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
MILROSE CONSULTANTS INC. 401(K)/PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

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

498 SEVENTH AVENUE, 8TH FLOOR
NEW YORK, NY 10018

2b Employer Identification Number (EIN) 11-3039923

2c Sponsor's telephone number 212-894-0170

2d Business code (see instructions) 541310

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.	10/12/2011	DONNA JORDAN
	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")
MILROSE CONSULTANTS INC.

498 SEVENTH AVENUE, 8TH FLOOR
NEW YORK, NY 10018

3b Administrator's EIN
11-3039923

3c Administrator's telephone number
212-894-0170

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**	150
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**	132
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	35
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	167
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	167
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	117
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
MILROSE CONSULTANTS INC. 401(K)/PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
MILROSE CONSULTANTS INC.

D Employer Identification Number (EIN)
11-3039923

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
36-6071399	70688	341578		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
9461	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
HOWARD ROSENBAUM
WELLS FARGO INS SERVICES INVES
301 SOUTH COLLEGE ST 19TH FLOOR
CHARLOTTE, NC 28202

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
9344			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HOWARD ROSENBAUM
WELLS FARGO INSURANCE SERVICES
305 WALNUT ST MS A-5
REDWOOD CITY, CA 94063

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
117			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	

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	1957293

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 ▶ STABLE VALUE ADV OPTION

b	Balance at the end of the previous year			7b	202855
c	Additions: (1) Contributions deposited during the year	7c(1)	10757		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	6644		
	(4) Transferred from separate account	7c(4)	45969		
	(5) Other (specify below)	7c(5)	469		
	▶ LOAN REPAYMENT				
	(6) Total additions			7c(6)	63839
d	Total of balance and additions (add **b** and **c(6)**)			7d	266694
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	376		
	(2) Administration charge made by carrier	7e(2)	1259		
	(3) Transferred to separate account	7e(3)	12072		
	(4) Other (specify below)	7e(4)	5308		
	▶ EX CONTRIB REFUND/LOAN REQ				
	(5) Total deductions			7e(5)	19015
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	247679

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
MILROSE CONSULTANTS INC. 401(K)/PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MILROSE CONSULTANTS INC.

D Employer Identification Number (EIN)
11-3039923

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

(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)

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	11200	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
MILROSE CONSULTANTS INC. 401(K)/PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MILROSE CONSULTANTS INC.

D Employer Identification Number (EIN)
11-3039923

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: JANUS BALANCED INV ACCT

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

c EIN-PN 36-6071399-298	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22008

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

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

c EIN-PN 36-6071399-309	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67877

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA BOND RET ACCT

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

c EIN-PN 36-6071399-312	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7981

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS MID VALUE RET

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

c EIN-PN 36-6071399-495	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30622

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

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

c EIN-PN 36-6071399-106	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 154032

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

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

c EIN-PN 36-6071399-108	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15795

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

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

c EIN-PN 36-6071399-111	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH INV ACCT

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

c EIN-PN 36-6071399-114	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 169059

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX R

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

c EIN-PN 36-6071399-139	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4561

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE INV

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

c EIN-PN 36-6071399-155	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1032

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH QUALITY

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

c EIN-PN 36-6071399-159	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5645

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MID-CAP INDEX RET ACCT

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

c EIN-PN 36-6071399-438	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2096

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA BOND INDEX RET ACCT

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

c EIN-PN 36-6071399-416	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110859

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY VISTA INV ACCT

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

c EIN-PN 36-6071399-403	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 222222

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY INFLATION-ADJUSTED

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

c EIN-PN 36-6071399-440	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6003

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO MID CAP CORE EQUITY INV ACC

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

c EIN-PN 36-6071399-353	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10447

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL 2000 VALUE INDEX RET A

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

c EIN-PN 36-6071399-355	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8258

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2005 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-417	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	65
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2015 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-356	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2274
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2025 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-018	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	81947
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2035 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-019	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	58677
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2045 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6607139-295	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	69445
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION - CON			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-036	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	46157
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION - MOD			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-037	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	126398
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION - MOD			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-038	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	43518
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION - GRO			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-039	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	50135
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS TECHNOLOGY TOLLKEEPER			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-042	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	35677

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY DIVIDEND INV ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-051	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	240432
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH R			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-076	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2330
a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST AMERICAN REAL ESTATE SECURITI			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-083	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4563
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL CAP VALUE RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-086	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11168
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS OVERSEAS RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6607139-091	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17056
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE BOND			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-094	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25577
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTERNATIONAL BOND RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-097	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14043
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP INDEX RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-132	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13832
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2010 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-134	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-135	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8884

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2030 RET

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

c EIN-PN 36-6071399-163	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11449

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2040 RET

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

c EIN-PN 36-6071399-164	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80076

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050 RET

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

c EIN-PN 36-6071399-165	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25242

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI EMERGING MARKETS INDEX RE

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

c EIN-PN 36-6071399-169	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6435

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL 1000 VALUE INDEX RET A

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

c EIN-PN 36-6607139-171	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4366

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL 2000 GROWTH INDEX RET

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

c EIN-PN 36-6071399-172	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6420

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL 1000 GROWTH INDEX RET

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

c EIN-PN 36-6071399-173	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6336

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA MARSICO 21ST CENTURY INV A

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

c EIN-PN 36-6071399-174	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113551

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA HIGH INCOME INV ACCT

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

c EIN-PN 36-6071399-175	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9719

a Name of MTIA, CCT, PSA, or 103-12 IE: THORNBURG INTERNATIONAL VALUE RET A

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

c EIN-PN 36-6071399-210	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3025

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

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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
MILROSE CONSULTANTS INC. 401(K)/PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MILROSE CONSULTANTS INC.

D Employer Identification Number (EIN)
11-3039923

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	111608	154628
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1372468	1957293
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	202855	247679
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1686931	2359600
	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	1686931	2359600

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)	84089	
	(B) Participants	2a(1)(B)	400343	
	(C) Others (including rollovers)	2a(1)(C)	10113	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		494545
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	5730	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5730
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		238954
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		6644
d Total income. Add all **income** amounts in column (b) and enter total	2d		745873
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	63354	
(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)		63354
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	9850	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9850
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		73204
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		672669
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WAYNE P. NAEGELE, CPA (2) EIN: 27-3389664

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		1000000
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
MILROSE CONSULTANTS INC. 401(K)/PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MILROSE CONSULTANTS INC.

D Employer Identification Number (EIN)
11-3039923

Part I Distributions

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

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

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

EIN(s): 42-1445542

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MILROSE CONSULTANTS, INC.
401(K)/PROFIT SHARING PLAN

FINANCIAL STATEMENTS
FOR THE YEARS ENDING
DECEMBER 31, 2010
AND
DECEMBER 31, 2009

MILROSE CONSULTANTS, INC.
401(K)/PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER: 11-3039923
PLAN NUMBER: 001

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For the year ending December 31, 2010 and
as of December 31, 2010 and December 31, 2009

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Wayne P. Naegele
CERTIFIED PUBLIC ACCOUNTANT
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225 WEST 35TH STREET, 16TH FLOOR
NEW YORK, NEW YORK 10001

TEL (212) 736-0055 FAX (212) 736-1865

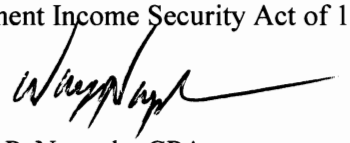
INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
of Milrose Consultants, Inc.
401(K)/Profit Sharing Plan

We were engaged to audit the financial statements of Milrose Consultants, Inc. 401(K)/Profit Sharing Plan as of December 31, 2010 and December 31, 2009, and for the year ended December 31, 2010, and the supplemental schedule for the year ended December 31, 2010, as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor 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 audit procedures with respect to the information summarized in Note 10, which was certified by Transamerica Retirement Services, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2010 and December 31, 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedules, 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Wayne P. Naegele, CPA
New York, New York
October 8, 2011

MILROSE CONSULTANTS, INC.
401(K)/PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER: 11-3039923
PLAN NUMBER: 001

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2010 and December 31, 2009

	December 31, 2010	December 31, 2009
ASSETS:		
Participant directed investments, at fair value	$ 2,359,600	$ 1,686,931
Receivables:		
Employer contributions	-	82,477
TOTAL ASSETS	2,359,600	1,769,408
LIABILITIES:		
Contribution refunds payable	-	11,505
NET ASSETS AVAILABLE FOR BENEFITS, AT FAIR VALUE	$ 2,359,600	$ 1,757,903

MILROSE CONSULTANTS, INC.
401(K)/PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER: 11-3039923
PLAN NUMBER: 001

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ending December 31, 2010

	For the year ending December 31, 2010
ADDITIONS:	
Additions to net assets attributed to-	
Contributions-	
Participant	$ 400,343
Employer	1,612
Participant Rollovers	10,113
Earnings on investments-	
Loans	5,730
Net investment gain on pooled separate accounts	238,954
Other income	6,644
TOTAL ADDITIONS	663,396
DEDUCTIONS:	
Deductions from net assets attributed to-	
Benefits paid to participants	51,849
Expenses	9,850
TOTAL DEDUCTIONS	61,699
NET INCREASE (DECREASE)	601,697
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of the year	1,757,903
End of the year	$ 2,359,600

See Independent Auditor's Report and Notes to Financial Statements

MILROSE CONSULTANTS INC.
401(K)/PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER: 11-3039923
PLAN NUMBER: 001

NOTES TO FINANCIAL STATEMENTS
As of December 31, 2010 and December 31, 2009 and for the year ending December 31, 2010

1 - DESCRIPTION OF THE PLAN

The following plan description is provided for general information purposes. Participants of the Milrose Consultants, Inc. 401(K)/Profit Sharing Plan (the "Plan") should refer to the Plan for more detailed and complete information.

General: The Plan became effective January 1, 2006. An employee becomes a participant of the plan immediately following the completion of three months of service with the Company as defined by the Plan. There is no minimum age requirement to participate. The Plan's custodian is Transamerica Retirement Services. Transamerica Retirement Services is a unit of Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company. Upon entry into the Plan, participants elect to have the Company's contributions invested in any combination of funds offered in the Plan. The following funds were available at year end:

- Transamerica Stable Value Advantage Account – The fund seeks a stable return and safety of principal. It seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year treasury bills.
- Transamerica Partners High Quality Bond Ret Account – The fund seeks to provide a high risk-adjusted return while focusing on the preservation of capital. It invests in a diverse portfolio of high quality bonds and other debt securities with short and intermediate maturities.
- JP Morgan Government Securities Ret Account – The fund seeks total return with a high level of current income and a moderate degree of share-price fluctuation. It is best suited for long-term investors who want higher income than shorter-term securities generally provide.
- Loomis Sayles Investment Grade Bond Ret Account – The fund seeks high total investment return.
- SSgA Bond Index Ret Account – The fund seeks to match the total rate of return of the Barclays Capital Aggregate Bond Index during a calendar year. It seeks to match investments in a portfolio that owns units of one or more well-diversified portfolios that hold securities representative of the domestic investment grade bond market.
- Transamerica Bond Ret Account – The fund seeks high total return, consistent with capital preservation. It is best suited for investors who wish to invest in a diversified portfolio of bonds and who have the ability to accept above-average bond price volatility in pursuit of a high total return.
- Columbia High Income Investment Account – The fund seeks total return, consisting of high level of income and capital appreciation.
- Oppenheimer International Bond Ret Account – The fund seeks total return with a secondary objective of income consistent with total return. It invests mainly in debt securities of foreign government and corporate issuers.
- Janus Adviser Balanced Investment Account – The fund seeks long-term growth of capital, consistent with preservation of capital and balanced by current income.
- Transamerica Asset Allocation – Conservative Portfolio Ret Account – The fund seeks current income and preservation of capital. It normally invests in underlying Transamerica funds to achieve a mix over time of approximately 35% of assets in equity and 65% of assets in fixed-income which may include bonds, cash, cash equivalents, or other money market instruments.

1 - DESCRIPTION OF THE PLAN - (continued)

- Transamerica Asset Allocation – Growth Portfolio Ret Account – The fund seeks long-term capital appreciation. It invests in underlying funds that invest primarily in equities. It allocates assets among the underlying funds based on such things as prudent diversification principles, general market outlooks, historical performance, global markets' current valuations, and other global economic factors.
- Transamerica Asset Allocation – Moderate Growth Portfolio Ret Account – The fund seeks capital appreciation with current income as secondary objective. It invests in a diversified combination of underlying Transamerica Funds.
- Transamerica Asset Allocation – Moderate Portfolio Ret Account – The fund seeks capital appreciation and current income. It normally invests in a diversified combination of underlying Transamerica funds.
- Vanguard Target Date Retirement Funds (2005 through 2050) - These funds seek to provide growth of capital and current income. They primarily invest in other Vanguard mutual funds according to an asset allocation designed for investors planning to retire between the years 2005 through 2050.
- SSgA Russell 1000 Value Index Ret Account – The fund seeks to replicate the returns and characteristics of the Russell 1000 Value Index.
- Transamerica Partners Mid Value Ret Account – The fund seeks a high total investment return. It normally invests at least 80% of net assets in securities of medium sized companies.
- Transamerica Core Equity Ret Account – The fund seeks to maximize capital appreciation and is best suited for investors who want a valuation approach to investing and the ability to accept average market volatility.
- Transamerica Partners Stock Index Ret Account – The fund seeks to match the performance of the Standard & Poor's 500 index. It normally invests at least 90% of assets in stock comprising the S&P 500 index.
- AIM Mid Cap Core Equity Investment Account – The fund seeks long-term growth. It seeks to meet its objective by investing, normally at least 80% of its assets in equity securities, including convertible securities of mid-capitalization companies.
- SSgA Mid-Cap Index Ret Account – The fund seeks to replicate the returns and characteristics of the S&P MidCap 400 Index. It seeks to match the return of the S&P MidCap 400 Index by investing in a portfolio that owns units of one or more portfolios that hold securities of the S&P MidCap 400 Index, in the same capitalization weights as they appear in the Index.
- Columbia Marsico 21st Century Investment Account – The fund seeks long-term capital growth. It invests primarily in equity securities of companies of any capitalization size.
- SSgA Russell 1000 Growth Index Ret Account – The fund seeks to replicate the returns and characteristics of the Russell 1000 Growth Index.
- American Century Vista Investment Account – The fund seeks long-term capital growth. It primarily invests in companies that management believes will increase in value over time.
- Franklin Small Cap Value Ret Account – The fund seeks long-term total return. It normally invests at least 80% of net assets in small capitalization companies with market capitalizations under $3.5 billion at the time of purchase.

1 - DESCRIPTION OF THE PLAN - (continued)

- Vanguard Small-Cap Index Ret Account – The fund seeks to track the performance of the benchmark index that measures the investment return of small capitalization stocks. It employs a passive management investment approach designed to track the performance of the MSCI US Small Cap 1750 index, a broadly diversified index of stocks of smaller U.S. companies.
- AIM Small Cap Growth Investment Account – The fund seeks long-term growth. It seeks to meet its objective by investing, normally, at least 80% of its assets in securities of small-capitalization companies.
- American Funds New Perspective Investment Account – The fund seeks capital appreciation and income. It normally invests in stock of companies located around the world to take advantage of investment opportunities generated by changes in international trade patterns and economic and political relationships.
- American Funds Euro Pacific Growth Ret Account – The fund normally invests at least 80% of net assets in securities of issuers in Europe and the Pacific Basin that the investment adviser believes to have the potential for growth.
- Templeton Foreign Ret Account – The fund seeks long-term capital growth. It is best suited for long-term investors who want international investment opportunities and who can accept the special risks associated with these investments.
- Thornburg International Value Ret Account – The fund seeks long-term capital appreciation. It normally invests at least 75% of assets in foreign securities or depository receipts of foreign securities.
- American Century Inflation-Adjusted Bond Investment Account – The fund seeks total return and inflation protection consistent with the investment in inflation-indexed securities. It invests at least 80% of assets in inflation-adjusted securities including inflation-indexed securities issued by the U.S. Treasury, by other U.S. government agencies and instrumentalities, and by other, non-U.S. government entities such as corporations.
- First American Real Estate Securities Ret Account – The fund seeks current income and long-term capital appreciation. It normally invests at least 80% of net assets in income-producing common stocks of publicly traded companies engaged in the real estate industry.
- Goldman Sachs Tollkeeper Investment Account – The fund seeks long-term growth of capital. It normally invests at least 80% of assets in equity investments in Tollkeeper companies.
- SSgA MSCI Emerging Markets Index Ret Account – The fund seeks to match closely returns of the capitalization weighted MSCI Emerging Markets (EM) Index. It also incorporates a 15% limit on the weight of any single country in the portfolio.
- Goldman Sachs Tollkeeper Fund-A – The fund seeks to invest in the public equity markets in the U.S. It makes its investments in stock of companies operating in the technology, media, and service sectors.
- SSgA Russell 2000 Value Index Ret Account – The fund seeks to achieve its objective by investing directly or indirectly in securities and other instruments, including other commingled funds that may be maintained by SSgA, direct investments in common stocks contained in the index, US Treasury Bills, short term fixed income securities, equity index futures, exchange traded funds, and other similar derivative instruments as deemed appropriate.

1 - DESCRIPTION OF THE PLAN - (continued)

- SSgA Russell 2000 Growth Index Ret Account – The fund seeks to achieve its objective by investing directly or indirectly in securities and other instruments, including other commingled funds that may be maintained by SSgA, direct investments in common stocks contained in the index, US Treasury Bills, short term fixed income securities, equity index futures, exchange traded funds, and other similar derivative instruments as deemed appropriate.
- BlackRock Equity Dividend Inv Account – The funds seeks long-term total return and current income. It invests primarily in investments in dividend-paying stocks that fund management believes will increase in value over the long-term, as well as provide current income.
- Janus Overseas Ret Account – The fund seeks long-term growth of capital. The fund normally invests at least 80% of assets in securities of issuers from countries outside of the United States. It normally invests in securities of issuers from several different countries, excluding the United States. The fund may have significant exposure to emerging markets. It may invest in foreign equity and debt securities. The fund may invest assets in derivatives.

Vesting: A participant becomes fully (100%) vested in Company matching contributions upon the completion of three years of service (100% in the third year). Participants are entitled to their vested balances in the Plan upon termination of employment, retirement, death or disability.

Retirement and Benefits: At any time, a participant may be permitted to withdraw his/her 401(K) contributions to meet a condition of extreme hardship, to the extent permitted under the provisions of the Internal Revenue Code. Payments to a participant are in the form of a lump sum payment. As of December 31, 2010, there were no outstanding requests for participant withdrawals.

A separate account is maintained for each participant and is adjusted monthly for the following:

- Income, expenses, realized and unrealized gains and losses of the Plan since the last determined value of the account.
- Participant contributions made through payroll deductions during the year.
- Company matching contributions.
- Participant withdrawals.

Participating Affiliate: Metropolitan Data Corp. is a participating affiliate of the Plan.

2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Reporting: The Plan uses the accrual basis of accounting for financial statement purposes and the cash basis of accounting for purposes of financial information included within Form 5500.

Contributions: Contributions from Milrose Consultants, Inc. (the "Company" or "Employer") are accrued in the year in which they become obligations of the Company. Contributions by participants are

2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (continued)

recorded when payroll deductions are made. Participants may contribute from 1% to 85% of their compensation, as defined. At the discretion of the management of the Company, the Company may elect a matching contribution equal to a percentage of elective contributions not to exceed 100%. For the year ending December 31, 2010, the company did not match employee contributions.

Investments: All Plan investments are reported at fair value except for an investment in a fully benefit-responsive common collective trust which is reported at contract 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. Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attributable for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investments from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates: The preparation of the Plan's financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results may differ from those estimates.

Risks and Uncertainties: The Plan provides for various investment options in investment securities. Investment securities are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

3 -INCOME TAX STATUS

The Company received a favorable opinion letter dated March 31, 2008 from the Internal Revenue Service that the Prototype Nonstandardized Profit Sharing Plan with CODA is acceptable under Section 401(a) of the Internal Revenue Code. The Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code, and the underlying trust is, therefore, exempt from federal income taxes under Section 501(a) of the Code.

MILROSE CONSULTANTS INC.
401(K)/PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER: 11-3039923
PLAN NUMBER: 001

NOTES TO FINANCIAL STATEMENTS
As of December 31, 2010 and December 31, 2009 and for the year ending December 31, 2010

4 -ADMINISTRATION OF THE PLAN

The Plan is managed by a Plan Administrator. The assets of the Plan are administered under a trust agreement with a third party administrator who is required to distribute the funds of the Plan in accordance with the text of the Plan, the trust agreement and instructions from the Plan Administrator. Transamerica Retirement Services holds and manages the assets of the Plan and invests in funds managed by them.

The Company provides certain administrative and recordkeeping services for the Plan at no charge. Expenses of the Plan are paid by the Plan to the extent not paid by the Company. Expenses paid by the Plan for the year ending December 31, 2010 amounted to $9,850.

5 – RELATED PARTY TRANSACTIONS

The Company provides certain accounting, administrative and investment management services to the Plan for which no fees are charged to the Plan. These transactions are exempt party in interest transactions.

6 - INVESTMENTS

The following presents investments that represent five percent or more of the Plan's net assets:

	December 31, 2010	
Templeton Foreign Return Account	$	154,032
AIM Small Cap Growth Investment Fund		169,059
SSgA Bond Index Return Account		110,859
American Century Vista Investment Account		222,222
Transamerica Asset Allocation-Moderate Growth Ret Account		126,398
BlackRock Equity Dividend Inv Account		240,432
Transamerica Stable Value Advantage Account		247,679
Columbia Marisco 21st Century Investment Account		113,551

During 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated/ (depreciated) in value by $238,954 as follows:

6 – INVESTMENTS – (continued)

	December 31, 2010
Transamerica Core Equity Return Account	$ 10,698
Transamerica Bond Return Account	452
Transamerica Partners Mid Value Return Account	4,929
Templeton Foreign Return Account	3,972
JP Morgan Government Securities	217
Franklin Real Estate Securities	1,505
AIM Small Cap Growth Investment Fund	34,906
Transamerica Partners Stock Index	468
American Funds New Perspective Investment Fund	111
Transamerica Partners Hign Quality Bond Return Account	123
SSgA Mid Cap Index Return Account	343
SSgA Bond Index Return Account	7,166
Vanguard Target Dated Funds	34,290
American Century Inflation-Adjusted Bond Inv Account	169
American Century Vista Investment Account	41,984
SSgA Russell 2000 Value Index Ret Account	1,279
SSgA Russell 2000 Growth Index Ret Account	1,010
Janus Adviser Balanced Investment Account	1,333
Transamerica Asset Allocation-Conservative Ret Account	2,931
Transamerica Asset Allocation-Growth Portfolio Ret Account	5,683
Transamerica Asset Allocation-Moderate Growth Ret Account	10,814
Transamerica Asset Allocation-Moderate Portfolio Ret Account	4,372
Goldman Sachs Tollkeeper Inv Account	5,323
BlackRock Equity Dividend Inv Account	27,540
Janus Overseas Ret Account	1,788
Transamerica Stable Value Advantage Account	7,386
Loomis Sayles Investment Grade Bond Ret Account	2,334
SSgA Russell 1000 Value Index Ret Account	520
Columbia Marisco 21st Century Investment Account	16,020
SSgA Russell 1000 Growth Index Ret Account	755
Franklin Small Cap Value Ret Account	1,845
Vanguard Small Cap Index Ret Account	2,301
Subtotal	$ 234,563

6 – INVESTMENTS – (continued)

Subtotal	$	234,563
SSgA Dow Jones Small Cap Growth Index Ret Account		1,176
American Funds EuroPacific Growth Ret Account		209
Columbia High Income Investment Account		594
First American Real Estate Securities Ret Account		760
Oppenheimer International Bond Ret Account		801
SSgA MSCI Emerging Markets Index Ret Account		499
Thornburg International Value Ret Account		352
	$	238,954

7 – INVESTMENT CONTRACT WITH AN INSURANCE COMPANY

The Plan has fully benefit-responsive investment contracts ("Investment choices") with one of Transamerica's life insurance companies ("Insurance Company"). The investment choices are invested in the general account of the insurance company. The investment choices have no stated maturity. Interest rates are reset monthly as of the beginning of each month, during which a new interest rate is applied daily to the total outstanding balance of the investment. These investment choices are considered fairly valued at contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

The assets held in the investment choices are commingled with assets in the general account. There is no specific portfolio of assets in which the investment choices invest; therefore, no financial statements are available. The credited interest rate is supported by the income received from the assets held in the general account.

	December 31, 2010	December 31, 2009
Minimum rate	2.90%	3.00%
Average rate	2.98%	3.49%
Closing Rate	2.90%	3.00%

8 - FORFEITURES

The forfeiture amount is the participant's account balance attributable to Company contributions that are not vested. As of December 31, 2010 and December 31, 2009, forfeited nonvested accounts totaled $0 and $0, respectively. These accounts, when applicable, will be used to fund future employer contributions or Plan expenses.

9 - 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 such termination, each participant will automatically become fully vested in his/her account.

10 - INFORMATION CERTIFIED BY THE CUSTODIAN

The following information included in the financial statements and supplemental schedule was provided and certified by the Plan's custodian as complete and accurate for the year ending December 31, 2010:

- Investments
- Net investment gain (loss) from pooled separate accounts
- Schedule of Assets (Held at End of Year) as of December 31, 2010 (Schedule 1)

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

11 – FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board ("FASB") established a framework for measuring fair value. The 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 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted process for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;

11 – FAIR VALUE MEASUREMENTS – (continued)

- 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.

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

Mutual funds: Valued at the net asset value of shares or units held by the Plan.

Common Collective Trusts: Valued at the sum of the market value of all of the trust's investments.

Participant loans: Valued at the outstanding loan balance, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although 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.

11 – FAIR VALUE MEASUREMENTS - (continued)

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

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,933,517	$ 23,776	$ -	$ 1,957,293
U.S. government securities	-	-	-	-
Common collective trusts	-	247,679	-	247,679
Participant loans	-	-	154,628	154,628
	$ 1,933,517	$ 271,455	$ 154,628	$ 2,359,600

The following sets forth a summary of the changes in the fair value of the Plan's Level 3 assets for the year ending December 31, 2010:

	Participant Loans
Balance, beginning of year	$ 111,608
Loans, repayments, and settlements (net)	43,020
Balance, end of year	$ 154,628

12 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

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

	December 31, 2010	December 31, 2009
Net assets available for benefits per the financial statements	$ 2,359,600	$ 1,757,903
Additional contributions allocated to participants	-	(82,477)
Excess refunds allocated to participants	-	11,505
Net assets available for benefits per Schedule H of Form 5500	$ 2,359,600	$ 1,686,931

	December 31, 2010
Benefits paid to participants per the financial statements	$ 51,849
Add: Prior year refunds paid to participants	11,505
Less: Excess refunds allocated to participants	-
Benefits paid to participants per Schedule H of Form 5500	$ 63,354

NOTE 13 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 8, 2011, the date which the financial statements are available to be issued.

MILROSE CONSULTANTS, INC.
401(K)/PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER: 11-3039923
PLAN NUMBER: 001

SCHEDULE 1 - SUPPLEMENTAL SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2010

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
		Pooled Separate Accounts:	
*	Transamerica Retirement Services	Transamerica Core Equity Return Account	$ 67,877
*	Transamerica Retirement Services	Transamerica Bond Return Account	7,981
*	Transamerica Retirement Services	Transamerica Partners Mid Value Return Account	30,622
	Transamerica Retirement Services	Templeton Foreign Return Account	154,032
	Transamerica Retirement Services	JP Morgan Government Securities	15,795
	Transamerica Retirement Services	AIM Small Cap Growth Investment Fund	169,059
*	Transamerica Retirement Services	Transamerica Partners Stock Index	4,561
	Transamerica Retirement Services	American Funds New Perspective Investment Fund	1,032
*	Transamerica Retirement Services	Transamerica Partners High Quality Bond Return Account	5,645
	Transamerica Retirement Services	SSgA Mid Cap Index Return Account	2,096
	Transamerica Retirement Services	SSgA Bond Index Return Account	110,859
	Transamerica Retirement Services	Vanguard Target Dated Funds (2005-2050)	338,059
	Transamerica Retirement Services	American Century Inflation-Adjusted Bond Inv Account	6,003
	Transamerica Retirement Services	American Century Vista Investment Account	222,222
	Transamerica Retirement Services	AIM Mid Cap Core Equity Investment Account	10,447
	Transamerica Retirement Services	SSgA Russell 2000 Value Index Ret Account	8,258
	Transamerica Retirement Services	SSgA Russell 2000 Growth Index Ret Account	6,420
	Transamerica Retirement Services	Janus Adviser Balanced Investment Account	22,008
*	Transamerica Retirement Services	Transamerica Asset Allocation-Conservative Ret Account	46,157
*	Transamerica Retirement Services	Transamerica Asset Allocation-Growth Portfolio Ret Account	50,135
*	Transamerica Retirement Services	Transamerica Asset Allocation-Moderate Growth Ret Account	126,398
*	Transamerica Retirement Services	Transamerica Asset Allocation-Moderate Portfolio Ret Account	43,518
	Transamerica Retirement Services	Goldman Sachs Tollkeeper Inv Account	35,677
	Transamerica Retirement Services	BlackRock Equity Dividend Inv Account	240,432
	Transamerica Retirement Services	Janus Overseas Ret Account	17,056
*	Transamerica Retirement Services	Transamerica Stable Value Advantage Account	247,679
	Transamerica Retirement Services	Loomis Sayles Investment Grade Bond Ret Account	25,577
	Transamerica Retirement Services	SSgA Russell 1000 Value Index Ret Account	4,366
	Transamerica Retirement Services	Columbia Marisco 21st Century Investment Account	113,551
	Transamerica Retirement Services	SSgA Russell 1000 Growth Index Ret Account	6,336
	Transamerica Retirement Services	Franklin Small Cap Value Ret Account	11,168
	Transamerica Retirement Services	Vanguard Small Cap Index Ret Account	13,832
	Transamerica Retirement Services	American Funds EuroPacific Growth Ret Account	2,330
	Transamerica Retirement Services	Columbia High Income Investment Account	9,719
	Transamerica Retirement Services	First American Real Estate Securities Ret Account	4,563
	Transamerica Retirement Services	Oppenheimer International Bond Ret Account	14,043
	Transamerica Retirement Services	SSgA MSCI Emerging Markets Index Ret Account	6,435
	Transamerica Retirement Services	Thornburg International Value Ret Account	3,025
			2,204,972
	Participant loans at fair value maturing 2011 to 2015 at interest rates 4.25% through 7.25%		154,628
			$ 2,359,600

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Plan MILROSE CONSULTANTS, INC 401(k) PROFIT SHARING PLAN
Contract 341578
EIN: 11-3039923
Plan ID: 8862
Plan #: 001
Period: 01/01/2010 - 12/31/2010

(a)	(b) Identity of issue, borrower, lessor, or similar a party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Janus Balanced Inv Acct	$22,008.13	$22,008.13
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Core Equity Ret Acct	$67,877.02	$67,877.02
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Bond Ret Acct	$7,981.18	$7,981.18
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Partners Mid Value Ret Acct	$30,622.31	$30,622.31
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Templeton Foreign Ret Acct	$154,032.31	$154,032.31
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	JPMorgan Government Securities Ret Acct	$15,794.60	$15,794.60
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Invesco Small Cap Growth Inv Acct	$169,058.78	$169,058.78
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Partners Stock Index Ret Acct	$4,561.18	$4,561.18
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	American Funds New Perspective Inv Acct	$1,032.28	$1,032.28
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Partners High Quality Bond Ret Acct	$5,644.74	$5,644.74
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA Mid-Cap Index Ret Acct	$2,095.72	$2,095.72
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA Bond Index Ret Acct	$110,858.58	$110,858.58
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	American Century Vista Inv Acct	$222,221.70	$222,221.70
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	American Century Inflation-Adjusted Bond Inv Acct	$6,003.42	$6,003.42
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Invesco Mid Cap Core Equity Inv Acct	$10,447.15	$10,447.15
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA Russell 2000 Value Index Ret Acct	$8,257.77	$8,257.77
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2005 Ret Acct	$65.23	$65.23
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2015 Ret Acct	$2,274.02	$2,274.02
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2025 Ret Acct	$81,947.07	$81,947.07
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2035 Ret Acct	$58,677.24	$58,677.24
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2045 Ret Acct	$69,444.59	$69,444.59
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Asset Allocation - Conservative Portfolio Ret Acct	$46,157.13	$46,157.13
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Asset Allocation - Moderate Portfolio Ret Acct	$126,398.06	$126,398.06
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Asset Allocation - Moderate Growth Portfolio Ret Acct	$43,517.73	$43,517.73
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Asset Allocation - Growth Portfolio Ret Acct	$50,134.64	$50,134.64
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Goldman Sachs Technology Tollkeeper Inv Acct	$35,676.77	$35,676.77
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	BlackRock Equity Dividend Inv Acct	$240,431.78	$240,431.78
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	American Funds EuroPacific Growth Ret Acct	$2,330.01	$2,330.01
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	First American Real Estate Securities Ret Acct	$4,562.96	$4,562.96
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Franklin Small Cap Value Ret Acct	$11,168.01	$11,168.01
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Janus Overseas Ret Acct	$17,056.24	$17,056.24
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Loomis Sayles Investment Grade Bond Ret Acct	$25,577.00	$25,577.00
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Oppenheimer International Bond Ret Acct	$14,043.26	$14,043.26
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Small-Cap Index Ret Acct	$13,831.60	$13,831.60
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2010 Ret Acct	$0.66	$0.66
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2020 Ret Acct	$8,883.58	$8,883.58

*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2030 Ret Acct	$11,449.08	$11,449.08
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2040 Ret Acct	$80,075.93	$80,075.93
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2050 Ret Acct	$25,242.43	$25,242.43
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA MSCI Emerging Markets Index Ret Acct	$6,435.35	$6,435.35
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA Russell 1000 Value Index Ret Acct	$4,365.55	$4,365.55
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA Russell 2000 Growth Index Ret Acct	$6,419.68	$6,419.68
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA Russell 1000 Growth Index Ret Acct	$6,336.23	$6,336.23
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Columbia Marsico 21st Century Inv Acct	$113,551.08	$113,551.08
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Columbia High Income Inv Acct	$9,718.87	$9,718.87
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Thornburg International Value Ret Acct	$3,024.65	$3,024.65
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Stable Value Adv	$247,679.00	$247,679.00
*	PARTICIPANT LOANS	Loan Fund	$154,628.00	$154,628.00