Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CENTRAL VALLEY CHRYSLER PLYMOUTH PROFT SHARING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/2005

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

4460 MCHENRY AVE
MODESTO, CA 95356

2b Employer Identification Number (EIN) 94-1662190

2c Sponsor's telephone number 209-526-3300

2d Business code (see instructions) 441229

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2011	STEFANI BETTENCOURT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2011	JOHN GARDNER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

4460 MCHENRY AVE
MODESTO, CA 95356

3b Administrator's EIN
94-1662190

3c Administrator's telephone number
209-526-3300

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**	175
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**	127
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	127
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	127
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	97
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
CENTRAL VALLEY CHRYSLER PLYMOUTH PROFT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
CENTRAL VALLEY AUTOMOTIVE

D Employer Identification Number (EIN)
94-1662190

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

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-027453	97	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
7503	0

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7503			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	2073162

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
CENTRAL VALLEY CHRYSLER PLYMOUTH PROFT SHARING 401(K) PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
CENTRAL VALLEY AUTOMOTIVE	94-1662190	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

HARTFORD LIFE INS. CO.

06-0974148

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

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

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

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

HARTFORD LIFE INS. CO.

06-0974148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 50 54 56 59 60 62 63 64 65 66 99	NONE	250	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
CENTRAL VALLEY CHRYSLER PLYMOUTH PROFT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CENTRAL VALLEY AUTOMOTIVE

D Employer Identification Number (EIN)
94-1662190

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

a Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD ADVANTAGE TK1

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	2073162

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
CENTRAL VALLEY CHRYSLER PLYMOUTH PROFT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL VALLEY AUTOMOTIVE

D Employer Identification Number (EIN)
94-1662190

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	59781	57130
(9) Value of interest in common/collective trusts	1c(9)	155151	132887
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1740837	1940275
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1955769	2130292
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1955769	2130292

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	98815	
	(C) Others (including rollovers)	2a(1)(C)	50072	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		148887
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1886	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1886
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		217147
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		367920
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	190325	
(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)		190325
f Corrective distributions (see instructions)	2f		2822
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	250	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		250
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		193397
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		174523
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ANDERSON MCCOY & CO CPA'S **(2)** EIN: 80-0292167

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		350000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
CENTRAL VALLEY CHRYSLER PLYMOUTH PROFT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL VALLEY AUTOMOTIVE

D Employer Identification Number (EIN)
94-1662190

Part I Distributions

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

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

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

EIN(s): 06-0974148

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

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

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

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

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

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

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

6	**a** Enter the minimum required contribution for this plan year	6a	0
	b Enter the amount contributed by the employer to the plan for this plan year	6b	0
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	0

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CENTRAL VALLEY AUTOMOTIVE
PROFIT SHARING 401(k) PLAN

Financial Statements
&
Independent Auditor's Report

DECEMBER 31, 2010 and 2009

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(k) PLAN

FINANCIAL STATEMENTS

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INDEPENDENT AUDITOR'S REPORT

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

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ANDERSON
McCOY & CO.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee
Central Valley Chrysler Plymouth Profit Sharing 401(k) Plan
Modesto, CA

We were engaged to audit the financial statements of Central Valley Chrysler Plymouth Profit Sharing 401(k) 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 index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor'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 J, which was certified by Hartford Life Insurance Company, the custodian 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 custodian holds the Plan's investment assets and executed investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

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

Anderson McCoy & Co.

Anderson McCoy & Co.
Modesto, CA
September 27, 2011

1700 Standiford Ave., Suite 150 • Modesto, CA 95350 • phone 209 527-2233 • fax 209 527-0653

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(k) PLAN

Statement of Net Assets Available for Benefits
December 31, 2010 and December 31, 2009

ASSETS:	December 31, 2010	December 31, 2009
Investments		
At fair value		
Mutual Funds	$ 1,940,275	$ 1,740,836
Common / collective trusts	132,887	155,152
At book value	2,073,162	1,895,988
Guaranteed interest accounts	-0-	-0-
Total Investments	2,073,162	1,895,988
Contributions Receivable		
Participant	-0-	-0-
Notes receivable from participants	57,130	59,781
TOTAL ASSETS	2,130,292	1,955,769
LIABILITIES:		
Accounts payable	-0-	-0-
Accrued expenses	-0-	-0-
TOTAL LIABILITIES	-0-	-0-
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,130,292	$ 1,955,769

See Accompanying Notes

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2010 and 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	December 31, 2010	December 31, 2009
Investment appreciation:		
Net appreciation in fair value of appreciation to include dividends reinvested	$ 217,147	$ 364,330
Investment income:		
Interest income participant loans	1,886	384
Less:		
Investment Expense	-0-	-0-
Subtotal	219,033	364,714
Contributions:		
Employer	-0-	68
Participants	148,887	93,643
Subtotal	148,887	93,711
NET ADDITIONS	367,920	458,425
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	193,147	100,665
Administrative expenses	250	282
TOTAL DEDUCTIONS	193,397	100,947
NET INCREASE	174,523	357,478
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	1,955,769	1,598,291
End of year	$ 2,130,292	$ 1,955,769

See Accompanying Notes

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF PLAN:

The following description of Central Valley Chrysler Plymouth ("Company") Profit Sharing 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a defined contribution plan covering all full-time employees of the Company who have one year of service and are age twenty-one or older. The plan does not include employees that are covered by a collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS

Each year, participants may make contributions that cannot exceed the lesser of the annual specified maximum allowed by income tax regulations or 100% of pretax annual compensation, as defined in the Plan. Participants direct the investment of their contributions into various investments offered by the Plan. For each plan year, the Company may contribute to the Plan an amount of matching contributions determined by the Company at its discretion. Eligible participants with at least one hour of service during the year qualify to make contributions after meeting eligibility requirements as stated in "General" above. During the year, the Company contributed $-0-.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution (if applicable) and (b) Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING

Participants are vested immediately in their contributions in the plan plus actual earnings thereon. Vesting in the Company's contributions and related earnings is as follows:

Less than 2 years	0%
2 years but less than 3 years	20%
3 years but less than 4 years	40%
4 years but less than 5 years	60%
5 years but less than 6 years	80%
6 or more years	100%

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENT

NOTE A - DESCRIPTION OF PLAN (CONT'D):

PARTICIPANT LOANS

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of 50% of their vested account balance. A participant must secure each loan with an irrevocable pledge and assignment of 50% of the non-forfeitable amount of the borrowing participant's accrued benefit under the Plan, other security the Advisory Committee accepts and finds to be adequate, or both 50% of the participant's accrued benefits and other security.

The loan may provide a fixed rate of interest, or an adjustable rate of interest, as negotiated between the Advisory Committee and the participant. The loan principal and any accrued interest must generally be paid within five years from date of disbursement. However, a term greater than five years may be granted by the Administrator for loans used to purchase a primary residence. Only one outstanding plan loan is permitted at any time.

PAYMENT OF BENEFITS

On termination of service for any reason, accounts with vested benefits less than $5,000 will be distributed in a lump sum. For accounts with vested benefits greater than $5,000 a participant may elect to receive a single sum distribution or annuity payments of all vested amounts.

FORFEITED ACCOUNTS

There were forfeitures totaling $0 in 2010, and there was a forfeiture totaling $68 in 2009. Forfeitures may be used to pay plan expenses then reallocated to participants.

ADMINISTRATIVE EXPENSES

Administrative expenses recorded in the Plan represent custodial fees, accounting fees and other third-party administration fees paid directly from the Plan to the respective service provider. General administrative expenses are paid from participant accounts unless employer elects to pay the cost. For administrative expenses attributable to the participant, these costs must be paid from that participants account only.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

USE OF ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Cont'd)

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. (See Note C for discussion of fair value measurements.) Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at the year end. Units in common/collective trusts are valued at net asset values as determined by the issuing entity at year end. Participant loans are valued at their outstanding balances, which approximate fair value.

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

PAYMENT OF BENEFITS

Benefits are recorded when paid.

NOTE C - FAIR VALUE MEASUREMENTS:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

		Fair Value Measurements at Reporting Date Using:		
December 31, 2010	**Fair Value**	**Quoted Prices in Active Markets for Identical Assets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**
Mutual Funds	$ 1,940,275	$ 1,940,275	$ -0-	$ -0-
Guaranteed Investment Contract	-0-	-0-	-0-	-0-
Participant Loans	57,130	-0-	-0-	57,130
Total	$ 2,130,292	$ 1,940,275	$ -0-	$ 57,130

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE C - FAIR VALUE MEASUREMENTS: (CONT'D)

	Fair Value Measurements at Reporting Date Using:			
December 31, 2009	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$ 1,740,836	$ 1,740,936	$ -0-	$ -0-
Guaranteed Investment Contract	155,152	-0-	155,152	-0-
Participant Loans	59,781	-0-	-0-	59,781
Total	$ 1,955,769	$ 1,740,836	$ 155,152	$ 59,781

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements
The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements
The fair value of the guaranteed investment account is based on information provided by the custodian of the Plan.

Level 3 Fair Value Measurements
The participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of participant loans approximates the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurement.

NOTE C - FAIR VALUE MEASUREMENTS (CONT'D):

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

December 31, 2010	**Participant Loans**
Beginning Balance	$ 59,781
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-0-
Purchases, sales, issuances, and settlements (net)	<2,651>
Ending Balance	
Beginning Balance	**$ 57,130**
December 31, 2009	
Beginning Balance	$ -0-
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-0-
Purchases, sales, issuances, and settlements (net)	59,781
Ending Balance	**$ 59,781**

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2010 are reported in net appreciation in fair value of investments.

NOTE D - INVESTMENTS:

The following presents investments that represent 5% or more of the Plan's assets:

	December 31, 2010	December 31, 2009
LORD ABBOTT MID-CAP VALUE FUND	$ 72,829	$ 112,608
PIMCO TOTAL RETURN A	127,576	130,776
LORD ABBOTT AFFILIATED P FUND	108,320	136,356
GOLDMAN SACHS SMALL CAP VALUE A	112,258	143,059
SEI STABLE ASSET 4 (COMMON/COLLECTIVE TRUSTS)	193,130	155,152
DAVIS NEW YORK VENTURE	156,821	161,347
THORNBURGH INTERNATIONAL VALUE FUND R3	181,421	181,322
AMERICAN FUNDS GROWTH FUND OF AMER R3	220,418	236,845
GOLDMAN SACHS GOVERNMENT INCOME A	127,414	10,526
BLACK ROCK LIFEPATH 2040 A	$ 175,031	$ 117,942

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE D - INVESTMENTS (CONT'D):

During the year the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated in value by $217,147 during 2010 and by $364,330 during 2009. Investments consisted of mutual funds made up primarily of debt and equity securities, common/collective trust guaranteed contracts, and participant loans.

NOTE E – PARTY-IN-INTEREST TRANSACTIONS:

Certain Plan investments are shares of mutual funds managed by the Hartford Life Insurance Company. The Harford Life Insurance Company is the custodian of the Plan, and therefore, these transactions qualified as party-in-interest transactions.

In addition, inasmuch as auditing and plan administration services are paid directly by the plan these services are also deemed to be party-in-interest transactions. Total fees, including audit fees and third party administration fees and insurance company contract administration fees, paid by the Plan were $250 in 2010 and $282 in 2009.

Also, certain administrative functions have been performed by the Plan sponsor. There has not been a value calculated for these costs, and therefore the Plan has not been charged for these costs. These costs are further described in NOTE A above.

NOTE F – PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate of the Plan subject to the provisions of ERISA. Upon termination of the Plan, participants would receive benefits under the Plan based on their vested account balance accumulated to the date of the termination of the Plan. Termination of the Plan could occur before attaining normal retirement age.

NOTE G – RISK AND UNCERTAINTIES:

Investments consist primarily of mutual funds comprised mostly of debt and equity securities (bonds and common stocks). Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially effect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE H – TAX STATUS:

The Internal Revenue Service has determined in a letter dated August 7, 2001, that the prototype under which the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been

NOTE H – TAX STATUS (CONT'D):

amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE I – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	DECEMBER 31	
	2010	2009
Net assets available for benefits per the financial statements	$ 2,130,292	$ 1,955,769
Participant contribution in transit	-0-	-0-
Net assets available for benefits per Schedule H to the Form 5500	$ 2,130,292	$ 1,955,769

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2010 and December 31, 2009, to Schedule H of Form 5500:

	DECEMBER 31	
	2010	2009
Benefits paid to participants per the financial statements	$ 193,147	$ 100,665
ADD: amounts allocated to withdrawing participants 12/31/09	-0-	-0-
LESS: amounts allocated to withdrawing participants 12/31/09	-0-	-0-
Benefits paid to participants per Schedule H to the Form 5500	$ 193,147	$ 100,665

Amounts allocated to withdrawing participants are recorded on the Schedule H of Form 5500 for benefit claims that have been processed and approved for payment prior to December 31 but not yet paid as of that date. No claims had been processed or approved as of the balance sheet date.

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE J – INFORMATION CERTIFIED BY PLAN CUSTODIAN:

The Plan Custodian has provided certification that the following information, which is contained in or used to develop the financial statements, is complete and accurate:

1. Details and summaries of assets held at December 31, 2009 and 2010.

2. Summaries of asset transactions for the year then ended December 31, 2009 and 2010.

3. Details and summaries of the cash statement for the year ended December 31, 2009 and 2010.

NOTE K – REGULATORY REQUIREMENTS:

All participant investments are 100% participant-directed. All investments represent interests issued by a company registered under the Investment Company Act of 1940. Most all of the investments consist of mutual funds.

NOTE L – SUBSEQUENT EVENTS:

As indicated in FASB 165, an evaluation of subsequent events was made after December 31, 2010, to the date that the financial statements were substantially complete and available to be issued, which is September 27, 2011. There were no subsequent events that require disclosure during that time period.

SUPPLEMENTAL INFORMATION

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(K) PLAN
ID #94-16692190 PLAN #001
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2010

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Hartford Life	ALLIANZ AGIC TARGET		$ 80,298
*	Hartford Life	AMERICAN FUNDS GROWTH		261,843
*	Hartford Life	AMERICAN FUNDS INCOME		56,130
*	Hartford Life	DAVIS NEW YORK VENTURE		184,803
*	Hartford Life	DWS RREEF REAL ESTATE		29,417
*	Hartford Life	EATON VANCE WW HEALTH		15,454
*	Hartford Life	GOLDMAN SACHS GOVERNME		153,507
*	Hartford Life	GOLDMAN SACHS SMALL CA		103,874
*	Hartford Life	LIFEPATH 2020		92,968
*	Hartford Life	LIFEPATH 2030		9,124
*	Hartford Life	LIFEPATH 2040		215,662
*	Hartford Life	BLACKROCK MID-CAP VALUE		6,780
*	Hartford Life	LORD ABBETT AFFILIATED		160,166
*	Hartford Life	LORD ABBETT BOND DEBEN		85,459
*	Hartford Life	LORD ABBETT MID CAP VA		115,974
*	Hartford Life	PIMCO REAL RETURN		22,777
*	Hartford Life	PIMCO TOTAL RETURN		71,013
*	Hartford Life	THORNBURG INTERNATIONAL		$ 198,478

Continued

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(K) PLAN
ID #94-16692190 PLAN #001
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2010

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Hartford Life	INVESCO MID CAP CORE EQUITY A		$ 76,548
*	Hartford Life	SEI STABLE ASSET		132,887
		SUBTOTAL - TOTAL INVESTMENTS		2,073,162
		NOTES RECEIVABLE - PARTICIPANT LOANS		57,130
		TOTAL ASSETS		$ 2,130,292

NOTES:

- Column (a) items with * designates a party in interest.
- Column (d) is blank as all investments are participant directed.
- The information in this schedule has been certified by The Hartford Life Insurance Company.

CENTRAL VALLEY AUTOMOTIVE
PROFIT SHARING 401(k) PLAN

Financial Statements
&
Independent Auditor's Report

DECEMBER 31, 2010 and 2009

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(k) PLAN

FINANCIAL STATEMENTS

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STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

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ANDERSON
McCOY & CO.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee
Central Valley Chrysler Plymouth Profit Sharing 401(k) Plan
Modesto, CA

We were engaged to audit the financial statements of Central Valley Chrysler Plymouth Profit Sharing 401(k) 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 index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor'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 J, which was certified by Hartford Life Insurance Company, the custodian 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 custodian holds the Plan's investment assets and executed investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

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

Anderson McCoy & Co.

Anderson McCoy & Co.
Modesto, CA
September 27, 2011

1700 Standiford Ave., Suite 150 • Modesto, CA 95350 • phone 209 527-2233 • fax 209 527-0653

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(k) PLAN

Statement of Net Assets Available for Benefits
December 31, 2010 and December 31, 2009

ASSETS:	December 31, 2010	December 31, 2009
Investments		
At fair value		
Mutual Funds	$ 1,940,275	$ 1,740,836
Common / collective trusts	132,887	155,152
At book value	2,073,162	1,895,988
Guaranteed interest accounts	-0-	-0-
Total Investments	2,073,162	1,895,988
Contributions Receivable		
Participant	-0-	-0-
Notes receivable from participants	57,130	59,781
TOTAL ASSETS	2,130,292	1,955,769
LIABILITIES:		
Accounts payable	-0-	-0-
Accrued expenses	-0-	-0-
TOTAL LIABILITIES	-0-	-0-
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,130,292	$ 1,955,769

See Accompanying Notes

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2010 and 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	December 31, 2010	December 31, 2009
Investment appreciation:		
Net appreciation in fair value of appreciation to include dividends reinvested	$ 217,147	$ 364,330
Investment income:		
Interest income participant loans	1,886	384
Less:		
Investment Expense	-0-	-0-
Subtotal	219,033	364,714
Contributions:		
Employer	-0-	68
Participants	148,887	93,643
Subtotal	148,887	93,711
NET ADDITIONS	367,920	458,425
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Benefits paid to participants	193,147	100,665
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TOTAL DEDUCTIONS	193,397	100,947
NET INCREASE	174,523	357,478
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	1,955,769	1,598,291
End of year	$ 2,130,292	$ 1,955,769

See Accompanying Notes

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF PLAN:

The following description of Central Valley Chrysler Plymouth ("Company") Profit Sharing 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a defined contribution plan covering all full-time employees of the Company who have one year of service and are age twenty-one or older. The plan does not include employees that are covered by a collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS

Each year, participants may make contributions that cannot exceed the lesser of the annual specified maximum allowed by income tax regulations or 100% of pretax annual compensation, as defined in the Plan. Participants direct the investment of their contributions into various investments offered by the Plan. For each plan year, the Company may contribute to the Plan an amount of matching contributions determined by the Company at its discretion. Eligible participants with at least one hour of service during the year qualify to make contributions after meeting eligibility requirements as stated in "General" above. During the year, the Company contributed $-0-.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution (if applicable) and (b) Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING

Participants are vested immediately in their contributions in the plan plus actual earnings thereon. Vesting in the Company's contributions and related earnings is as follows:

Less than 2 years	0%
2 years but less than 3 years	20%
3 years but less than 4 years	40%
4 years but less than 5 years	60%
5 years but less than 6 years	80%
6 or more years	100%

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(K) PLAN
NOTES TO FINANCIAL STATEMENT

NOTE A - DESCRIPTION OF PLAN (CONT'D):

PARTICIPANT LOANS

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of 50% of their vested account balance. A participant must secure each loan with an irrevocable pledge and assignment of 50% of the non-forfeitable amount of the borrowing participant's accrued benefit under the Plan, other security the Advisory Committee accepts and finds to be adequate, or both 50% of the participant's accrued benefits and other security.

The loan may provide a fixed rate of interest, or an adjustable rate of interest, as negotiated between the Advisory Committee and the participant. The loan principal and any accrued interest must generally be paid within five years from date of disbursement. However, a term greater than five years may be granted by the Administrator for loans used to purchase a primary residence. Only one outstanding plan loan is permitted at any time.

PAYMENT OF BENEFITS

On termination of service for any reason, accounts with vested benefits less than $5,000 will be distributed in a lump sum. For accounts with vested benefits greater than $5,000 a participant may elect to receive a single sum distribution or annuity payments of all vested amounts.

FORFEITED ACCOUNTS

There were forfeitures totaling $0 in 2010, and there was a forfeiture totaling $68 in 2009. Forfeitures may be used to pay plan expenses then reallocated to participants.

ADMINISTRATIVE EXPENSES

Administrative expenses recorded in the Plan represent custodial fees, accounting fees and other third-party administration fees paid directly from the Plan to the respective service provider. General administrative expenses are paid from participant accounts unless employer elects to pay the cost. For administrative expenses attributable to the participant, these costs must be paid from that participants account only.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

USE OF ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Cont'd)

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. (See Note C for discussion of fair value measurements.) Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at the year end. Units in common/collective trusts are valued at net asset values as determined by the issuing entity at year end. Participant loans are valued at their outstanding balances, which approximate fair value.

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

PAYMENT OF BENEFITS

Benefits are recorded when paid.

NOTE C - FAIR VALUE MEASUREMENTS:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

		Fair Value Measurements at Reporting Date Using:		
December 31, 2010	**Fair Value**	**Quoted Prices in Active Markets for Identical Assets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**
Mutual Funds	$ 1,940,275	$ 1,940,275	$ -0-	$ -0-
Guaranteed Investment Contract	-0-	-0-	-0-	-0-
Participant Loans	57,130	-0-	-0-	57,130
Total	$ 2,130,292	$ 1,940,275	$ -0-	$ 57,130

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE C - FAIR VALUE MEASUREMENTS: (CONT'D)

	Fair Value Measurements at Reporting Date Using:			
December 31, 2009	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$ 1,740,836	$ 1,740,936	$ -0-	$ -0-
Guaranteed Investment Contract	155,152	-0-	155,152	-0-
Participant Loans	59,781	-0-	-0-	59,781
Total	$ 1,955,769	$ 1,740,836	$ 155,152	$ 59,781

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements
The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements
The fair value of the guaranteed investment account is based on information provided by the custodian of the Plan.

Level 3 Fair Value Measurements
The participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of participant loans approximates the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurement.

NOTE C - FAIR VALUE MEASUREMENTS (CONT'D):

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

December 31, 2010	**Participant Loans**
Beginning Balance	$ 59,781
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-0-
Purchases, sales, issuances, and settlements (net)	<2,651>
Ending Balance	
Beginning Balance	**$ 57,130**
December 31, 2009	
Beginning Balance	$ -0-
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-0-
Purchases, sales, issuances, and settlements (net)	59,781
Ending Balance	**$ 59,781**

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2010 are reported in net appreciation in fair value of investments.

NOTE D - INVESTMENTS:

The following presents investments that represent 5% or more of the Plan's assets:

	December 31, 2010	December 31, 2009
LORD ABBOTT MID-CAP VALUE FUND	$ 72,829	$ 112,608
PIMCO TOTAL RETURN A	127,576	130,776
LORD ABBOTT AFFILIATED P FUND	108,320	136,356
GOLDMAN SACHS SMALL CAP VALUE A	112,258	143,059
SEI STABLE ASSET 4 (COMMON/COLLECTIVE TRUSTS)	193,130	155,152
DAVIS NEW YORK VENTURE	156,821	161,347
THORNBURGH INTERNATIONAL VALUE FUND R3	181,421	181,322
AMERICAN FUNDS GROWTH FUND OF AMER R3	220,418	236,845
GOLDMAN SACHS GOVERNMENT INCOME A	127,414	10,526
BLACK ROCK LIFEPATH 2040 A	$ 175,031	$ 117,942

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE D - INVESTMENTS (CONT'D):

During the year the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated in value by $217,147 during 2010 and by $364,330 during 2009. Investments consisted of mutual funds made up primarily of debt and equity securities, common/collective trust guaranteed contracts, and participant loans.

NOTE E – PARTY-IN-INTEREST TRANSACTIONS:

Certain Plan investments are shares of mutual funds managed by the Hartford Life Insurance Company. The Harford Life Insurance Company is the custodian of the Plan, and therefore, these transactions qualified as party-in-interest transactions.

In addition, inasmuch as auditing and plan administration services are paid directly by the plan these services are also deemed to be party-in-interest transactions. Total fees, including audit fees and third party administration fees and insurance company contract administration fees, paid by the Plan were $250 in 2010 and $282 in 2009.

Also, certain administrative functions have been performed by the Plan sponsor. There has not been a value calculated for these costs, and therefore the Plan has not been charged for these costs. These costs are further described in NOTE A above.

NOTE F – PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate of the Plan subject to the provisions of ERISA. Upon termination of the Plan, participants would receive benefits under the Plan based on their vested account balance accumulated to the date of the termination of the Plan. Termination of the Plan could occur before attaining normal retirement age.

NOTE G – RISK AND UNCERTAINTIES:

Investments consist primarily of mutual funds comprised mostly of debt and equity securities (bonds and common stocks). Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially effect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE H – TAX STATUS:

The Internal Revenue Service has determined in a letter dated August 7, 2001, that the prototype under which the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been

NOTE H – TAX STATUS (CONT'D):

amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE I – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	DECEMBER 31	
	2010	2009
Net assets available for benefits per the financial statements	$ 2,130,292	$ 1,955,769
Participant contribution in transit	-0-	-0-
Net assets available for benefits per Schedule H to the Form 5500	$ 2,130,292	$ 1,955,769

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2010 and December 31, 2009, to Schedule H of Form 5500:

	DECEMBER 31	
	2010	2009
Benefits paid to participants per the financial statements	$ 193,147	$ 100,665
ADD: amounts allocated to withdrawing participants 12/31/09	-0-	-0-
LESS: amounts allocated to withdrawing participants 12/31/09	-0-	-0-
Benefits paid to participants per Schedule H to the Form 5500	$ 193,147	$ 100,665

Amounts allocated to withdrawing participants are recorded on the Schedule H of Form 5500 for benefit claims that have been processed and approved for payment prior to December 31 but not yet paid as of that date. No claims had been processed or approved as of the balance sheet date.

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE J – INFORMATION CERTIFIED BY PLAN CUSTODIAN:

The Plan Custodian has provided certification that the following information, which is contained in or used to develop the financial statements, is complete and accurate:

1. Details and summaries of assets held at December 31, 2009 and 2010.

2. Summaries of asset transactions for the year then ended December 31, 2009 and 2010.

3. Details and summaries of the cash statement for the year ended December 31, 2009 and 2010.

NOTE K – REGULATORY REQUIREMENTS:

All participant investments are 100% participant-directed. All investments represent interests issued by a company registered under the Investment Company Act of 1940. Most all of the investments consist of mutual funds.

NOTE L – SUBSEQUENT EVENTS:

As indicated in FASB 165, an evaluation of subsequent events was made after December 31, 2010, to the date that the financial statements were substantially complete and available to be issued, which is September 27, 2011. There were no subsequent events that require disclosure during that time period.

SUPPLEMENTAL INFORMATION

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(K) PLAN
ID #94-16692190 PLAN #001
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2010

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Hartford Life	ALLIANZ AGIC TARGET		$ 80,298
*	Hartford Life	AMERICAN FUNDS GROWTH		261,843
*	Hartford Life	AMERICAN FUNDS INCOME		56,130
*	Hartford Life	DAVIS NEW YORK VENTURE		184,803
*	Hartford Life	DWS RREEF REAL ESTATE		29,417
*	Hartford Life	EATON VANCE WW HEALTH		15,454
*	Hartford Life	GOLDMAN SACHS GOVERNME		153,507
*	Hartford Life	GOLDMAN SACHS SMALL CA		103,874
*	Hartford Life	LIFEPATH 2020		92,968
*	Hartford Life	LIFEPATH 2030		9,124
*	Hartford Life	LIFEPATH 2040		215,662
*	Hartford Life	BLACKROCK MID-CAP VALUE		6,780
*	Hartford Life	LORD ABBETT AFFILIATED		160,166
*	Hartford Life	LORD ABBETT BOND DEBEN		85,459
*	Hartford Life	LORD ABBETT MID CAP VA		115,974
*	Hartford Life	PIMCO REAL RETURN		22,777
*	Hartford Life	PIMCO TOTAL RETURN		71,013
*	Hartford Life	THORNBURG INTERNATIONAL		$ 198,478

Continued

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFIT SHARING 401(K) PLAN
ID #94-16692190 PLAN #001
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2010

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Hartford Life	INVESCO MID CAP CORE EQUITY A		$ 76,548
*	Hartford Life	SEI STABLE ASSET		132,887
		SUBTOTAL - TOTAL INVESTMENTS		2,073,162
		NOTES RECEIVABLE - PARTICIPANT LOANS		57,130
		TOTAL ASSETS		$ 2,130,292

NOTES:

- Column (a) items with * designates a party in interest.
- Column (d) is blank as all investments are participant directed.
- The information in this schedule has been certified by The Hartford Life Insurance Company.

2010 Fee and Compensation Disclosure Report

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

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

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

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

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

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

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

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

CENTRAL VALLEY CHRYSLER PLYMOUTH PROFT SHARING 401(K) PLAN (027453)
PLAN YEAR END: 12/31

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

Recipient: Hartford Life Insurance Company EIN: 06-0974148

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

1. Direct Compensation **$250.00**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction. Of this amount, our records indicate that Hartford Life Insurance Company received **$250.00** . Please review your records to determine what other service providers (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, plan auditor) received all or any portion of the remaining amount.

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

2. Indirect Compensation

Program & Administrative Charge
Service Code: 66

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

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

Float compensation **$5.02**

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

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

Compensation paid with respect to Underlying Funds

Investment Option Name	*EIN*	*Fees Received from investment options on your Plan's Menu (rates as of 12/31/10)*	*Total Annual Expenses (as of 12/31/10)*	*Program & Admin. Charge*
ALLIANZ AGIC TARGET A	33-0457728	0.50% x assets	1.21%	0.85%
AMERICAN FUNDS GR FD OF AMER R3	52-0792143	0.60% x assets	0.97%	0.85%
AMERICAN FUNDS INC FD OF AMER R3	06-0867264	0.60% x assets	0.99%	0.85%
BLACKROCK AURORA A	NA[1]	0.50% x assets	1.45%	0.85%
BLACKROCK LIFEPATH 2020 A	51-0318674	0.75% x assets	0.97%	0.85%
BLACKROCK LIFEPATH 2030 A	51-0318674	0.75% x assets	0.95%	0.85%
BLACKROCK LIFEPATH 2040 A	51-0318674	0.75% x assets	0.94%	0.85%

Investment Option Name	*EIN*	*Fees Received from investment options on your Plan's Menu (rates as of 12/31/10)*	*Total Annual Expenses (as of 12/31/10)*	*Program & Admin. Charge*
BLACKROCK LIFEPATH RETIREMENT A	51-0318674	0.75% x assets	1.00%	0.85%
BLACKROCK MID CAP VALUE A	51-0318674	0.50% x assets	1.25%	0.85%
DAVIS NEW YORK VENTURE A	13-2601967	0.35% x assets plus $12/participant	0.90%	0.85%
DWS RREEF REAL EST SECURITIES A	13-3241232	0.55% x assets	1.05%	0.85%
EATON VANCE WORLDWIDE HLTH SCI A	04-2325690	0.50% x assets	2.07%	0.85%
GOLDMAN SACHS SMALL CAP VALUE A	13-4019460	0.55% x assets	1.48%	0.85%
GOLDMANSACHS GOVERNMENT INCOME A	13-4019460	0.45% x assets	0.92%	0.85%
INVESCO MID CAP CORE EQUITY A	94-2362417	0.50% x assets	1.24%	0.85%
LORD ABBETT AFFILIATED P	13-6020600	0.70% x assets	0.98%	0.85%
LORD ABBETT BOND DEBENTURE P	13-2669319	0.70% x assets	1.10%	0.85%
LORD ABBETT MID-CAP VALUE P	13-3166900	0.70% x assets	1.26%	0.85%
PIMCO REAL RETURN A	33-0629048	0.40% x assets	0.90%	0.85%
PIMCO TOTAL RETURN A	33-0629048	0.40% x assets	0.90%	0.85%
SEI STABLE ASSET 4	NA[1]	0.50% x assets	0.65%	0.85%
THORNBURG INTERNATIONAL VALUE R3	06-1158764	0.75% x assets	1.45%	0.85%

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

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

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