

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           | <b>2010</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                   |                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                    | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                    |
| <b>1a</b> Name of plan<br><u>401(K) RETIREMENT AND SAVINGS PLAN FOR EMPLOYEES OF ATLAS INDUSTRIES, INC.</u>                                                                                                                       | <b>1b</b> Three-digit plan number (PN) ► <u>002</u><br><b>1c</b> Effective date of plan <u>01/01/1992</u>                                                                                         |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><u>ATLAS INDUSTRIES, INC.</u><br><br><u>1750 E STATE ST</u><br><u>FREMONT, OH 43420-4056</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>34-4179243</u><br><b>2c</b> Sponsor's telephone number<br><u>419-355-1000</u><br><b>2d</b> Business code (see instructions)<br><u>332900</u> |

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

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

|                  |                                                          |                   |                                                              |
|------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>10/14/2011</u> | <u>MAURICE CLARK</u>                                         |
|                  | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>10/14/2011</u> | <u>MAURICE CLARK</u>                                         |
|                  | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | <b>Signature of DFE</b>                                  | Date              | Enter name of individual signing as DFE                      |

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

Form 5500 (2010)  
v.092307.1

|                                                                                                                                                                    |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>ATLAS INDUSTRIES, INC.<br><br>1750 E STATE ST<br>FREMONT, OH 43420-4056 | <b>3b</b> Administrator's EIN<br>34-4179243<br><br><b>3c</b> Administrator's telephone number<br>419-355-1000 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 305 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 208 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 1   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 29  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 238 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 238 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 226 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 1   |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**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 2S 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:

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

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

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                     |                                                             |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010          |                                                             |
| <b>A</b> Name of plan<br>401(K) RETIREMENT AND SAVINGS PLAN FOR EMPLOYEES OF ATLAS INDUSTRIES, INC. | <b>B</b> Three-digit plan number (PN) ▶ 002                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br>ATLAS INDUSTRIES, INC.            | <b>D</b> Employer Identification Number (EIN)<br>34-4179243 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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  
PRINCIPAL 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     |
| 42-0127290 | 61271         | 401979                                | 238                                                                         | 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 |
| 0                                    | 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

| (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 |                       |
|                                               |                                 |             |                       |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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** 2280470**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5** 7912703**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 ▶ FLEXIBLE INVESTMENT ANNUITY**b** Balance at the end of the previous year ..... **7b** 2449321**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 45476(2) Dividends and credits ..... **7c(2)**(3) Interest credited during the year ..... **7c(3)** 77986(4) Transferred from separate account ..... **7c(4)** 102938(5) Other (specify below) ..... **7c(5)** 82056

▶ LOAN PAYMENT

(6) Total additions ..... **7c(6)** 308456**d** Total of balance and additions (add **b** and **c(6)**). .... **7d** 2757777**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 339203(2) Administration charge made by carrier ..... **7e(2)** 10327(3) Transferred to separate account ..... **7e(3)** 35767(4) Other (specify below) ..... **7e(4)** 76819

▶ LOAN WITHDRAWAL

(5) Total deductions ..... **7e(5)** 462116**f** Balance at the end of the current year (subtract **e(5)** from **d**) ..... **7f** 2295661

**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:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....                                                 |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2010</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                                                                                                                          |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>401(K) RETIREMENT AND SAVINGS PLAN FOR EMPLOYEES OF ATLAS INDUSTRIES, INC.                                                                                                                 | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 002                                            |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ATLAS INDUSTRIES, INC.                                                                                                                             | <b>D</b> Employer Identification Number (EIN)<br>34-4179243                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| PRINCIPAL LIFE INSURANCE COMPANY                                                                                  |
| 42-0127290                                                                                                        |

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures 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

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**(b)** Enter name and EIN or address of person who provided you disclosures 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

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**(b)** Enter name and EIN or address of person who provided you disclosures 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

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**(b)** Enter name and EIN or address of person who provided you disclosures 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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 13 37 50 64                   | CONTRACT ADMINISTRATOR                                                                                   | 25146                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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.

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

|                 |                                                                                                                                 |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b><br>(complete as many entries as needed) |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------|

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>SCHEDULE D</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p>        | <p style="text-align: center;"><b>DFE/Participating Plan Information</b></p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></p> | <p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;"><b>2010</b></p> <hr/> <p style="text-align: center; font-size: small;"><b>This Form is Open to Public Inspection.</b></p> |               |                                                                                                                                                                                  |
| For calendar plan year 2010 or fiscal plan year beginning <span style="color: blue;">01/01/2010</span> and ending <span style="color: blue;">12/31/2010</span>                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                  |
| <b>A</b> Name of plan<br><span style="color: blue;">401(K) RETIREMENT AND SAVINGS PLAN FOR EMPLOYEES OF ATLAS INDUSTRIES, INC.</span>                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                           | <b>B</b> Three-digit plan number (PN) ▶ <span style="color: blue;">002</span>                                                                                                                                                                           |               |                                                                                                                                                                                  |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">ATLAS INDUSTRIES, INC.</span>                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                           | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">34-4179243</span>                                                                                                                                                           |               |                                                                                                                                                                                  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>Part I</b></td> <td><b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br/>(Complete as many entries as needed to report all interests in DFEs)</td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         | <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
| <b>Part I</b>                                                                                                                                                                                                                                                                                                                | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs)                                                                                                                                                          |                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN MIDCAP VALUE III SA-R6</span>                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span>                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                  |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-022</span>                                                                                                                                                                                                                                                             | <b>d</b> Entity code <span style="color: blue;">P</span>                                                                                                                                                                                                                                                                                  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">387242</span>                                                                                                            |               |                                                                                                                                                                                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN SMCAP BLEND SEP ACCT-R6</span>                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span>                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                  |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-029</span>                                                                                                                                                                                                                                                             | <b>d</b> Entity code <span style="color: blue;">P</span>                                                                                                                                                                                                                                                                                  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">500427</span>                                                                                                            |               |                                                                                                                                                                                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN MIDCAP BLEND SEP ACCT-R6</span>                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span>                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                  |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-020</span>                                                                                                                                                                                                                                                             | <b>d</b> Entity code <span style="color: blue;">P</span>                                                                                                                                                                                                                                                                                  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">525378</span>                                                                                                            |               |                                                                                                                                                                                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN BOND EMPH BAL SEP ACCT-R6</span>                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span>                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                  |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-006</span>                                                                                                                                                                                                                                                             | <b>d</b> Entity code <span style="color: blue;">P</span>                                                                                                                                                                                                                                                                                  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">14286</span>                                                                                                             |               |                                                                                                                                                                                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN STOCK EMPH BAL SEP ACT-R6</span>                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span>                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                  |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-032</span>                                                                                                                                                                                                                                                             | <b>d</b> Entity code <span style="color: blue;">P</span>                                                                                                                                                                                                                                                                                  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">112075</span>                                                                                                            |               |                                                                                                                                                                                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN GOVT &amp; HQ BOND SA-R6</span>                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span>                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                  |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-007</span>                                                                                                                                                                                                                                                             | <b>d</b> Entity code <span style="color: blue;">P</span>                                                                                                                                                                                                                                                                                  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">79398</span>                                                                                                             |               |                                                                                                                                                                                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN MONEY MARKET SEP ACCT-R6</span>                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span>                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                  |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-024</span>                                                                                                                                                                                                                                                             | <b>d</b> Entity code <span style="color: blue;">P</span>                                                                                                                                                                                                                                                                                  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">485653</span>                                                                                                            |               |                                                                                                                                                                                  |

|                                                                                                    |                      |                   |                                                                                                                                               |
|----------------------------------------------------------------------------------------------------|----------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PRIN INTL EMERG MARKETS SA-R6</a>       |                      |                   |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">PRINCIPAL LIFE INSURANCE COMPANY</a> |                      |                   |                                                                                                                                               |
| <b>c</b> EIN-PN <a href="#">42-0127290-013</a>                                                     | <b>d</b> Entity code | <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">501598</span> |

  

|                                                                                                    |                      |                   |                                                                                                                                               |
|----------------------------------------------------------------------------------------------------|----------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PRIN INTL SMALLCAP SEP ACCT-R6</a>      |                      |                   |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">PRINCIPAL LIFE INSURANCE COMPANY</a> |                      |                   |                                                                                                                                               |
| <b>c</b> EIN-PN <a href="#">42-0127290-014</a>                                                     | <b>d</b> Entity code | <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">262334</span> |

  

|                                                                                                    |                      |                   |                                                                                                                                               |
|----------------------------------------------------------------------------------------------------|----------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PRIN LGCAP BLEND I SEP ACCT-R6</a>      |                      |                   |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">PRINCIPAL LIFE INSURANCE COMPANY</a> |                      |                   |                                                                                                                                               |
| <b>c</b> EIN-PN <a href="#">42-0127290-017</a>                                                     | <b>d</b> Entity code | <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">842686</span> |

  

|                                                                                                    |                      |                   |                                                                                                                                              |
|----------------------------------------------------------------------------------------------------|----------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PRIN LGCAP GROWTH SEP ACCT-R6</a>       |                      |                   |                                                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">PRINCIPAL LIFE INSURANCE COMPANY</a> |                      |                   |                                                                                                                                              |
| <b>c</b> EIN-PN <a href="#">42-0127290-018</a>                                                     | <b>d</b> Entity code | <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">94444</span> |

  

|                                                                                                    |                      |                   |                                                                                                                                               |
|----------------------------------------------------------------------------------------------------|----------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PRIN U.S. PROPERTY SEP ACCT-R6</a>      |                      |                   |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">PRINCIPAL LIFE INSURANCE COMPANY</a> |                      |                   |                                                                                                                                               |
| <b>c</b> EIN-PN <a href="#">42-0127290-027</a>                                                     | <b>d</b> Entity code | <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">607102</span> |

  

|                                                                                                    |                      |                   |                                                                                                                                               |
|----------------------------------------------------------------------------------------------------|----------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PRIN BOND AND MORTGAGE SA-R6</a>        |                      |                   |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">PRINCIPAL LIFE INSURANCE COMPANY</a> |                      |                   |                                                                                                                                               |
| <b>c</b> EIN-PN <a href="#">42-0127290-005</a>                                                     | <b>d</b> Entity code | <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">893644</span> |

  

|                                                                                                    |                      |                   |                                                                                                                                               |
|----------------------------------------------------------------------------------------------------|----------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PRIN DIVERSIFIED INTL SA-R6</a>         |                      |                   |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">PRINCIPAL LIFE INSURANCE COMPANY</a> |                      |                   |                                                                                                                                               |
| <b>c</b> EIN-PN <a href="#">42-0127290-015</a>                                                     | <b>d</b> Entity code | <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">547131</span> |

  

|                                                                                                    |                      |                   |                                                                                                                                               |
|----------------------------------------------------------------------------------------------------|----------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PRIN LGCAP S&amp;P 500 INDEX SA-R6</a>  |                      |                   |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">PRINCIPAL LIFE INSURANCE COMPANY</a> |                      |                   |                                                                                                                                               |
| <b>c</b> EIN-PN <a href="#">42-0127290-016</a>                                                     | <b>d</b> Entity code | <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">520033</span> |

  

|                                                                                                    |                      |                   |                                                                                                                                               |
|----------------------------------------------------------------------------------------------------|----------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PRIN MIDCAP GROWTH III SA-R6</a>        |                      |                   |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">PRINCIPAL LIFE INSURANCE COMPANY</a> |                      |                   |                                                                                                                                               |
| <b>c</b> EIN-PN <a href="#">42-0127290-026</a>                                                     | <b>d</b> Entity code | <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">154973</span> |

  

|                                                                                                    |                      |                   |                                                                                                                                              |
|----------------------------------------------------------------------------------------------------|----------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PRIN SMALLCAP GROWTH II SA-R6</a>       |                      |                   |                                                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">PRINCIPAL LIFE INSURANCE COMPANY</a> |                      |                   |                                                                                                                                              |
| <b>c</b> EIN-PN <a href="#">42-0127290-071</a>                                                     | <b>d</b> Entity code | <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">74042</span> |

|                                                                                                                      |                      |                                     |                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN LIFETIME 2010 SEP ACCT-R6</span>      |                      |                                     |                                                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |                      |                                     |                                                                                                                                                            |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-075</span>                                                     | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">190290</span> |

  

|                                                                                                                      |                      |                                     |                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN LIFETIME 2020 SEP ACCT-R6</span>      |                      |                                     |                                                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |                      |                                     |                                                                                                                                                            |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-076</span>                                                     | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">488180</span> |

  

|                                                                                                                      |                      |                                     |                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN LIFETIME 2030 SEP ACCT-R6</span>      |                      |                                     |                                                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |                      |                                     |                                                                                                                                                            |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-077</span>                                                     | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">121813</span> |

  

|                                                                                                                      |                      |                                     |                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN LIFETIME 2040 SEP ACCT-R6</span>      |                      |                                     |                                                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |                      |                                     |                                                                                                                                                           |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-078</span>                                                     | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">76318</span> |

  

|                                                                                                                      |                      |                                     |                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN LIFETIME 2050 SEP ACCT-R6</span>      |                      |                                     |                                                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |                      |                                     |                                                                                                                                                           |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-079</span>                                                     | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">33723</span> |

  

|                                                                                                                      |                      |                                     |                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN LIFETIME STRAT INC SA-R6</span>       |                      |                                     |                                                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |                      |                                     |                                                                                                                                                           |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-080</span>                                                     | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">26559</span> |

  

|                                                                                                                      |                      |                                     |                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRIN FIN GRP, INC. STOCK SA-R6</span>      |                      |                                     |                                                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |                      |                                     |                                                                                                                                                            |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-086</span>                                                     | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">162865</span> |

  

|                                                                                                                      |                      |                                     |                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">RUSS LIFEPOINT GRWTH STR SA-R6</span>      |                      |                                     |                                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |                      |                                     |                                                                                                                                                          |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-081</span>                                                     | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">2829</span> |

  

|                                                                                                                      |                      |                                     |                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">RUSS LIFEPOINTS BAL STR SA-R6</span>       |                      |                                     |                                                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |                      |                                     |                                                                                                                                                         |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-082</span>                                                     | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">308</span> |

  

|                                                                                                                      |                      |                                     |                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">RUSS LIFEPOINTS CON STR SA-R6</span>       |                      |                                     |                                                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span> |                      |                                     |                                                                                                                                                           |
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-083</span>                                                     | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">54780</span> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LFPT EQ GROWTH STR SA-R6  
PRINCIPAL LIFE INSURANCE COMPANY

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

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-084 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36785 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINTS MOD STR SA-R6  
PRINCIPAL LIFE INSURANCE COMPANY

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

|                                |                        |                                                                                                         |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-085 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 239 |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP VALUE I SA-R6  
PRINCIPAL LIFE INSURANCE COMPANY

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

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-094 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP VALUE II SA-R6  
PRINCIPAL LIFE INSURANCE COMPANY

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

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-096 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35209 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP VALUE I SA-R6  
PRINCIPAL LIFE INSURANCE COMPANY

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

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-098 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80360 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                            |                                                                        |            |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>   |                                                                        |            |
| <b>A</b> Name of plan<br><u>401(K) RETIREMENT AND SAVINGS PLAN FOR EMPLOYEES OF ATLAS INDUSTRIES, INC.</u> | <b>B</b> Three-digit plan number (PN) ►                                | <u>002</u> |
|                                                                                                            |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ATLAS INDUSTRIES, INC.</u>             | <b>D</b> Employer Identification Number (EIN)<br><br><u>34-4179243</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 757049                | 674704          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   | 7399883               | 7912703         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 2420805               | 2280470         |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 10577737              | 10867877        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 10577737 | 10867877 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income****a Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 0          |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 240325     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 4088       |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 244413    |

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

|                                                                                                      |                 |       |        |
|------------------------------------------------------------------------------------------------------|-----------------|-------|--------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 0     |        |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 0     |        |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 0     |        |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> | 0     |        |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> | 44242 |        |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> | 77986 |        |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 122228 |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                      | <b>2b(2)(A)</b> | 0     |        |
| <b>(B)</b> Common stock .....                                                                        | <b>2b(2)(B)</b> | 0     |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> | 0     |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....            | <b>2b(2)(D)</b> |       | 0      |
| (3) Rents .....                                                                                      | <b>2b(3)</b>    |       | 0      |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                           | <b>2b(4)(A)</b> | 0     |        |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> | 0     |        |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |       | 0      |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> | 0          |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> | 0          |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | 1028562   |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            | 0         |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 0         |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | 13325     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 1408528   |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 1059420 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> | 0       |         |
| (3) Other .....                                                                            | <b>2e(3)</b> | 0       |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 1059420 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         | 0       |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         | 33822   |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 0       |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> | 25146   |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 0       |         |
| (4) Other .....                                                                            | <b>2i(4)</b> | 0       |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 25146   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 1118388 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 290140 |
| <b>l</b> Transfers of assets:                                                 |              |  |        |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  | 0      |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 0      |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: SPILMAN, HILLS & HEIDEBRINK, LTD.

(2) EIN: 34-1833111

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  | 0      |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  | 0      |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  | 0      |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  | 0      |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |        |

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

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

**5b(1)** Name of plan(s)

| 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                            |                                                                    |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>401(K) RETIREMENT AND SAVINGS PLAN FOR EMPLOYEES OF ATLAS INDUSTRIES, INC.</u> | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ATLAS INDUSTRIES, INC.</u>             | <b>D</b> Employer Identification Number (EIN)<br><u>34-4179243</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>42-0127290</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

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

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                               | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                                           | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2010  
v.092308.1

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**401(k) RETIREMENT AND SAVINGS PLAN FOR THE  
ASSOCIATES OF ATLAS INDUSTRIES, INC.  
FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE  
FOR THE YEARS ENDED  
December 31, 2010 and 2009**

*See Independent Auditors' Report*

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*Independent Auditors' Report*

The Trustees  
401(k) Retirement and Savings Plan for the  
Associates of Atlas Industries, Inc.  
Fremont, Ohio

We were engaged to audit the financial statements of the 401(k) Retirement and Savings Plan for the Associates of Atlas Industries, Inc. (the Plan) as of December 31, 2010, and for the year then ended, and the supplemental schedule as of December 31, 2010, as listed in the table of contents. These financial statements and this schedule are the responsibility of the Plan's management. The financial statements of the Plan as of and for the year ended December 31, 2009, were audited by other auditors. 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 the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Principal Life Insurance Company, the custodian of the Plan. Their report dated October 12, 2010, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were 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.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Principal Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the 2010 financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information in the Plan's 2010 financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2010 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2010 financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Spilman, Hills + Heidebrink, Ltd.*

October 12, 2011

401(K) RETIREMENT AND SAVINGS PLAN FOR THE  
ASSOCIATES OF ATLAS INDUSTRIES, INC.  
STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2010 AND 2009

|                                                          | <u>2010</u>                 | <u>2009</u>                 |
|----------------------------------------------------------|-----------------------------|-----------------------------|
| Assets                                                   |                             |                             |
| Participant-directed investments, at fair value (Note 3) |                             |                             |
| Group annuity contract                                   |                             |                             |
| Pooled separate accounts                                 | \$ 7,912,704                | \$ 7,399,883                |
| General account                                          | <u>2,280,470</u>            | <u>2,420,805</u>            |
| Total Participant-Directed Investments                   | 10,193,174                  | 9,820,688                   |
| Participant Loans Receivable                             | <u>674,704</u>              | <u>757,049</u>              |
| Assets Available for Benefits                            | <u><u>\$ 10,867,878</u></u> | <u><u>\$ 10,577,737</u></u> |

*See Independent Auditors' Report  
and Accompanying Notes*

401(K) RETIREMENT AND SAVINGS PLAN FOR THE  
ASSOCIATES OF ATLAS INDUSTRIES, INC.  
STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

|                                                      | <u>2010</u>                 | <u>2009</u>                 |
|------------------------------------------------------|-----------------------------|-----------------------------|
| Additions to Plan Assets Attributed to               |                             |                             |
| Investment income (loss) (Note 3)                    |                             |                             |
| Net investment gain, pooled separate accounts        | \$ 1,028,562                | \$ 1,027,505                |
| Net investment gain (loss), general account          | 13,325                      | (28,516)                    |
| Interest, general account                            | <u>77,986</u>               | <u>96,789</u>               |
| Total Investment Income                              | 1,119,873                   | 1,095,778                   |
| Interest, participant loans receivable               | 44,242                      | 59,584                      |
| Contributions                                        |                             |                             |
| Participant                                          | 240,325                     | 298,694                     |
| Rollover                                             | <u>4,088</u>                | <u>-</u>                    |
| Total Contributions                                  | <u>244,413</u>              | <u>298,694</u>              |
| Total Additions                                      | 1,408,528                   | 1,454,056                   |
| Deductions from Plan Assets Attributed to            |                             |                             |
| Benefit payments                                     | 1,059,419                   | 1,304,102                   |
| Deemed distributions of participant loans receivable | 33,822                      | 89,811                      |
| Corrective distributions of excess contributions     | -                           | 2,132                       |
| Administrative expenses                              | <u>25,146</u>               | <u>26,288</u>               |
| Total Deductions                                     | <u>1,118,387</u>            | <u>1,422,333</u>            |
| Change in Assets Available for Benefits              | 290,141                     | 31,723                      |
| Assets Available for Benefits at Beginning of Year   | <u>10,577,737</u>           | <u>10,546,014</u>           |
| Assets Available for Benefits at End of Year         | <u><u>\$ 10,867,878</u></u> | <u><u>\$ 10,577,737</u></u> |

*See Independent Auditors' Report  
and Accompanying Notes*

401(K) RETIREMENT AND SAVINGS PLAN FOR THE  
ASSOCIATES OF ATLAS INDUSTRIES, INC.  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

**NOTE 1 - DESCRIPTION OF THE PLAN**

The following brief description of the 401(k) Retirement and Savings Plan for the Associates of Atlas Industries, Inc. (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

**General** - The Plan was adopted by Atlas Industries, Inc. (the Company) effective January 1, 1992, and is a defined contribution plan established under Section 401(k) of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Eligibility** - The Plan covers all employees of the Company who have completed one year of service and are not represented by a collective bargaining unit.

**Automatic Enrollment** - Newly eligible employees are automatically enrolled in the Plan at a contribution rate of 3% of pre-tax compensation, unless they elect otherwise. These participants' initial contributions are fully allocated to the Principal Life Time Pooled Separate Account lifecycle retirement fund which corresponds the closest with their normal retirement date.

**Contributions** - Participants may contribute a specified portion of their annual pre-tax compensation, as defined in the Plan, subject to certain limitations as specified in the IRC. In addition, the Plan document allows certain rollover contributions into the Plan.

The Plan provides for discretionary employer matching contributions equal to an approved percentage of the participant's deferral contributions up to 7% of the participant's compensation. At the end of each Plan year, the Company may make an additional discretionary profit-sharing contribution for all eligible participants. The Company made no discretionary matching or profit-sharing contributions in 2010 or 2009.

**Participant Accounts** - Individual accounts are maintained for each participant. Participants direct the investment of contributions to their accounts among the available investment options within the group annuity contract. Participant accounts are credited with the participants' compensation deferrals, employer contributions and an allocation of earnings based on the performance of the investment options selected by the participant.

**Vesting** - Participants are fully vested in their compensation deferral and rollover accounts. Participants become fully vested in their employer contribution accounts after three years.

401(K) RETIREMENT AND SAVINGS PLAN FOR THE  
ASSOCIATES OF ATLAS INDUSTRIES, INC.  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

**NOTE 1 - DESCRIPTION OF THE PLAN (Continued)**

**Benefit Payments** - Participants or their beneficiaries are entitled to their vested account balance upon normal retirement (age 62), early retirement (age 55 with 5 years of service), death, disability, or termination of employment. If a participant's vested balance is \$1,000 or less, payment will be made in a lump-sum without the participant's consent, and if the balance is between \$1,000 and \$5,000 it will be rolled directly into an individual retirement account. Benefits may be distributed in a lump-sum or in annuity payments resulting from the purchase of an annuity contract. Two in-service withdrawals in a 12-month period per participant is permitted if the participant has attained age 59½.

**Participant Loans** - Participants may borrow from their vested accounts a minimum of \$1,000 up to a maximum of the lesser of (1) \$50,000 reduced by the highest outstanding balance of loans from the Plan during the one-year period ending the day before such loan is made, or (2) 50% of the participant's vested balances under the Plan reduced by any outstanding loan balance. Loan terms may not exceed five years. All loans bear interest at a rate commensurate with local prevailing rates, and principal and interest is paid ratably through payroll deductions. Participants may have up to three loans outstanding at any time. Participants can only be approved for up to five loans in any 12-month period.

**Hardship Withdrawals** - As defined in the Plan document, the Plan permits hardship withdrawals from all vested accounts.

**Forfeitures** - Upon termination of employment, a participant's non-vested portion of Company contributions and related earnings or losses are forfeited immediately to the extent a distribution of vested benefits is made to the participant. If the participant resumes employment within five years following the date on which termination occurs, and repays to the Plan the full amount of the distribution, the participant's account will be restored to its balance on the date of distribution. All other forfeitures occur when a participant sustains a five-year break in service. Forfeitures are used to offset the Company's future contributions. Forfeitures were \$113 in 2010 and \$202 in 2009. Unallocated forfeitures amounted to \$1,778 at December 31, 2010 and \$1,441 at December 31, 2009.

**Party-In-Interest Transactions** - The Plan's investments are held within a group annuity contract managed by Principal Life Insurance Company (Principal), the custodian of the Plan's investments. Principal is a party-in-interest, therefore, transactions in the group annuity contract qualify as party-in-interest transactions which are exempt from the prohibited transaction rules. Fees paid by the Plan to Principal for administration and recordkeeping services amounted to \$25,146 in 2010 and \$26,288 in 2009.

**Plan Termination** - Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their employer contribution accounts.

**Trustees** - Jerald, Maurice and Stephen Clark are the plan trustees.

*See Independent Auditors' Report*

401(K) RETIREMENT AND SAVINGS PLAN FOR THE  
ASSOCIATES OF ATLAS INDUSTRIES, INC.  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

**NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting** - The accounts of the Plan are maintained on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

**Valuation of Investments 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 in an orderly transaction between market participants at the measurement date. The Plan utilizes fair value measurements to record fair value adjustments to its investments and to determine fair value disclosures. Pooled separate accounts and the general account are recorded at fair value on a recurring basis. There were no other assets measured at fair value at December 31, 2010 and 2009.

The Plan classifies its investments at fair value in three levels based on the markets in which the investments are traded and the reliability of the assumptions used to determine fair value. Level 1 refers to securities valued using quoted prices in active markets for identical assets. Level 2 refers to securities not traded on an active market but for which observable market inputs are readily available. Level 3 refers to securities valued based on significant unobservable inputs. See Note 4 for further information regarding the fair value of the Plan's investments.

Income from investments is recorded as earned on the accrual basis. The net investment gain, pooled separate accounts includes interest and dividends related to these investments as well as the realized and unrealized gains and losses on securities bought and sold as well as held during the year. The net investment gain (loss), general account reflects the change in the estimated fair values of these accounts as determined by Principal.

**Contributions** - Participant contributions are recorded when withheld from their compensation. Employer contributions are recorded in the period in which they become obligations of the Company.

**Participant Loans Receivable** - Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as deemed distributions based upon terms of the Plan document.

**Benefit Payments** - Benefit payments to participants or their beneficiaries are recorded when paid.

**Income Tax Status** - The Plan adopted a Principal prototype plan. Principal received a favorable opinion letter from the Internal Revenue Service dated March 31, 2008, stating that plans which follow the prototype plan in operation are qualified under Section 401(a) of the IRC and, therefore, are exempt from federal income taxes. The prototype plan has been amended since the date of the letter; however, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, that the Plan is qualified and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

*See Independent Auditors' Report*

401(K) RETIREMENT AND SAVINGS PLAN FOR THE  
ASSOCIATES OF ATLAS INDUSTRIES, INC.  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

**NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Income Tax Status (Continued)**

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

**Risks and Uncertainties** - The Plan's investments ultimately consist of stocks, bonds, fixed income securities and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the values of these securities, it is at least reasonably possible that changes in values will occur in the near term and that these changes could materially affect the amounts of the participants' account balances and the amounts reported in the Plan's financial statements.

**Subsequent Events** - The plan administrator has evaluated subsequent events for recognition or disclosure in the financial statements through October 12, 2011, the date the financial statements were available to be issued.

**Estimates and Assumptions** - The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect the recorded amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the recorded amounts of additions to and deductions from Plan assets during the reporting period. Accordingly, actual results could differ from those estimates.

**Reclassifications** - Participant loans, interest earned thereon and deemed distributions of participant loans in the 2009 financial statements have been reclassified for comparative purposes to conform with the presentation in the 2010 financial statements.

401(K) RETIREMENT AND SAVINGS PLAN FOR THE  
ASSOCIATES OF ATLAS INDUSTRIES, INC.  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

**NOTE 3 - INFORMATION CERTIFIED BY CUSTODIAN**

The following information included in the accompanying financial statements and the information in Schedule H, Line 4i - Schedule of Assets (Held at End of Year) was obtained or derived from information supplied to the plan administrator and certified to be complete and accurate by Principal, the custodian of the Plan, in accordance with Section 2520.103-5 of ERISA. This information has not been audited by independent auditors.

Participant-directed investments at fair value, included the following at December 31:

|                                                         | <u>2010</u>          | <u>2009</u>         |
|---------------------------------------------------------|----------------------|---------------------|
| Principal Life Insurance Company Group Annuity Contract |                      |                     |
| Pooled separate accounts                                | \$ 7,912,704         | \$ 7,399,883        |
| General account                                         | <u>2,280,470</u>     | <u>2,420,805</u>    |
|                                                         | <u>\$ 10,193,174</u> | <u>\$ 9,820,688</u> |

The Plan's investment income was as follows for the years ended December 31:

|                                               | <u>2010</u>         | <u>2009</u>         |
|-----------------------------------------------|---------------------|---------------------|
| Net investment gain, pooled separate accounts | \$ 1,028,562        | \$ 1,027,505        |
| Net investment gain (loss), general account   | 13,325              | (28,516)            |
| Interest, general account                     | <u>77,986</u>       | <u>96,789</u>       |
|                                               | <u>\$ 1,119,873</u> | <u>\$ 1,095,778</u> |

On September 26, 2008, Principal placed contractual limitations on the withdrawal of funds from the U.S. Property Separate Account (USPSA) through March 25, 2011. The limitation delayed the payment of most withdrawal requests until March 25, 2011, when USPSA liquidity increased.

**NOTE 4 - FAIR VALUE MEASUREMENTS**

The Plan has classified its investments as follows:

Level 2 Fair Value Measurements: The Plan's pooled separate accounts are accounts established by Principal solely for the purpose of investing the assets of one or more plans. Funds in a pooled separate account are not commingled with other assets of the issuers for investment purposes. The estimated fair values of the participation units owned by the Plan in pooled separate accounts, except for the real estate fund, are based on quoted redemption values, as determined by Principal. These redemption values are based on the values of the investments held by the pooled separate accounts.

*See Independent Auditors' Report*

401(K) RETIREMENT AND SAVINGS PLAN FOR THE  
ASSOCIATES OF ATLAS INDUSTRIES, INC.  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

**NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)**

Level 3 Fair Value Measurements: A portion of the pooled separate accounts is invested in the USPSA. This fund is invested in real estate and is valued by Principal based on significant unobservable inputs.

The general investment accounts are reported at estimated fair value as determined by Principal. If the current market interest rate is equal to or less than the interest rate paid on the accounts, the fair value is equal to the contract value. If the current market interest rate is greater than the interest rate on the account, the fair value is the contract value reduced by a percentage which equals the difference between the current market interest rate and the interest rate on the accounts, multiplied by the number of years (including fractional parts of a year) until the maturity date. The contract value represents contributions made under the contract plus interest earned at contract rates less benefit payments and funds used to pay investment expenses. The value is based on significant unobservable inputs.

The tables below present, by level within the fair value hierarchy, the recorded amounts of the Plan's investments measured at fair value on a recurring basis.

| Fair Value Measurements at December 31, 2010 |                      |             |                     |                     |
|----------------------------------------------|----------------------|-------------|---------------------|---------------------|
|                                              | Fair Value           | Level 1     | Level 2             | Level 3             |
| Pooled separate accounts                     |                      |             |                     |                     |
| Money market                                 | \$ 485,653           | \$ -        | \$ 485,653          | \$ -                |
| U.S. government and<br>agency securities     | 79,398               | -           | 79,398              | -                   |
| Bond                                         | 907,930              | -           | 907,930             | -                   |
| Real estate                                  | 607,102              | -           | -                   | 607,102             |
| Lifecycle                                    | 936,883              | -           | 936,883             | -                   |
| Allocation                                   | 207,016              | -           | 207,016             | -                   |
| Small Cap                                    | 609,678              | -           | 609,678             | -                   |
| Mid Cap                                      | 1,067,593            | -           | 1,067,593           | -                   |
| Large Cap                                    | 1,700,388            | -           | 1,700,388           | -                   |
| International                                | 1,311,063            | -           | 1,311,063           | -                   |
| General account                              | <u>2,280,470</u>     | <u>-</u>    | <u>-</u>            | <u>2,280,470</u>    |
|                                              | <u>\$ 10,193,174</u> | <u>\$ -</u> | <u>\$ 7,305,602</u> | <u>\$ 2,887,572</u> |

*See Independent Auditors' Report*

401(K) RETIREMENT AND SAVINGS PLAN FOR THE  
ASSOCIATES OF ATLAS INDUSTRIES, INC.  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

**NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)**

| Fair Value Measurements at December 31, 2009 |                     |             |                     |                     |
|----------------------------------------------|---------------------|-------------|---------------------|---------------------|
|                                              | Fair Value          | Level 1     | Level 2             | Level 3             |
| Pooled separate accounts                     |                     |             |                     |                     |
| Money market                                 | \$ 562,381          | \$ -        | \$ 562,381          | \$ -                |
| U.S. government and<br>agency securities     | 103,384             | -           | 103,384             | -                   |
| Bond                                         | 608,476             | -           | 608,476             | -                   |
| Real estate                                  | 630,488             | -           | -                   | 630,488             |
| Lifecycle                                    | 785,143             | -           | 785,143             | -                   |
| Allocation                                   | 183,910             | -           | 183,910             | -                   |
| Small Cap                                    | 475,439             | -           | 475,439             | -                   |
| Mid Cap                                      | 871,510             | -           | 871,510             | -                   |
| Large Cap                                    | 1,713,417           | -           | 1,713,417           | -                   |
| International                                | 1,465,735           | -           | 1,465,735           | -                   |
| General account                              | <u>2,420,805</u>    | <u>-</u>    | <u>-</u>            | <u>2,420,805</u>    |
|                                              | <u>\$ 9,820,688</u> | <u>\$ -</u> | <u>\$ 6,769,395</u> | <u>\$ 3,051,293</u> |

The tables below provide a summary of changes in the Plan's Level 3 investments for the years ended December 31, 2010 and 2009.

|                                                                                                | Pooled<br>Separate<br>Account - Real<br>Estate Fund | General<br>Account  |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------|
| <b>Balance at January 1, 2010</b>                                                              | \$ 630,488                                          | \$ 2,420,805        |
| Purchases                                                                                      | 43,268                                              | 484,846             |
| Sales                                                                                          | (154,649)                                           | (716,492)           |
| Net realized and unrealized gain                                                               | 87,995                                              | 13,325              |
| Interest credited                                                                              | <u>-</u>                                            | <u>77,986</u>       |
| <b>Balance at December 31, 2010</b>                                                            | <u>\$ 607,102</u>                                   | <u>\$ 2,280,470</u> |
| Amount of net unrealized gains (losses) relating to<br>assets still held at the reporting date | <u>\$ 141,327</u>                                   | <u>\$ (15,191)</u>  |

*See Independent Auditors' Report*

401(K) RETIREMENT AND SAVINGS PLAN FOR THE  
ASSOCIATES OF ATLAS INDUSTRIES, INC.  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

**NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)**

|                                                                                                | <b>Pooled<br/>Separate<br/>Account - Real<br/>Estate Fund</b> | <b>General<br/>Account</b> |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------|
| <b>Balance at January 1, 2009</b>                                                              | \$ 1,051,495                                                  | \$ 3,151,285               |
| Purchases                                                                                      | 35,859                                                        | 632,319                    |
| Sales                                                                                          | (165,916)                                                     | (1,431,072)                |
| Net realized and unrealized loss                                                               | (290,950)                                                     | (28,516)                   |
| Interest credited                                                                              | <u>-</u>                                                      | <u>96,789</u>              |
| <b>Balance at December 31, 2009</b>                                                            | <u>\$ 630,488</u>                                             | <u>\$ 2,420,805</u>        |
| Amount of net unrealized gains (losses) relating to<br>assets still held at the reporting date | <u>\$ (279,977)</u>                                           | <u>\$ (28,516)</u>         |

*See Independent Auditors' Report*

## **SUPPLEMENTAL SCHEDULE**

401(K) RETIREMENT AND SAVINGS PLAN FOR THE  
ASSOCIATES OF ATLAS INDUSTRIES, INC.  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
EMPLOYER IDENTIFICATION NO. 34-4179243  
PLAN NUMBER: 002  
DECEMBER 31, 2010

| (a) | Identity of Issuer                                                          | (c)<br>Description of<br>Investment                                    | (d)<br>Cost | (e)<br>Fair Value |
|-----|-----------------------------------------------------------------------------|------------------------------------------------------------------------|-------------|-------------------|
| *   | Principal Life Insurance Company                                            | Group Annuity Contract                                                 | **          | \$ 10,193,174     |
| *   | Participant loans receivable                                                | Interest ranging from<br>5.25% to 10.25%,<br>due through December 2015 | -           | 674,704           |
| *   | Party-in-interest assets                                                    |                                                                        |             |                   |
| **  | Cost information is not required for these participant-directed investments |                                                                        |             |                   |

**SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

401(K) RETIREMENT AND SAVINGS PLAN FOR EMPLOY  
INC.  
EIN 34 4179243  
PLAN NUMBER 002  
PLAN YEAR 01/01/2010 TO 12/31/2010

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| *   | Principal Life Insurance Company                                 | Insurance Company General<br>GUARANTEED INTEREST                                                                  | \$ 0.00     | \$ 2,280,470.08      |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN BOND AND MORTGAGE SA-R6                                                          | \$ 0.00     | \$ 893,644.39        |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN BOND EMPH BAL SEP ACCT-R6                                                        | \$ 0.00     | \$ 14,285.80         |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN DIVERSIFIED INTL SA-R6                                                           | \$ 0.00     | \$ 547,131.05        |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN FIN GRP, INC. STOCK SA-R6                                                        | \$ 0.00     | \$ 162,865.06        |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN GOVT & HQ BOND SA-R6                                                             | \$ 0.00     | \$ 79,397.92         |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN INTL EMERG MARKETS SA-R6                                                         | \$ 0.00     | \$ 501,598.15        |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN INTL SMALLCAP SEP ACCT-R6                                                        | \$ 0.00     | \$ 262,334.09        |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN LARGE CAP VALUE I SA-R6                                                          | \$ 0.00     | \$ 80,359.98         |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN LGCAP BLEND I SEP ACCT-R6                                                        | \$ 0.00     | \$ 842,685.91        |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN LGCAP GROWTH SEP ACCT-R6                                                         | \$ 0.00     | \$ 94,443.84         |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN LGCAP S&P 500 INDEX SA-R6                                                        | \$ 0.00     | \$ 520,032.66        |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN LIFETIME STRAT INC SA-R6                                                         | \$ 0.00     | \$ 26,559.07         |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN LIFETIME 2010 SEP ACCT-R6                                                        | \$ 0.00     | \$ 190,289.66        |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN LIFETIME 2020 SEP ACCT-R6                                                        | \$ 0.00     | \$ 488,180.49        |

**SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

401(K) RETIREMENT AND SAVINGS PLAN FOR EMPLOY  
INC.  
EIN 34 4179243  
PLAN NUMBER 002  
PLAN YEAR 01/01/2010 TO 12/31/2010

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN LIFETIME 2030 SEP ACCT-R6                                                        | \$ 0.00     | \$ 121,812.70        |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN LIFETIME 2040 SEP ACCT-R6                                                        | \$ 0.00     | \$ 76,317.51         |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN LIFETIME 2050 SEP ACCT-R6                                                        | \$ 0.00     | \$ 33,722.52         |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN MIDCAP BLEND SEP ACCT-R6                                                         | \$ 0.00     | \$ 525,378.06        |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN MIDCAP GROWTH III SA-R6                                                          | \$ 0.00     | \$ 154,973.39        |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN MIDCAP VALUE III SA-R6                                                           | \$ 0.00     | \$ 387,242.02        |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN MONEY MARKET SEP ACCT-R6                                                         | \$ 0.00     | \$ 485,652.93        |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN SMALLCAP GROWTH II SA-R6                                                         | \$ 0.00     | \$ 74,041.64         |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN SMALLCAP VALUE II SA-R6                                                          | \$ 0.00     | \$ 35,209.41         |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN SMCAP BLEND SEP ACCT-R6                                                          | \$ 0.00     | \$ 500,427.08        |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN STOCK EMPH BAL SEP ACT-R6                                                        | \$ 0.00     | \$ 112,075.06        |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN U.S. PROPERTY SEP ACCT-R6                                                        | \$ 0.00     | \$ 607,102.07        |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>RUSS LFPT EQ GROWTH STR SA-R6                                                         | \$ 0.00     | \$ 36,784.51         |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>RUSS LIFEPOINT GRWTH STR SA-R6                                                        | \$ 0.00     | \$ 2,828.70          |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>RUSS LIFEPOINTS BAL STR SA-R6                                                         | \$ 0.00     | \$ 308.21            |

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

401(K) RETIREMENT AND SAVINGS PLAN FOR EMPLOY  
INC.  
EIN 34 4179243  
PLAN NUMBER 002  
PLAN YEAR 01/01/2010 TO 12/31/2010

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>RUSS LIFEPOINTS CON STR SA-R6                                                         | \$ 0.00     | \$ 54,780.45         |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>RUSS LIFEPOINTS MOD STR SA-R6                                                         | \$ 0.00     | \$ 238.75            |
|     | Participant Loans                                                | Range of Interest Rates<br>Rates Range From 5.25% To 10.25%                                                       | \$ 0.00     | \$ 674,704.00        |
|     |                                                                  |                                                                                                                   |             |                      |
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