluated subsequent events through September 20, 2011, the date on which the financial statements were available to be issued.

Note 3: Information Prepared and Certified by Custodian:

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Hartford Life Insurance Company, the custodian.

The following presents investments held by the Plan as of December 31:

	2010		2009	
AIM Small Cap Equity	$ 91,468		$ 60,184	
Allianz OCC Target	61,311		762	
American Century Vista	34,235		24,309	
American Funds Growth	83,760		72,325	
American Funds Inv Co AM	24,011		23,906	
Blackrock Global Allocation	271,056	*	127,932	
Blackrock Natural Resource Trust	77,878		236,880	*
Blackrock Value Opportunity	125,139		81,848	
Davis New York Venture	198,185	*	232,758	*
Davis Opportunity	9,923		34,203	
DWS Rreef Real Estate	137,461		114,993	
Eaton Vance, Inc. Fund Boston	71,023		167,084	
Eaton Vance WW Health Sciences	46,883		39,492	
Evergreen Asset Allocation	85,581		120,428	
Fidelity Advisor Equity Growth	17,611		8,896	
Franklin Utilities	5,387		17,256	
Goldman Sachs Mid Cap Value	85,082		75,212	
Goldman Sachs Small Cap Value	42,813		94,212	
Hartford Global Research	18,836		12,029	
Hartford Index HLS	14,562		7,830	
Hotchkis Wiley Large Cap Value	56,284		52,147	
Ivy Science and Technology	11,461		5,123	
Janus Adviser Flexible Bond	10,552		6,545	

* Investments that represent 5% or more of net assets available for plan benefits.

Note 3: Information Prepared and Certified by Custodian, continued:

	2010		2009	
Lifepath 2020	711,401	*	493,426	*
Lifepath 2030	256,420	*	213,018	*
Lifepath 2040	126,853		106,653	
Lifepath Retirement	265,768	*	239,239	*
LM Clearbridge SC Growth	39,948		86,746	
Lord Abbet Affiliated	68,690		129,597	
Lord Abbet Bond Debenture	11,657		10,009	
Lord Abbet Mid Cap Value	167,525		142,782	
MFS International New Disc	80,984		69,756	
Oppenheimer International Bond	30,798		28,957	
Oppenheimer International GR	9,511		11,115	
Oppenheimer Main Street Opportunity	4,195		2,631	
Pimco Emerging Markets Bond	52,679		82,896	
Pimco Real Return	116,229		111,167	
Pimco Total Return	114,841		107,650	
SEI Stable Asset	43,611		102,777	
Templeton Foreign	6,956		7,052	
Thornburg International Value	90,677		74,979	
Total	$ 3,779,245		$ 3,636,804	

* Investments that represent 5% or more of net assets available for plan benefits.

During 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $365,677 as follows:

Common collective trusts	$ (46)
Mutual funds	365,723
Total	$ 365,677

Note 4: Fair Value Measurement of Investments:

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the 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 below:

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 or similar 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.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Guaranteed investment contract (which has underlying investments in bonds, U.S. government agency obligations and other securities): Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

Note 4: Fair Value Measurement of Investments, continued:

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2010:

	Investments at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Guaranteed Investment Contract	$ -	$ -	$ 43,611	$ 43,611
Mutual Funds:				
Asset allocation/ balanced	1,717,079	-	-	1,717,079
Bond	407,779	-	-	407,779
International	206,964	-	-	206,964
Large cap	477,221	-	-	477,221
Mid cap	348,153	-	-	348,153
Small cap	299,368	-	-	299,368
Other	279,070	-	-	279,070
Total mutual funds	3,735,634	-	-	3,735,634
Total investments at fair value	$ 3,735,634	$ -	$ 43,611	$ 3,779,245

Note 4: Fair Value Measurement of Investments, continued:

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2009:

	Investments at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Guaranteed Investment Contract	$ -	$ -	$ 102,777	$ 102,777
Mutual Funds:				
Asset allocation/ balanced	1,300,696	-	-	1,300,696
Bond	514,308	-	-	514,308
International	174,931	-	-	174,931
Large cap	564,293	-	-	564,293
Mid cap	243,065	-	-	243,065
Small cap	322,990	-	-	322,990
Other	413,744	-	-	413,744
Total mutual funds	3,534,027	-	-	3,534,027
Total investments at fair value	$ 3,534,027	$ -	$ 102,777	$ 3,636,804

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2010.

	Guaranteed Investment Contract
Balance, beginning of year	$ 102,777
Unrealized loss relating to instruments still held at the reporting date	(46)
Purchases, sales, issuances and settlements, net	(59,120)
Balance, end of year	$ 43,611
The amount of total loss for the period attributable to the change in unrealized loss relating to assets still held at the reporting date	$ (46)

Note 5: Guaranteed Investment Contract with SEI Trust Company:

In 2005, the Plan entered into a benefit-responsive investment contract with SEI Trust Company (SEI). SEI maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair market value as reported to the Plan by SEI. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by SEI, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer and varies depending on the date the participant enters the investment, but may not be less than zero percent. The average yield based on actual earnings for the year ended December 31, 2010 and 2009 was approximately 1.63% and 1.40%, respectively. The average yield based on interest rates credited to participants for the year ended December 31, 2010 and 2009 was approximately 0.89% and 1.40%, respectively.

Certain events limit the Plan's ability to transact at contract value with Hartford. Such events include the following: (a) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events that would limit the Plan’s ability to transact at contract value with Plan participants are probable or occurring.

Note 6: Net Assets Available for Plan Benefits:

Net assets available for benefits as of December 31, 2010 and 2009 include $653,720 and $467,706, respectively, allocated to the accounts of persons who as of that date had withdrawn from participating in the earnings and operations of the Plan. The amount is payable to the former participants as provided under the terms of the Plan. This amount has not been recorded as a liability as of December 31, 2010 and 2009.

Note 7: Transactions with Parties-in-Interest:

The Company provides to the Plan certain accounting and administrative services for which no fees are charged.

Certain plan investments consist of a guaranteed investment contract and mutual funds managed by Hartford Life Insurance Company. Hartford Life Insurance Company charged $1,150 in administrative expenses for the Plan year ended December 31, 2010. Hartford Life Insurance Company is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Commissions and fees paid by the Plan to Merrill Lynch Life Agency, amounted to $5,182 and $4,117 for the years ended December 31, 2010 and 2009. Merrill Lynch Life Agency is the Plan's investment firm, therefore, these transactions qualify as party-in-interest transactions.

Note 8: Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their account balances.

Note 9: Tax Status:

The Plan obtained its latest determination letter on March 31, 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.

Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010 and 2009, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits of any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Note 10: Risks and Uncertainties:

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

Note 11: Reconciliation of Financial Statements to Form 5500:

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

	December 31, 2010	December 31, 2009
Net assets available for plan benefits per the financial statements	$ 3,830,569	$ 3,733,768
Employer contributions receivable	(46,897)	(92,332)
Participant contributions receivable	(4,427)	(4,632)
Net assets available for plan benefits per Form 5500	$ 3,779,245	$ 3,636,804

Net increase in net assets available for plan benefits per financial statements	$ 96,801
Add: Employer contributions receivable at December 31, 2009	92,332
Add: Participant contributions receivable at December 31, 2009	4,632
Less: Employer contributions receivable at December 31, 2010	(46,897)
Less: Participant contributions receivable at December 31, 2010	(4,427)
Net increase per Schedule H of Form 5500	$ 142,441

Industrial Electrical Co. 401(K) Profit Sharing Plan
Employer Identification Number – 94-1231917
Plan Number - 001
Schedule H, line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2010

(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
*	Hartford Life Insurance Company	AIM Small Cap Equity	Not Applicable	$ 91,468
*	Hartford Life Insurance Company	Allianz OCC Target	Not Applicable	61,311
*	Hartford Life Insurance Company	American Century Vista	Not Applicable	34,235
*	Hartford Life Insurance Company	American Funds Growth	Not Applicable	83,760
*	Hartford Life Insurance Company	American Funds Inv Co AM	Not Applicable	24,011
*	Hartford Life Insurance Company	Blackrock Global Allocation	Not Applicable	271,056
*	Hartford Life Insurance Company	Blackrock Natural Resource Trust	Not Applicable	77,878
*	Hartford Life Insurance Company	Blackrock Value Opportunity	Not Applicable	125,139
*	Hartford Life Insurance Company	Davis New York Venture	Not Applicable	198,185
*	Hartford Life Insurance Company	Davis Opportunity	Not Applicable	9,923
*	Hartford Life Insurance Company	DWS Reef Real Estate	Not Applicable	137,461
*	Hartford Life Insurance Company	Eaton Vance, Inc. Fund Boston	Not Applicable	71,023
*	Hartford Life Insurance Company	Eaton Vance WW Health Sciences	Not Applicable	46,883
*	Hartford Life Insurance Company	Evergreen Asset Allocation	Not Applicable	85,581
*	Hartford Life Insurance Company	Fidelity Advisor Equity Growth	Not Applicable	17,611
*	Hartford Life Insurance Company	Franklin Utilities	Not Applicable	5,387
*	Hartford Life Insurance Company	Goldman Sachs Mid Cap Value	Not Applicable	85,082
*	Hartford Life Insurance Company	Goldman Sachs Small Cap Value	Not Applicable	42,813

The independent auditor's report should be read in connection with this supplemental schedule.

Industrial Electrical Co. 401(K) Profit Sharing Plan
Employer Identification Number – 94-1231917
Plan Number - 001
Schedule H, line 4(i) - Schedule of Assets (Held at End of Year), continued
December 31, 2010

(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
*	Hartford Life Insurance Company	Hartford Global Research	Not Applicable	18,836
*	Hartford Life Insurance Company	Hartford Index HLS	Not Applicable	14,562
*	Hartford Life Insurance Company	Hotchkis Wiley Large Cap Value	Not Applicable	56,284
*	Hartford Life Insurance Company	Ivy Science and Technology	Not Applicable	11,461
*	Hartford Life Insurance Company	Janus Adviser Flexible Bond	Not Applicable	10,552
*	Hartford Life Insurance Company	Lifepath 2020	Not Applicable	711,401
*	Hartford Life Insurance Company	Lifepath 2030	Not Applicable	256,420
*	Hartford Life Insurance Company	Lifepath 2040	Not Applicable	126,853
*	Hartford Life Insurance Company	Lifepath Retirement	Not Applicable	265,768
*	Hartford Life Insurance Company	LM Clearbridge SC Growth	Not Applicable	39,948
*	Hartford Life Insurance Company	Lord Abbet Affiliated	Not Applicable	68,690
*	Hartford Life Insurance Company	Lord Abbet Bond Debenture	Not Applicable	11,657
*	Hartford Life Insurance Company	Lord Abbet Mid Cap Value	Not Applicable	167,525
*	Hartford Life Insurance Company	MFS International New Disc	Not Applicable	80,984
*	Hartford Life Insurance Company	Oppenheimer International Bond	Not Applicable	30,798
*	Hartford Life Insurance Company	Oppenheimer International GR	Not Applicable	9,511
*	Hartford Life Insurance Company	Oppenheimer Main Street Opportunity	Not Applicable	4,195

The independent auditor's report should be read in connection with this supplemental schedule.

Industrial Electrical Co. 401(K) Profit Sharing Plan
Employer Identification Number – 94-1231917
Plan Number - 001
Schedule H, line 4(i) - Schedule of Assets (Held at End of Year), continued
December 31, 2010

(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
*	Hartford Life Insurance Company	Pimco Emerging Markets Bond	Not Applicable	52,679
*	Hartford Life Insurance Company	Pimco Real Return	Not Applicable	116,229
*	Hartford Life Insurance Company	Pimco Total Return	Not Applicable	114,841
*	Hartford Life Insurance Company	SEI Stable Asset; maturity dates through December 20, 2054; interest rate range was 0.00% to 0.99% as of December 31, 2010	Not Applicable	43,611
*	Hartford Life Insurance Company	Templeton Foreign	Not Applicable	6,956
*	Hartford Life Insurance Company	Thornburg International Value	Not Applicable	90,677
		Total		$ 3,779,245

* Party-in-interest

The independent auditor's report should be read in connection with this supplemental schedule.

2010 Fee and Compensation Disclosure Report

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

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

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

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

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

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

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

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

INDUSTRIAL ELECTRICAL CO. 401(K) PROFIT SHARING PLAN (028500)
PLAN YEAR END: 12/31

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

Recipient: Hartford Life Insurance Company EIN: 06-0974148

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

1. Direct Compensation **$1,150.00**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction. Of this amount, our records indicate that Hartford Life Insurance Company received **$1,150.00** . Please review your records to determine what other service providers (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, plan auditor) received all or any portion of the remaining amount.

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

2. Indirect Compensation

Program & Administrative Charge
Service Code: 66

Hartford Life Insurance Company Separate Accounts, 200 Hopmeadow Road, Simsbury, CT 06089

[see fund chart below for percentage]% per annum of the daily Sub-Account values (pursuant to the group annuity contract or funding agreement)

Float compensation **$18.43**

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

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

Compensation paid with respect to Underlying Funds

Investment Option Name	*EIN*	*Fees Received from investment options on your Plan's Menu (rates as of 12/31/10)*	*Total Annual Expenses[2] (as of 12/31/10)*	*Program & Admin. Charge*
ALLIANZ AGIC TARGET A	33-0457728	0.50% x assets	1.21%	0.45%
AMERICAN CENTURY VISTA A	44-6006315	0.60% x assets	1.26%	0.45%
AMERICAN FUNDS GR FD OF AMER R3	52-0792143	0.60% x assets	0.97%	0.45%
AMERICAN FUNDS INV CO OF AMER R3	95-1426645	0.60% x assets	1.00%	0.45%
BLACKROCK GLOBAL ALLOCATION A	22-2937779	0.50% x assets	1.11%	0.45%
BLACKROCK LIFEPATH 2020 A	51-0318674	0.75% x assets	0.97%	0.45%
BLACKROCK LIFEPATH 2030 A	51-0318674	0.75% x assets	0.95%	0.45%

Investment Option Name	*EIN*	*Fees Received from investment options on your Plan's Menu (rates as of 12/31/10)*	*Total Annual Expenses[2] (as of 12/31/10)*	*Program & Admin. Charge*
BLACKROCK LIFEPATH 2040 A	51-0318674	0.75% x assets	0.94%	0.45%
BLACKROCK LIFEPATH RETIREMENT A	51-0318674	0.75% x assets	1.00%	0.45%
BLACKROCK NATURAL RESOURCES A	13-6857277	0.50% x assets	1.08%	0.45%
BLACKROCK VALUE OPPORTUNITIES A	13-2928561	0.50% x assets	1.36%	0.45%
DAVIS NEW YORK VENTURE A	13-2601967	0.35% x assets plus $12/participant	0.90%	0.45%
DAVIS OPPORTUNITY A	36-2926440	0.35% x assets plus $12/participant	1.18%	0.45%
DWS RREEF REAL EST SECURITIES A	13-3241232	0.55% x assets	1.05%	0.45%
EATON VANCE INC FUND OF BOSTON A	13-2706484	0.50% x assets	1.11%	0.45%
EATON VANCE WORLDWIDE HLTH SCI A	04-2325690	0.50% x assets	2.07%	0.45%
FIDELITY ADVISOR EQUITY GROWTH T	04-3335387	0.65% x assets	1.38%	0.45%
FRANKLIN UTILITIES A	13-2573775	0.25% x assets plus $12/participant	0.78%	0.45%
GOLDMAN SACHS MDCAP VALUE A	13-4019460	0.55% x assets	1.17%	0.45%
GOLDMAN SACHS SMALL CAP VALUE A	13-4019460	0.55% x assets	1.48%	0.45%
HARTFORD GLOBAL RESEARCH HLS IB	22-2937447	0.50% x assets	1.36%	0.45%
HARTFORD INDEX HLS IB	22-2937447	0.50% x assets	0.60%	0.45%
HOTCHKIS AND WILEY LGCAP VALUE A	95-4871957	0.50% x assets	1.30%	0.45%
INVESCO SMALL CAP EQUITY A	06-0841973	0.50% x assets	1.52%	0.45%
IVY SCIENCE AND TECHNOLOGY Y	48-1112076	0.50% x assets	1.36%	0.45%
JANUS FLEXIBLE BOND S	84-0592523	0.50% x assets	1.02%	0.45%
LEGG MASON CLEARBRIDGE SMCP GR A	52-1268629	0.55% x assets	1.39%	0.45%
LORD ABBETT AFFILIATED P	13-6020600	0.70% x assets	0.98%	0.45%
LORD ABBETT BOND DEBENTURE P	13-2669319	0.70% x assets	1.10%	0.45%
LORD ABBETT MID-CAP VALUE P	13-3166900	0.70% x assets	1.26%	0.45%
MFS INTERNAT'L NEW DISCOVERY A	04-2468583	0.65% x assets	1.45%	0.45%
OPPENHEIMER INTERNAT GROWTH A	13-3867060	0.25% x assets plus lesser of ($12/ participant or 0.25% x assets)	1.35%	0.45%
OPPENHEIMER INTERNATIONAL BOND A	84-1308320	0.25% x assets plus lesser of ($12/ participant or 0.25% x assets)	0.98%	0.45%
OPPENHEIMER MAIN STREET SEL A	84-1552997	0.25% x assets plus lesser of ($12/ participant or 0.25% x assets)	1.26%	0.45%
PIMCO EMERGING MARKETS BOND A	33-0629048	0.40% x assets	1.25%	0.45%
PIMCO REAL RETURN A	33-0629048	0.40% x assets	0.90%	0.45%

Investment Option Name	*EIN*	*Fees Received from investment options on your Plan's Menu (rates as of 12/31/10)*	*Total Annual Expenses[2] (as of 12/31/10)*	*Program & Admin. Charge*
PIMCO TOTAL RETURN A	33-0629048	0.40% x assets	0.90%	0.45%
SEI STABLE ASSET 4	NA[1]	0.50% x assets	0.65%	0.45%
TEMPLETON FOREIGN A	22-2169185	0.35% x assets plus $12/participant	1.20%	0.45%
THORNBURG INTERNATIONAL VALUE R3	06-1158764	0.75% x assets	1.45%	0.45%
WELLS FARGO ADV ASSET ALLOC-A	41-0449260	0.50% x assets	0.85%	0.45%

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

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

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

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

Hartford Global Research HLS Inv Opt	0.90% x assets
Hartford Index HLS Inv Opt	0.30% x assets

Recipient: Reliance Trust Company EIN: 58-7428634

Indirect Compensation

Trust service fee **$400.00**
Service Codes: 25, 99 (if Reliance Trust Company is acting as directed trustee)

Payors: Hartford Life Insurance Company EIN: 06-0974148
Hartford Retirement Services, LLC EIN: 26-1589907