

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 <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>LAW COMPANIES GROUP, INC. PENSION PLAN</u>	1b Three-digit plan number (PN) ► <u>006</u> 1c Effective date of plan <u>01/01/1962</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>AMEC E&I HOLDINGS, INC.</u> <u>1105 LAKEWOOD PARKWAY</u> <u>SUITE 300</u> <u>ALPHARETTA, GA 30009</u>	2b Employer Identification Number (EIN) <u>95-3139094</u> 2c Sponsor's telephone number <u>770-360-0600</u> 2d Business code (see instructions) <u>541330</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2011</u>	<u>JAYNE M. DINAN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2011</u>	<u>JAYNE M. DINAN</u>
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

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

AMEC E&I HOLDINGS, INC.

1105 LAKEWOOD PARKWAY
SUITE 300
ALPHARETTA, GA 30009**3b** Administrator's EIN

95-3139094

3c Administrator's telephone number

770-360-0600

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**

2074

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**

247

b Retired or separated participants receiving benefits.....**6b**

322

c Other retired or separated participants entitled to future benefits.....**6c**

1457

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

2026

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

47

f Total. Add lines **6d** and **6e**.....**6f**

2073

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****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:

1A 1G 1I

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) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>LAW COMPANIES GROUP, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMEC E&I HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>95-3139094</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>50141488</u>
b	Actuarial value 2b <u>53030509</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>321</u> <u>28514710</u>
b	For terminated vested participants 3b <u>1494</u> <u>36810294</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>9002171</u>
(3)	Total active 3c(3) <u>261</u> <u>9002171</u>
d	Total 3d <u>2076</u> <u>74327175</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.67</u> %
6	Target normal cost 6 <u>225000</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>10/04/2011</u>
Signature of actuary	Date
<u>ANTHONY WAGMAN</u>	<u>11-07407</u>
Type or print name of actuary	Most recent enrollment number
<u>MERCER</u>	<u>404-442-3100</u>
Firm name	Telephone number (including area code)
<u>3560 LENOX ROAD, SUITE 2400</u> <u>ATLANTA, GA 30326</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	247169	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	247169	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>21.38</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		74861
b	Interest on (a) using prior year's effective rate of <u>8.15</u> %		16005
c	Total available at beginning of current plan year to add to prefunding balance		90866
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	71.34 %
15	Adjusted funding target attainment percentage.....	15	71.34 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	76.18 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2010	753000				
07/15/2010	753000				
10/15/2010	753000				
01/11/2011	753000				
09/14/2011	4710000				
			Totals ►	18(b)	7722000
			18(c) 0		

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 7107245
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	225000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	21296666	4185899
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	4410899
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	4410899
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	7107245
38 Interest-adjusted excess contributions for current year (see instructions).....	38	2696346
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 LAW COMPANIES GROUP, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 AMEC E&I HOLDINGS, INC.	D Employer Identification Number (EIN) 95-3139094	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERCER

13-2834414

(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?
11 16	NONE	159501	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

MERCER GLOBAL INVESTMENTS

30-0282430

(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?
51 52	FIDUCIARY	124814	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WELLS FARGO BANK

22-1147033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25	TRUSTEE	36846	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

WACHOVIA BANK, N.A.

58-6510564

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25	TRUSTEE	10017	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

MAZURSKY CONSTANTINE LLC

27-3547321

(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?
29	NONE	5778	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)
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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:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan LAW COMPANIES GROUP, INC. PENSION PLAN		B Three-digit plan number (PN) ► 006
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AMEC E&I HOLDINGS, INC.		D Employer Identification Number (EIN) 95-3139094
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: MGI US LARGE CAP CORE PASSIVE EQ		
b Name of sponsor of entity listed in (a): AMEC E&I HOLDINGS, INC		
c EIN-PN 03-0566613-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15935182
a Name of MTIA, CCT, PSA, or 103-12 IE: MGI NON-US CORE EQ		
b Name of sponsor of entity listed in (a): AMEC E&I HOLDINGS, INC		
c EIN-PN 03-0566617-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13470978
a Name of MTIA, CCT, PSA, or 103-12 IE: MGI LONG DURATION INV GRADE FI		
b Name of sponsor of entity listed in (a): AMEC E&I HOLDINGS, INC		
c EIN-PN 26-6700496-016	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10390119
a Name of MTIA, CCT, PSA, or 103-12 IE: MGI LONG DURATION FI		
b Name of sponsor of entity listed in (a): AMEC E&I HOLDINGS, INC		
c EIN-PN 04-7014330-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7489967
a Name of MTIA, CCT, PSA, or 103-12 IE: MGI CORE OPPORTUNISTIC FI		
b Name of sponsor of entity listed in (a): AMEC E&I HOLDINGS, INC		
c EIN-PN 03-0566615-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2248891
a Name of MTIA, CCT, PSA, or 103-12 IE: MGI US SMALL/MID CAP VALUE EQ		
b Name of sponsor of entity listed in (a): AMEC E&I HOLDINGS, INC		
c EIN-PN 03-0566616-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2226491
a Name of MTIA, CCT, PSA, or 103-12 IE: MGI US SMALL/MID CAP GROWTH EQ		
b Name of sponsor of entity listed in (a): AMEC E&I HOLDINGS, INC		
c EIN-PN 03-0566611-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2225358
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		

a Name of MTIA, CCT, PSA, or 103-12 IE: MGI CORE PASSIVE FI**b** Name of sponsor of entity listed in (a): AMEC E&I HOLDINGS, INC

c EIN-PN 03-0566612-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1209642
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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 LAW COMPANIES GROUP, INC. PENSION PLAN	B Three-digit plan number (PN) ►	006
C Plan sponsor's name as shown on line 2a of Form 5500 AMEC E&I HOLDINGS, INC.	D Employer Identification Number (EIN) 95-3139094	

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	928	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1325031	5463000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	3692	33
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	616799	303611
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	48237068	55196628
(10) Value of interest in pooled separate accounts.....	1c(10)		
(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)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	50183518	60963272

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	43332	96239
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	43332	96239

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	50140186	60867033
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	7722000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7722000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	944	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		944

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	15956	
(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)		15956

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	11421	
(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)		11421

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	6368895	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		6368895
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		14119216

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2981101	
(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)		2981101
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	411268	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		411268
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3392369

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10726847
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: GRANT THORNTON

(2) EIN: 36-6055558

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....	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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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.			

- 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 <u>LAW COMPANIES GROUP, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMEC E&I HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>95-3139094</u>

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	<u>0</u>
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): <u>58-6510564</u> <u>22-1147033</u> 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	<u>1</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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
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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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

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):

- 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: 60% Investment-Grade Debt: 39% High-Yield Debt: 1% Real Estate: 0% Other: 0%

- 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):

Law Companies Group, Inc. Pension Plan

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
WITH REPORT OF INDEPENDENT CERTIFIED PUBLIC
ACCOUNTANTS

*As of and For the Years ended December 31, 2010 and
2009*

Law Companies Group, Inc. Pension Plan

Financial Statements and Supplemental Schedules

Years ended December 31, 2010 and 2009

Contents

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Report of Independent Certified Public Accountants

The Plan Administrator

Law Companies Group, Inc. Pension Plan

We were engaged to audit the financial statements of Law Companies Group, Inc. Pension Plan as of December 31, 2010 and 2009 and for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Wells Fargo Bank, N.A. and Wachovia Bank, N.A., the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustees is complete and accurate.

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



Atlanta, Georgia
September 19, 2011

Law Companies Group, Inc. Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2010	2009
Assets		
Investments, at Fair Value:		
Money Market Funds	\$ 303,611	\$ 617,727
Collective Trust Funds	55,196,628	48,237,068
Total Investments	55,500,239	48,854,795
Receivables:		
Contribution Receivable	5,463,000	1,325,031
Accrued Income	33	2,618
Due from Broker for Securities Sold	-	1,074
	5,463,033	1,328,723
Total Assets	60,963,272	50,183,518
Liabilities		
Administrative Expenses	96,239	43,332
Net Assets Available for Benefits	\$60,867,033	\$50,140,186

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

Law Companies Group, Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year ended December 31	
	2010	2009
Additions to Net Assets Attributed to:		
Interest Income	\$ 944	\$ 881,030
Dividend Income	15,956	421,523
Employer Contributions	7,722,000	3,047,124
Net Realized and Unrealized Appreciation in Fair Value of Investments	6,380,316	7,377,192
Total Additions	14,119,216	11,726,869
Deductions from Net Assets Attributed to:		
Benefit Payments	2,981,101	2,715,204
Administrative Expenses	411,268	488,477
Total Deductions	3,392,369	3,203,681
Net Increase	10,726,847	8,523,188
Net Assets Available for Benefits at Beginning of Year	50,140,186	41,616,998
Net Assets Available for Benefits at End of Year	<u>\$ 60,867,033</u>	<u>\$ 50,140,186</u>

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

Law Companies Group, Inc. Pension Plan

Notes to Financial Statements

Years ended December 31, 2010 and 2009

1. Description of the Plan

The following is a general description of the Law Companies Group, Inc. Pension Plan (the “Plan”). Participants should refer to the Summary Plan Description for a more complete description of the Plan’s provisions.

General

Effective October 1, 2004, Law Companies Group, Inc. (“Law Companies”) merged with and into MACTEC, Inc. (the “Company”). Accordingly, the Company assumed sponsorship of the Plan on that same date. Effective January 1, 2005, the Board of Directors of the Company approved an amendment to change the Plan sponsor from Law Companies to the Company.

On February 14, 1997, the Board of Directors of Law Companies elected to end benefit accruals to the Plan for all participants and to disallow additional employees from becoming participants of the Plan as of March 28, 1997 (the freeze date). The Company reserves the right to either continue accruals under the Plan at a later date or terminate the Plan.

The Plan is a defined benefit plan that covers substantially all employees of Law Companies, the predecessor company, who have completed one year of service and who have reached the age of 21. The Plan provides retirement, death, and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions and Funding Policy

The Company contributes such amounts as are necessary to meet or exceed the minimum funding requirements of ERISA in order to provide assets sufficient to meet future benefits of participants.

Law Companies Group, Inc. Pension Plan

Notes to Financial Statements (continued)

Plan Termination

Under provisions of the Plan, the Company reserves the right to amend or terminate the Plan at any time provided that amendments will not reduce the benefits of any person entitled to benefits. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuities will immediately be provided for retired participants, for surviving joint annuitants and beneficiaries and for participants who have attained their normal annuity commencement date and who have not retired. For participants who have not attained their normal annuity commencement date, deferred annuities will be purchased. The Board of Directors has passed a resolution to amend the plan to provide an additional option to participants if the Plan is terminated. The resolution allows the participant to receive a lump sum distribution in lieu of an annuity.
2. Remaining assets will be used to provide for benefits not guaranteed by the Pension Benefit Guaranty Corporation (PBGC) and for all other uninsured, vested benefits. The PBGC guarantees most vested normal and early retirement benefits subject to certain limitations prescribed by ERISA.
3. Any assets remaining after the distributions described above will revert to the Company.

Vesting and Pension Benefits

To receive a year of credited benefit service a participant had to complete 1000 hours of service. Pension benefits are calculated based on participants' average monthly earnings and years of benefit service prior to the freeze date or the employee's retirement, death, disability or termination date, whichever is earlier. Further information about the Plan agreement and the benefit provisions is contained in the Summary Plan Description of the Law Companies Group, Inc. Pension Plan. Copies are available from the plan administrator.

2. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Plan are presented on the accrual basis of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, based upon quoted market prices. Investments in

Law Companies Group, Inc. Pension Plan

Notes to Financial Statements (continued)

collective trust funds are valued based on the year end unit value. Unit values are determined by the issuer or third party administrator by dividing the fair values of the total net assets at year end by the outstanding units. The fair values of the total net assets are determined by the nature of the underlying investments. Each underlying investment is valued at fair value in accordance with the valuation description associated with its investment type.

Interest and dividend income are recorded as earned with dividend income being recognized at the ex-dividend date.

Risks and Uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 4) are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation and their years of credited service. The accumulated plan benefits for active employees are based on their compensation during their years of credited service preceding the freeze date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Administrative Expenses

Administrative expenses are paid by the Plan as permitted by the Plan's provisions. All other expenses are paid by the Company.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Law Companies Group, Inc. Pension Plan

Notes to Financial Statements (continued)

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

Plan management evaluated events occurring through September 19, 2011, the date the financial statements are available for issuance. On June 3, 2011, AMEC PLC completed their acquisition of MACTEC, Inc, the Plan sponsor. The effect this acquisition will have on the Plan has not been determined.

3. Fair Value of Investments

ASC 820 – *Fair Value Measurements and Disclosures* establishes a single authoritative definition of fair value, sets out a framework for measuring fair value and requires additional disclosures about fair value measurement. ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described below:

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- Level 2 Quoted prices for identical or similar assets or liabilities in markets that are not considered to be active or identical or similar financial instruments for which all significant inputs are observable, either directly or indirectly;
- Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

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

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

Money market funds: valued at the quoted market prices that represent the net asset value of shares held by the Plan at year-end.

Law Companies Group, Inc. Pension Plan

Notes to Financial Statements (continued)

Collective trust funds: valued at the net asset (“NAV”) of the shares held by the Plan at year-end, which is provided by the trustee and is determined based on the fair value of the underlying investments, which are based on the current market prices or quotations readily available on the day of valuation. Requests for redemption resulting from ordinary investment activity, subject to certain thresholds, may be made on each business day based upon the net asset value per unit and the closing market value on the valuation date of the investments bought or sold. As of December 31, 2010 and 2009, the collective trust funds had no unfunded commitments.

The collective trust funds are part of a group trust designed to permit qualified investors to commingle their assets for investment purposes on a tax-exempt basis. The overall fund investment objectives are to provide long-term total return primarily through capital appreciation.

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

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

	Level 1	Level 2	Level 3	Total
Money Market Account	\$ 303,611	\$ –	\$ –	\$ 303,611
Collective Trust Funds:				
U.S. Equity	–	20,387,031	–	20,387,031
Non-U.S. Equity	–	13,470,978	–	13,470,978
Long Term Investment	–	10,390,119	–	10,390,119
Fixed Income	–	10,948,500	–	10,948,500
	<u>\$ 303,611</u>	<u>\$ 55,196,628</u>	<u>\$ –</u>	<u>\$ 55,500,239</u>

Law Companies Group, Inc. Pension Plan

Notes to Financial Statements (continued)

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

	Level 1	Level 2	Level 3	Total
Money Market Account	\$ 617,727	\$ –	\$ –	\$ 617,727
Collective Trust Funds:				
U.S. Equity	–	17,250,181	–	17,250,181
Non-U.S. Equity	–	11,873,932	–	11,873,932
Long Term Investment	–	9,402,896	–	9,402,896
Fixed Income	–	9,710,059	–	9,710,059
	<u>\$ 617,727</u>	<u>\$ 48,237,068</u>	<u>\$ –</u>	<u>\$ 48,854,795</u>

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between the levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2010, there were no significant transfers in or out of levels 1, 2 or 3.

4. Accumulated Plan Benefits

An actuary from Mercer Human Resource Consulting estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Law Companies Group, Inc. Pension Plan

Notes to Financial Statements (continued)

The present value of accumulated plan benefits, as determined by the consulting actuary, is as follows:

	December 31, 2009
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants and beneficiaries currently receiving benefits	\$ 25,686,068
Other participants	37,853,256
Nonvested benefits	--
	<u>\$ 63,539,324</u>

Changes in the actuarial present value of accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits at December 31, 2008	\$59,787,841
Additional benefits accumulated, net	331,097
Interest due to decrease in discount period	4,674,419
Benefits paid	(2,715,204)
Change in actuarial assumptions	1,461,171
Actuarial present value of accumulated plan benefits at December 31, 2009	<u>\$63,539,324</u>

Investment Return	8.0% compounded annually
Mortality	RP2000 projected to 2017 Mortality Table
Retirement age	100% retirement at normal retirement age

The change in actuarial assumptions consisted of updates to the retirement rate and form of payment to better reflect plan experience and an extension in the mortality projection period from 7 years to 17 years to reflect anticipated improvements in mortality. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

5. Investments

Effective as of December 31, 2008, Wells Fargo & Company completed its merger with Wachovia Corporation. Effective May 31, 2010, the investment trust of the Plan moved from

Law Companies Group, Inc. Pension Plan

Notes to Financial Statements (continued)

Wachovia Bank, N.A. (“Wachovia”) to Wells Fargo Bank, N.A. (“Wells Fargo”). Wachovia certified investments as of and for the year ended December 31, 2009 and Wells Fargo certified the investments as of and for the year ended December 31, 2010.

All investment information disclosed in the accompanying financial statements and supplemental schedules including investments held at December 31, 2010 and 2009, and net appreciation / (depreciation) in fair value of investments, interest and dividends as of and for the years ended December 31, 2010 and 2009, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Wachovia and Wells Fargo, the trustees of the Plan.

Investments that exceed 5% of the Plan’s net assets available for benefits are as follows:

	December 31	
	2010	2009
MGI US Large Cap Passive Equity CT	\$ 15,935,182	\$ 13,709,298
MGI Non-US Core Equity CT	13,470,978	11,873,932
MGI Long Duration Investment CT	10,390,119	9,402,896
MGI Long Duration Fixed Income CT	7,489,967	9,710,059

During 2010 and 2009, the Plan’s investments (including investments bought, sold, as well as held during the year) appreciated and (depreciated) in fair value as follows:

	December 31	
	2010	2009
Collective Trust Funds	6,380,316	(\$77,895)
U.S. Government securities	-	(135,707)
Corporate debt instruments	-	1,237,493
Common stock	-	2,833,332
Mutual funds	-	3,519,969
	\$ 6,380,316	\$ 7,377,192

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated November 2, 2010, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the “Code”) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan was restated effective January 1, 2010 which incorporated all prior amendments, with the last

Law Companies Group, Inc. Pension Plan

Notes to Financial Statements (continued)

previous amendment dated August 20, 2009. No other amendments have been made to the plan subsequent to the restatement.

7. Transactions with Parties-In-Interest

The Plan engaged in transactions involving Wells Fargo, the Plan's trustee, and Mercer Global Investments, Inc. (MGI), the Plan's investment manager, which are both a party-in-interest with respect to the Plan. These transactions are not considered "prohibited transactions" under the Code and are not prohibited by ERISA.

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094

Plan No.: 006

Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
*	Wells Fargo Bank Money Market	Money Market Fund	\$ 303,611	\$ 303,611
*	Mercer Global Investment (MGI)	US Small Mid Cap Growth Equity CT	1,973,590	2,225,358
*	Mercer Global Investment (MGI)	US Small/Mid Cap Value Equity CT	2,017,757	2,226,491
*	Mercer Global Investment (MGI)	US Large Cap Passive Equity CT	14,810,770	15,935,182
*	Mercer Global Investment (MGI)	US Passive Fixed Income CT	1,225,000	1,209,642
*	Mercer Global Investment (MGI)	US Core Opportunistic Fixed Inc. CT	2,275,000	2,248,891
*	Mercer Global Investment (MGI)	Non-US Core Equity CT	12,371,088	13,470,978
*	Mercer Global Investment (MGI)	Long Duration Investment CT	9,872,232	10,390,119
*	Mercer Global Investment (MGI)	Long Duration Fixed Income CT	7,069,245	7,489,967
	Total Collective Trust Funds		51,614,682	55,196,628
	Total Investments		\$51,918,293	\$55,500,239

* Indicates a party-in-interest to the Plan.

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions

Year ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – A single transaction in excess of 5% of plan assets.						
Outside Collective Funds	MGI Long Duration Fixed Income	\$ —	\$ 3,500,000	\$ 3,013,643	\$ 3,500,000	\$ 486,357

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – Series of transactions in excess of 5% of plan assets.						
Evergreen Prime Cash FD	Cash and Cash Equivalents	\$ 1,675,967	\$ –	\$ 1,675,967	\$ 1,675,967	\$ –
Evergreen Prime Cash FD	Cash and Cash Equivalents	–	2,000,115	2,000,115	2,000,115	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	753,000	–	753,000	753,000	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	751,000	–	751,000	751,000	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	753,000	–	753,000	753,000	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	2,820	–	2,820	2,820	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	945	–	945	945	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	325,014	–	325,014	325,014	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	115	–	115	115	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	555	–	555	555	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	368	368	368	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	4,388	4,388	4,388	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	252,101	252,101	252,101	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	1,574	1,574	1,574	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	44,377	44,377	44,377	–

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – Series of transactions in excess of 5% of plan assets (continued).						
WF Adv Hertitage MM FD	Cash and Cash Equivalents	\$ –	\$ 11,821	\$ 11,821	\$ 11,821	\$ –
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	252,197	252,197	252,197	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	463	463	463	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	350	350	350	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	4,200	4,200	4,200	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	301	301	301	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	43,080	43,080	43,080	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	255,201	255,201	255,201	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	169	169	169	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	382,656	382,656	382,656	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	313	313	313	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	255,273	255,273	255,273	–

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – Series of transactions in excess of 5% of plan assets (continued).						
WF Adv Hertitage MM FD	Cash and Cash Equivalents	\$ –	\$ 514,786	\$ 514,786	\$ 514,786	\$ –
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	4,272	4,272	4,272	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	34,079	34,079	34,079	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	11,925	11,925	11,925	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	5,124	5,124	5,124	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	255,838	255,838	255,838	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	46,409	46,409	46,409	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	255	255	255	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	394	394	394	–
Outside Collective Funds	MGI Long Duration Fixed Income	–	304,165	292,529	304,165	11,636
Outside Collective Funds	MGI Long Duration Fixed Income	–	31,124	29,123	31,124	2,001
Outside Collective Funds	MGI Long Duration Fixed Income	–	3,500,000	3,013,643	3,500,000	486,357
Outside Collective Funds	MGI Long Duration Fixed Income	–	325,014	293,895	325,014	31,119

Note: There were no category (ii) or (iv) transactions during the 2010 Plan Year. Columns (e) and (f) are not applicable.

Schedule SB, Line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 64.

(A) Retirement age	(B) Percent retiring	(C) Remaining active	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5%	10,000	500	27,500
56	1%	9,500	95	5,320
57	1%	9,405	94	5,361
58	1%	9,311	93	5,400
59	1%	9,218	92	5,439
60	3%	9,126	274	16,426
61	3%	8,852	266	16,199
62	12%	8,586	1,030	63,882
63	3%	7,556	227	14,281
64	3%	7,329	220	14,072
65	85%	7,109	6,043	392,795
66	75%	1,066	800	52,787
67	75%	267	200	13,397
68	75%	67	50	3,399
69	75%	17	12	862
70	100%	4	4	292
Total				637,412
Average				63.74

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions**

Discount rate sponsor elections		Funding
▪ Segment rates or full yield curve		Segment
▪ Look-back months		4
▪ First 5 years		5.03%
▪ Next 15 years		6.73%
▪ Over 20 years		6.82%
Mortality sponsor elections		
▪ Healthy and disabled participants		Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
Other economic assumptions		
▪ Salary increases		Not applicable
▪ Flat-dollar benefit increases		Not applicable
▪ Social Security wage base		Not applicable
▪ Inflation		Not applicable
▪ Expected investment return		8.00% per year for years 2008 through 2010
▪ Administrative expenses		\$225,000 added to current year normal cost
Demographic assumptions		
Withdrawal		See table of sample rates.
Disability incidence		1952 Disability Study, Period 2, Benefit 5 table. See table of sample rates.
Retirement age	Attained age	Percentage
	Under 55	0%
	55	5%
	56-59	1%
	60-61	3%
	62	12%
	63-64	3%
	65	85%
	66-69	75%
	70 and above	100%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Benefit commencement age

- Future vested deferred 65
- Current vested deferred 65

Spouse assumptions

	Male participants	Female participants
▪ Percentage married	85%	65%
▪ Spouse age difference	3 years younger	3 years older

Form of payment

- Single Life Annuity 55%
- Joint & 100% Survivor Annuity 45%

Unpredictable contingent event assumptions Not Applicable

Table of sample rates

Attained age	Percentage	
	Withdrawal	Disability
20	26.00%	0.08%
25	18.00	0.10
30	12.20	0.11
35	8.70	0.13
40	6.90	0.16
45	6.10	0.22
50	5.60	0.35
55	4.40	0.71
60	3.40	1.26

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial methods

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be not greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding method

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Maximum deductible contribution method

Calculations of maximum deductible contributions include the excess of the accrued liability computed using the projected unit credit method over the minimum funding target liability. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration future compensation increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **projected funding target** is the present value of benefits based on credited service as of the beginning of the plan year and projected compensation that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the projected funding target for an individual is the sum of the component projected funding targets associated with the various anticipated separation dates.
- The plan's **projected funding target** is the sum of the projected funding targets for all participants under the plan. The excess of the plan's projected funding target over the plan's funding target is included in the "cushion amount."

Schedule SB, Part V — Summary of Plan Provisions

Plan provisions

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated, effective January 1, 2010, are included.

- **Most recent plan amendments included:** All amendments included in the restatement effective as of January 1, 2010.
- **Plan amendments excluded:** None
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: January 1, 1962 Restated plan: January 1, 2010 Plan year: Calendar year
Status of the plan	Plan was frozen as of March 28, 1997. No participant may enter or accrue additional benefits under the plan.
Significant events that occurred during the year	None
Definitions	
▪ Sponsoring employer	AMEC E&I Holdings, Inc.
▪ Administration	The Plan Administrator, appointed by the Board, will undertake the day to day administration of the Plan. He may appoint other persons to perform his functions.
▪ Type of plan	The Plan is noncontributory single employer defined benefit plan.
▪ Eligibility	The plan is closed to new participants.
▪ Benefit service	All plan years, after attainment of age 21, in which an employee completes at least 1,000 hours. Service in Plan years in which an employee is hired or terminated is prorated based on 2,000 hours per year. Benefit service was frozen on March 28, 1997.
▪ Vesting service	Each Plan year in which the employee completes at least 1,000 hours of service.
▪ Eligibility service	A twelve consecutive month period in which the employee works at least 1,000 hours.
▪ Compensation considered	The sum of annual earnings and overtime pay. Annual earnings do not include overtime, bonuses, commissions, or other non-recurring compensation. No compensation earned after March 28, 1997 will be considered.
▪ Average annual compensation	The highest three-year average of compensation from the last ten years.

Schedule SB, Part V — Summary of Plan Provisions

Normal retirement	
▪ Eligibility	Age as of the first day of the month following the later of attainment of age 65 or completion of one year of Eligibility Service.
▪ Benefit	<p>The sum of (A + B + C)</p> <p>A) 1.4% of Average Annual Compensation times Years of Benefit Service less than 20,</p> <p>B) 1% of Average Annual Compensation times Years of Benefit Service in excess of 20, but no greater than 35, and</p> <p>C) 0.65% of the excess of Average Annual Compensation over Covered Compensation times Years of Benefit Service less than 20.</p>
Early retirement	
▪ Eligibility	Age as of the first day of the month following the later of attainment of age 55 or completion of five years of Eligibility Service.
▪ Benefit	The Normal Retirement Benefit is calculated using service projected to Normal Retirement Date. The benefit is multiplied by a fraction, the numerator of which is Benefit Service to date and the denominator of which is Benefit Service projected to Normal Retirement. The service in the denominator is not limited to 35 years. The resulting amount is then reduced by 6% times the number of years by which the commencement date precedes Normal Retirement.
Late retirement	
▪ Eligibility	Age as of the first day of any calendar month after the Participant's Normal Retirement Date as elected by the Participant, if the Participant's service continues to within one month of that date and the Participant does not elect to receive benefits on his Normal Retirement Date.
▪ Benefit	The Normal Retirement Benefit is recalculated at the beginning of each plan year following the participant's Normal Retirement Date. If at any time the predetermined benefit is less than the benefit determined the previous year, then the larger benefit amount is used.

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested	
▪ Benefit	The Normal Retirement Benefit calculated using service projected to Normal Retirement Date. The benefit is multiplied by a fraction, the numerator of which is Benefit Service to date and the denominator of which is Benefit Service projected to Normal Retirement. The service in the denominator is not limited to 35 years.
Disability	
▪ Benefit	The Normal Retirement Benefit, where Benefit Service is credited to the participant from the date of disability to the Normal Retirement Date. The benefit is payable on the Participant's Normal Retirement Date.
Pre-retirement death	A married vested participant who dies shall be eligible for a death benefit. The amount of the death benefit shall be the monthly pension due to the spouse had the joint and 50% survivor option been elected immediately before the death of the participant.
Unpredictable contingent event benefits	None
Form of benefits	
▪ Automatic form for unmarried participants	Life Annuity
▪ Automatic form for married participants	Qualified Joint and Survivor Annuity
▪ Optional forms	<p>The normal form of payment is a life annuity. Preretirement spouse benefits are payable only as described above. For married participants, benefits are payable in the form of a 50% joint and survivor annuity or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a joint and survivor annuity with various reduction amounts, a joint and survivor annuity with stipulated payments, a life annuity with stipulated payments, or a temporary annuity which decreases when the annuitant first becomes eligible for Social Security benefits.</p> <p>At the termination of employment of a participant, the single sum that is the Actuarial Equivalent of his entire non-forfeitable benefit is automatically distributed if less than \$3,500 for terminations of employment occurring prior to January 1, 1998 or \$5,000 for terminations of employment occurring on or after January 1, 1998.</p>

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> Optional form conversion factors 	<p>For Normal retirement benefit of capped participants</p> <ul style="list-style-type: none"> Interest – 6% Mortality – GA 1951 Table set back 3 years, projected by scale C to 1970, or the 2025 Applicable Mortality Table, as contemplated by IRS Revenue Ruling 2007-67 without regard to subsequent guidance issued by the IRS, whichever produces the larger benefit. <p>For Early retirement window participants</p> <ul style="list-style-type: none"> Interest – 4% or the interest rate used by Massachusetts Mutual Life Insurance Company to purchase immediate non-participating annuities. Mortality – 1983 male group annuity mortality table, with a six year set back, for all window participants and their Spouses and Beneficiaries.
Miscellaneous	
<ul style="list-style-type: none"> Maximum compensation 	<p>Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2010, the limit is \$245,000.</p>
<ul style="list-style-type: none"> Maximum benefits 	<p>Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2010, the limit is \$195,000.</p>

Plan provision changes since prior valuation

The definition of actuarial equivalence was updated to use a new mortality table, providing the larger benefit resulting from the application of either the GA 1951 Table set back 3 years, projected by scale C to 1970, or the 2025 Applicable Mortality Table, as contemplated by IRS Revenue Ruling 2007-67 without regard to subsequent guidance issued by the IRS.

Schedule SB, Line 24 — Change in Actuarial Assumptions

- Interest discounts and mortality rates were updated from 2009 to 2010 in accordance with PPA and the sponsor changed their interest rate election from full yield curve with a two-month look-back to segment rates with a four-month look-back.
- The retirement rate assumption was changed to better represent recent experience and future expectations.
- The form of payment assumption was updated to better reflect plan experience.
- Expense normal cost increased from \$175,000 to \$225,000 to reflect expectations for the current plan year.

Schedule SB, Line 25 — Change in Method

The asset method was changed from a smoothed market value averaged over the prior year to a smoothed market value averaged over the prior two years. This change qualifies for automatic IRS approval.

Schedule SB, Line 26 — Schedule of Active Participant Data

Years of credited service										
Attained age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up
< 25										
25 - 29										
30 - 34		2								
35 - 39		9	1							
40 - 44		12	19	3						
45 - 49	1	13	30	16						
50 - 54	1	11	14	11	10	1				
55 - 59		13	8	6	11	7				
60 - 64		10	9	4	5	10	7			
65 - 69		2	2	4	2		4	2		
70+			1							

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Line 32 — Schedule of Amortization Bases

The shortfall amortization charge is the sum of the shortfall base amortization for each plan year covered under PPA. Although a shortfall base can be negative, the combined shortfall amortization charge cannot be negative.

Shortfall bases				
Year established		Outstanding balance	Years remaining	Installment
2008	\$	10,432,393	5	\$ 2,296,124
2009		2,839,837	6	539,326
2010		8,024,436	7	1,350,449
Total	\$	21,296,666		\$ 4,185,899

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan LAW COMPANIES GROUP, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMEC E&I HOLDINGS, INC.	D Employer Identification Number (EIN) 95-3139094
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....		2a	50,141,488
b Actuarial value.....		2b	53,030,509
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....		3a	321
b For terminated vested participants.....		3b	1,494
c For active participants:			
(1) Non-vested benefits.....		3c(1)	0
(2) Vested benefits.....		3c(2)	9,002,171
(3) Total active.....		3c(3)	261
d Total.....		3d	2,076
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate.....		5	6.67 %
6 Target normal cost.....		6	225,000

Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	<i>Anthony Wagman</i> APW
Signature of actuary	
ANTHONY WAGMAN	
Type or print name of actuary	
MERCER	
Firm name	
3560 LENOX ROAD, SUITE 2400	
Address of the firm	
ATLANTA GA 30326	
Date 10/4/2011	
11-07407	
Most recent enrollment number	
(404) 442-3100	
Telephone number (including area code)	

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	247,169	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	247,169	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>21.38</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		74,861
b Interest on (a) using prior year's effective rate of <u>8.15</u> %		16,005
c Total available at beginning of current plan year to add to prefunding balance		90,866
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	71.34 %
15 Adjusted funding target attainment percentage.....	15	71.34 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	76.18 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2010	753,000				
07/15/2010	753,000				
10/15/2010	753,000				
01/11/2011	753,000				
09/14/2011	4,710,000				
Totals ▶			18(b)	7,722,000	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	7,107,245

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost			
21 Discount rate:			
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 % ☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			
Part VI Miscellaneous items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27		
Part VII Reconciliation of unpaid minimum required contributions for prior years			
28 Unpaid minimum required contribution for all prior years	28		0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29		0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30		0
Part VIII Minimum required contribution for current year			
31 Target normal cost, adjusted, if applicable (see instructions).....	31		225,000
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	21,296,666		4,185,899
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34		4,410,899
	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0
36 Additional cash requirement (item 34 minus item 35).....	36		4,410,899
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37		7,107,245
38 Interest-adjusted excess contributions for current year (see instructions).....	38		2,696,346
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39		0
40 Unpaid minimum required contribution for all years	40		0

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094

Plan No.: 006

Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
*	Wells Fargo Bank Money Market	Money Market Fund	\$ 303,611	\$ 303,611
*	Mercer Global Investment (MGI)	US Small Mid Cap Growth Equity CT	1,973,590	2,225,358
*	Mercer Global Investment (MGI)	US Small/Mid Cap Value Equity CT	2,017,757	2,226,491
*	Mercer Global Investment (MGI)	US Large Cap Passive Equity CT	14,810,770	15,935,182
*	Mercer Global Investment (MGI)	US Passive Fixed Income CT	1,225,000	1,209,642
*	Mercer Global Investment (MGI)	US Core Opportunistic Fixed Inc. CT	2,275,000	2,248,891
*	Mercer Global Investment (MGI)	Non-US Core Equity CT	12,371,088	13,470,978
*	Mercer Global Investment (MGI)	Long Duration Investment CT	9,872,232	10,390,119
*	Mercer Global Investment (MGI)	Long Duration Fixed Income CT	7,069,245	7,489,967
	Total Collective Trust Funds		51,614,682	55,196,628
	Total Investments		\$51,918,293	\$55,500,239

* Indicates a party-in-interest to the Plan.

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions

Year ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – A single transaction in excess of 5% of plan assets.						
Outside Collective Funds	MGI Long Duration Fixed Income	\$ —	\$ 3,500,000	\$ 3,013,643	\$ 3,500,000	\$ 486,357

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – Series of transactions in excess of 5% of plan assets.						
Evergreen Prime Cash FD	Cash and Cash Equivalents	\$ 1,675,967	\$ –	\$ 1,675,967	\$ 1,675,967	\$ –
Evergreen Prime Cash FD	Cash and Cash Equivalents	–	2,000,115	2,000,115	2,000,115	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	753,000	–	753,000	753,000	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	751,000	–	751,000	751,000	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	753,000	–	753,000	753,000	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	2,820	–	2,820	2,820	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	945	–	945	945	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	325,014	–	325,014	325,014	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	115	–	115	115	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	555	–	555	555	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	368	368	368	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	4,388	4,388	4,388	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	252,101	252,101	252,101	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	1,574	1,574	1,574	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	44,377	44,377	44,377	–

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – Series of transactions in excess of 5% of plan assets (continued).						
WF Adv Hertitage MM FD	Cash and Cash Equivalents	\$ —	\$ 11,821	\$ 11,821	\$ 11,821	\$ —
WF Adv Hertitage MM FD	Cash and Cash Equivalents	—	252,197	252,197	252,197	—
WF Adv Hertitage MM FD	Cash and Cash Equivalents	—	463	463	463	—
WF Adv Hertitage MM FD	Cash and Cash Equivalents	—	350	350	350	—
WF Adv Hertitage MM FD	Cash and Cash Equivalents	—	4,200	4,200	4,200	—
WF Adv Hertitage MM FD	Cash and Cash Equivalents	—	301	301	301	—
WF Adv Hertitage MM FD	Cash and Cash Equivalents	—	43,080	43,080	43,080	—
WF Adv Hertitage MM FD	Cash and Cash Equivalents	—	255,201	255,201	255,201	—
WF Adv Hertitage MM FD	Cash and Cash Equivalents	—	169	169	169	—
WF Adv Hertitage MM FD	Cash and Cash Equivalents	—	382,656	382,656	382,656	—
WF Adv Hertitage MM FD	Cash and Cash Equivalents	—	313	313	313	—
WF Adv Hertitage MM FD	Cash and Cash Equivalents	—	255,273	255,273	255,273	—

Law Companies Group, Inc. Pension Plan

EIN: 95-3139094 Plan No.: 006

Schedule H, Line 4j

Schedule of Reportable Transactions (continued)

Year ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – Series of transactions in excess of 5% of plan assets (continued).						
WF Adv Hertitage MM FD	Cash and Cash Equivalents	\$ –	\$ 514,786	\$ 514,786	\$ 514,786	\$ –
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	4,272	4,272	4,272	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	34,079	34,079	34,079	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	11,925	11,925	11,925	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	5,124	5,124	5,124	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	255,838	255,838	255,838	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	46,409	46,409	46,409	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	255	255	255	–
WF Adv Hertitage MM FD	Cash and Cash Equivalents	–	394	394	394	–
Outside Collective Funds	MGI Long Duration Fixed Income	–	304,165	292,529	304,165	11,636
Outside Collective Funds	MGI Long Duration Fixed Income	–	31,124	29,123	31,124	2,001
Outside Collective Funds	MGI Long Duration Fixed Income	–	3,500,000	3,013,643	3,500,000	486,357
Outside Collective Funds	MGI Long Duration Fixed Income	–	325,014	293,895	325,014	31,119

Note: There were no category (ii) or (iv) transactions during the 2010 Plan Year. Columns (e) and (f) are not applicable.