Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2010** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
UNIVERSITY OF TOLEDO PHYSICIANS LLC PENSION PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/21/1973

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
UNIVERSITY OF TOLEDO PHYSICIANS LLC

3355 GLENDALE AVE 3RD FL
TOLEDO, OH 43614

2b Employer Identification Number (EIN) 34-1127097

2c Sponsor's telephone number 419-383-7105

2d Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	SHERI CALDWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

3355 GLENDALE AVE 3RD FL
TOLEDO, OH 43614

3b Administrator's EIN
34-1127097

3c Administrator's telephone number
419-383-7105

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	484
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	367
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	205
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	576
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	577
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	555
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

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

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

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2010** **This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2011

A Name of plan	**B** Three-digit plan number (PN) ▶
UNIVERSITY OF TOLEDO PHYSICIANS LLC PENSION PLAN AND TRUST	002

C Plan sponsor's name as shown on line 2a of Form 5500.	**D** Employer Identification Number (EIN)
UNIVERSITY OF TOLEDO PHYSICIANS LLC	34-1127097

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

1 Coverage Information:

(a) Name of insurance carrier

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
36-6071399	70688	TT080274	555	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

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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	10431
5	Current value of plan's interest under this contract in separate accounts at year end	5	13842974

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 ▶

b	Balance at the end of the previous year		7b	35405
c	Additions: (1) Contributions deposited during the year	7c(1)	119	
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	358	
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below)	7c(5)	52746	
	▶ FORFEITURE ACTIVITY			
	(6)Total additions		7c(6)	53223
d	Total of balance and additions (add **b** and **c(6)**).		7d	88628
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)	78197	
	▶ FORFEITURE ACTIVITY			
	(5) Total deductions		7e(5)	78197
f	Balance at the end of the current year (subtract **e(5)** from **d**)		7f	10431

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2010** **This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2011

A Name of plan	**B** Three-digit plan number (PN) ▶
UNIVERSITY OF TOLEDO PHYSICIANS LLC PENSION PLAN AND TRUST	002
C Plan sponsor's name as shown on line 2a of Form 5500.	**D** Employer Identification Number (EIN)
UNIVERSITY OF TOLEDO PHYSICIANS LLC	34-1127097

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	PFS0798	1	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
8122	

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

PETER KNEIP
PO BOX 7960
PHILADELPHIA, PA 19176

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
8122			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ SEE ATTACHED

b	Premiums paid to carrier	6b	169856
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) [X] 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 ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
UNIVERSITY OF TOLEDO PHYSICIANS LLC PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNIVERSITY OF TOLEDO PHYSICIANS LLC

D Employer Identification Number (EIN)
34-1127097

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

DIVERSIFIED INVESTMENT ADVISORS

13-3689044

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

UBS FINANCIAL SERVICES INC.

13-2638166

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

PRUDENTIAL INSURANCE CO OF AMERICA

22-1211670

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

THE VANGUARD GROUP, INC.

23-1945930

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

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

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

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

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

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

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

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

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

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

DIVERSIFIED INVESTMENT ADVISORS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORDKEEPER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

NATIONAL FINANCIAL SERVICES

04-3523567

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

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

LPL FINANCIAL

95-2834236

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	BROKER	24636	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS	5300 ROBIN HOOD ROAD NORFOLK, VA 23513	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK	40 EAST 52ND ST NEW YORK, NY 10022	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS	720 S COLORADO BLVD SUITE 290A DENVER, CO 80246	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LAZARD 30 ROCKEFELLER PLAZA 57TH FLOOR NEW YORK, NY 10112	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MAINSTAY PO BOX 8401 BOSTON, MA 02266	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NEUBERGER BERMAN 605 THIRD AVENUE 36TH FLOOR NEW YORK, NY 10158	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SENTINEL P.O. BOX 1499 MONTPELIER, VT 05601	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TARGET 100 MULBERRY STREET NEWARK, NJ 07102	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS 5300 ROBIN HOOD ROAD NORFOLK, VA 23513	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK 40 EAST 52ND ST NEW YORK, NY 10022	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS 720 S COLORADO BLVD SUITE 290A DENVER, CO 80246	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LAZARD 30 ROCKEFELLER PLAZA 57TH FLOOR NEW YORK, NY 10112	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MAINSTAY PO BOX 8401 BOSTON, MA 02266	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NEUBERGER BERMAN 605 THIRD AVENUE 36TH FLOOR NEW YORK, NY 10158	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SENTINEL P.O. BOX 1499 MONTPELIER, VT 05601	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TARGET 100 MULBERRY STREET NEWARK, NJ 07102	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan
UNIVERSITY OF TOLEDO PHYSICIANS LLC PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UNIVERSITY OF TOLEDO PHYSICIANS LLC

D Employer Identification Number (EIN)
34-1127097

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: GUARANTEED POOLED ACCOUNT FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6071399-005	P	13842974

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection**

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

A Name of plan
UNIVERSITY OF TOLEDO PHYSICIANS LLC PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNIVERSITY OF TOLEDO PHYSICIANS LLC

D Employer Identification Number (EIN)
34-1127097

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	869009	1127872
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		687
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	366431	386021
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	13069895	13842974
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	24463537	27779459
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	35405	10431
(15) Other	1c(15)	16291852	21192176

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	55096129	64339620
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	55096129	64339620

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	4594076	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	2294443	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6888519
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	14505	
(F) Other	2b(1)(F)	357	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14862
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	539961	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		539961
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		472623
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2258398
c Other income	2c		2032518
d Total income. Add all **income** amounts in column (b) and enter total	2d		12206881

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2957600	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2957600
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		5781
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	9	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		9
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2963390

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		9243491
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WILLIAM VAUGHAN COMPANY **(2)** EIN: 34-1145015

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

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

Part IV Compliance Questions

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

During the plan year:

			Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

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

A Name of plan
UNIVERSITY OF TOLEDO PHYSICIANS LLC PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNIVERSITY OF TOLEDO PHYSICIANS LLC

D Employer Identification Number (EIN)
34-1127097

Part I Distributions

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

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

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

EIN(s): 13-3689044 _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 38

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year **6a** 4605857

b Enter the amount contributed by the employer to the plan for this plan year **6b** 4605857

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

---

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

---

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

---

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

---

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

---

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UNIVERSITY OF TOLEDO PHYSICIANS, LLC 403(b) PLAN

AUDITED FINANCIAL STATEMENTS

December 31, 2010

CONTENTS

	PAGE
INDEPENDENT AUDITORS' REPORT	3
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	4
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	5
NOTES TO FINANCIAL STATEMENTS	6 - 11
SUPPLEMENTARY INFORMATION SCHEDULE OF ASSETS (HELD AT END OF YEAR)	12

145 Chesterfield Lane
Maumee, Ohio 43537-2209
P 419.891.1040
Toll-free 1.800.267.0930
F 419.891.1065
www.wvco.com

WILLIAM VAUGHAN COMPANY
Certified Public Accountants & Business Consultants

Gregory J. Arndt, CPA, CFE, FCPA, CFF
Jack C. Hagmeyer, CPA, CVA
David A. Hammack, CPA
William J. Horst, CPA, CMA
Michelle M. Klement, CPA
Jeffery H. Long, CPA
Aaron D. Swiggum, CPA, CFE
William L. Vaughan, Founder

INDEPENDENT AUDITORS' REPORT

Plan Administrator
University of Toledo Physicians, LLC
403(b) Plan
Toledo, Ohio

We were engaged to audit the accompanying statements of net assets available for benefits of University of Toledo Physicians, LLC 403(b) Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010 and the supplemental schedule of assets (held at end of year) as of, and for the year ended December 31, 2010. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 2, which was certified by State Street Bank and Trust Company, the trustee for the Plan in 2010 and 2009, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, 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.

William Vaughan Company

October 3, 2011

UNIVERSITY OF TOLEDO PHYSICIANS, LLC 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010 and 2009

	2010	2009
Assets		
Participant-directed investments, at fair value (Note 2)	$ 5,883,080	$ 4,412,748
Total investments	5,883,080	4,412,748
Receivables:		
Employee contributions	0	72,225
Total assets	5,883,080	4,484,973
Net assets available for benefits at fair value	5,883,080	4,484,973
Adjustment from fair value to contract value for fully benefit responsive investment contract (Note 1)	(2,246)	(1,426)
Net assets available for benefits	$ 5,880,834	$ 4,483,547

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

UNIVERSITY OF TOLEDO PHYSICIANS, LLC 403(b) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2010

Additions	
Investment income (Note 2):	
Net realized and unrealized appreciation in fair value of investments	$ 365,040
Interest and dividend income	71,170
Settlement income	3,731
Total investment income	439,941
Contributions:	
Participants'	992,635
Participants' - Roth	210,793
Total contributions	1,203,428
Total additions	1,643,369
Deductions	
Benefits paid to participants	246,082
Net increase in net assets available for benefits	1,397,287
Net assets available for benefits	
Beginning of year	4,483,547
End of year	$ 5,880,834

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

Note 1 - Description of plan and significant accounting policies

The following description of the University of Toledo Physicians, LLC 403(b) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan adopted October 2004 covering all eligible employees of University of Toledo Clinical Faculty, Inc. (the Company and Plan Administrator) and provides retirement, death, and disability benefits. There is no minimum age or service requirement to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Each participant may elect to defer 100% of compensation, subject to the maximum amount allowable by the Internal Revenue Service per year. Participants must elect to contribute a minimum of $200 annually to the Plan. Effective July 1, 2009, the Plan was amended to permit participants to make Roth 403(b) deferrals and to permit direct rollovers from other qualified Roth contribution programs into the Plan.

Effective May 1, 2011, the Plan was amended to adopt an automatic enrollment provision. All new employees hired on or after that date will automatically be enrolled in the Plan and pre-tax salary deferral contributions will be withheld at the Plan's stated percentage rate of 2%, unless they elect otherwise.

Participant accounts

Each participant's account is credited with their individual contribution and an allocation of Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. All contributions and earnings are invested among the funds offered by the Plan at the discretion of the participant.

Vesting

Each participant is fully vested in their own contributions.

Payment of benefits

Upon termination of service, due to death, disability, or retirement, a participant may elect to receive a lump-sum payment or in equal monthly, quarterly, semiannual or annual installments over a specified period, equal to the value of the participant's vested interest in his or her account.

Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. Upon termination, the assets of the Plan may be distributed immediately to the participants or otherwise provided in the Plan.

Note 1 - **Description of plan and significant accounting policies** – Continued

Valuation of investments

Investments in mutual funds are stated at fair value as determined and certified by State Street Bank and Trust Company, and the guaranteed pooled fund is stated at contract value as determined by State Street Bank and Trust Company.

Net appreciation and depreciation includes realized and unrealized gains and losses. Realized gains and losses on investment transactions are recorded as the difference between proceeds received and market value at the beginning of the Plan year or cost if acquired during the year. Net unrealized appreciation or depreciation in the fair value of investments is recorded as the change between the fair market value of investments at the end of the year and the beginning of the year, or cost if acquired during the year.

Use of management's estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Accordingly, actual results may differ from those estimates.

Basis of accounting

The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Benefit payments to participants are recorded when paid.

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

Forfeited accounts

At December 31, 2010 and 2009, forfeited nonvested accounts totaled $3,902 and $0, respectively. These accounts will be used to reduce future plan expenses.

Plan expenses

Certain expenses of the Plan, at the Company's discretion are paid for by the sponsoring employer. All other expenses are paid for by the Plan.

Changes in presentation

Certain reclassifications have been made to the 2009 financial statements to conform to the 2010 presentation.

Note 2 - Investments certified by trustee

The trustee of the Plan holds the accounts in trust and executes all investment transactions, based on participants' direction. The related financial information included in the accompanying financial statements and schedule is based solely on information provided by the trustee, certified as complete and accurate. State Street Bank and Trust Company was the trustee during 2010 and 2009.

The following presents participant-directed investments that represent 5% or more of the Plan's net assets at December 31, 2010 and 2009:

	2010	2009
American Funds Europacific R3	$ 322,375	$ 347,746
American Funds Growth Fund of America	349,076	253,528
Blackrock US Opportunities Inv A	310,616	246,906
Blackrock Lifepath LP 2020	474,562	266,294
Blackrock Lifepath LP 2030	551,723	349,779
Pimco Total Return Admin	355,796	260,228
Vanguard Prime Money Market Fund	1,489,303	1,333,928
Vanguard Total Intl Stock Index	353,757	291,447
Guaranteed Pooled Fund	323,129	239,203

During 2010, the Plan's investments (including investments bought and sold, as well as held during the year) appreciated in value by $439,941:

Mutual funds	$ 439,057
Money market	884
Total	$ 439,941

Note 3 - Fair value measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include

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

Note 3 - Fair value measurements – Continued

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

- Guaranteed pooled account: Valued at the cumulative value of the underlying portfolio and wrapper contract.
- Mutual funds: Valued at the current market prices of the fund's securities.
- General account: Valued at the cumulative value of the underlying portfolio and contract termination provision

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

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2010 and 2009.

Assets at fair value as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Guaranteed pooled account	$ 0	$ 323,129	$ 0	$ 323,129
General investment account	0	3,902	0	3,902
Mutual funds:				
International stocks	727,355	0	0	727,355
Large cap stocks	880,196	0	0	880,196
Multi-asset/other	1,456,826	0	0	1,456,826
Aggressive bonds	21,399	0	0	21,399

Note 3 - Fair value measurements – Continued

Assets at fair value as of December 31, 2010- Continued:

	Level 1	Level 2	Level 3	Total
Interm./long-term Bonds	485,585	0	0	485,585
Small/mid cap stocks	495,385	0	0	495,385
Short bonds/ money market	1,489,303	0	0	1,489,303
Total mutual funds	5,556,049	0	0	5,883,080
Total assets at fair value	$ 5,556,049	$ 327,031	$ 0	$ 5,883,080

Assets at fair value as of December 31, 2009:

	Level 1	Level 2	Level 3	Total
Guaranteed pooled account	$ 0	$ 239,023	$ 0	$ 239,023
Mutual funds:				
International stocks	647,665	0	0	647,665
Large cap stocks	613,420	0	0	613,420
Multi-asset/other	914,273	0	0	914,273
Aggressive bonds	4,584	0	0	4,584
Interm./long-term bonds	314,179	0	0	314,179
Small/mid cap stocks	345,676	0	0	345,676
Short bonds/ money market	1,333,928	0	0	1,333,928
Total mutual funds	4,173,725	0	0	4,173,725
Total assets at fair value	$ 4,173,725	$ 239,023	$ 0	$ 4,412,748

Note 4 - Transactions with parties-in-interest

Fees paid by the Plan for trustee and investment management fees and by the Company for legal, accounting, and other services rendered by parties-in-interest were based on customary and reasonable rates for such services.

Note 5 - Risks and uncertainties

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

Note 6 - Investment in Guaranteed Pooled Fund

The Plan has assets invested in the Transamerica Financial Life Insurance Company Guaranteed Pooled Fund. The Guaranteed Pooled Fund is a guaranteed pooled separate account provided under a group annuity contract issued by Transamerica Financial Life Insurance Company, Inc. (TFLIC). Diversified Investment Advisors, Inc. ("Diversified") is the service agent for such contract.

As described in Note 1, because the underlying investments are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investments held by the Guaranteed Pooled Fund.

The contract does not contain any type of market value formula or provision, and the Fund does not have maturity dates. The Fund is carried at contract value in the aggregate, which consists of the fair value of the underlying portfolio, accrued interest on the underlying portfolio assets, the fair value of the contract, and the adjustments to contract value. These adjustments generally represent the contract value less the fair value of the contract, fair value of the underlying portfolio, and accrued interest on the underlying portfolio assets. The contract rate resets annually, using end-of-period data. At the beginning of each calendar year, TFLIC determines the declared interest rate (portfolio rate) which will be credited to all monies invested in the Guaranteed Pooled Fund during such calendar year. In no event will the declared rate of interest be less than the contract's minimum guaranteed interest rate. Participant-directed transfers from the Guaranteed Pooled Fund are permitted to non-competing funds, subject to a 90-day equity wash provision.

	2010	2009
Average yields:		
Based on actual earnings	2.35%	3.23%
Based on rates credited to participants	3.48%	4.32%

Note 7 - Subsequent events

The Plan has evaluated subsequent events through October 3, 2011, the date the financial statements were available to be issued.

Changes in investment returns can have a significant effect on the Plan. Subsequent to December 31, 2010, U.S. and world markets have experienced significant declines. Management is monitoring investment market conditions and the impact such declines are having on the Plan's investment portfolio. Due to the volatility of the financial markets as of the date of this report, there is uncertainty regarding the impact which continued volatility may have on the Plan's investment portfolio.

There were no subsequent events that required adjustment to the financial statements or additional disclosures other than previously mentioned.

SUPPLEMENTARY INFORMATION

UNIVERSITY OF TOLEDO PHYSICIANS, LLC 403(b) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, ITEM 4i
EIN 34-1127097 PLAN 003
December 31, 2010

(a)	Identity of Issuer (b)	Description of Investment (c)	Cost (d)	Current Value (e)
		Mutual Fund Accounts:		
	American Funds	American Funds Europacific R3	0	$ 322,375
	American Funds	American Funds Growth Fund of America	0	349,076
	Blackrock	Blackrock Equity Dividend I	0	244,011
	Blackrock	Blackrock Health Sciences Ops Inv A	0	2,971
	Blackrock	Blackrock US Opporunities Inv A	0	310,616
	Blackrock	Blackrock Lifepath LP 2020	0	474,562
	Blackrock	Blackrock Lifepath LP 2030	0	551,723
	Blackrock	Blackrock Lifepath LP 2040	0	102,917
	Blackrock	Blackrock Lifepath LP 2050	0	127,340
	Blackrock	Blackrock Lifepath Retirement	0	197,313
	Lazard	Lazard Emerging Markets Equity Instl	0	51,223
	Mainstay	Mainstay High Yeild Corporate Bond I	0	21,399
	Neuberger Berman	Neuberger Berman Socially Resp	0	62,304
	PIMCO	Pimco Total Return Admin	0	355,796
	Perkins	Perkins Mid Cap Value	0	68,587
	Sentinel	Sentinel Small Company	0	8,378
	Target	Target Small Capitalization Value	0	45,793
	Vanguard	Vanguard 500 Index Investor	0	224,805
	Vanguard	Vanguard Inflation-Protected Secs	0	100,704
	Vanguard	Vanguard Mid Capitalization Index	0	31,690
	Vanguard	Vanguard Prime Money Market Fund	0	1,489,303
	Vanguard	Vanguard REIT Index	0	9,425
	Vanguard	Vanguard Small Cap Index	0	20,896
	Vanguard	Vanguard Total Bond Market Index	0	29,085
	Vanguard	Vanguard Total Intl Stock Index	0	353,757
	Transamerica Financial Life Ins. Co.	General Investment Account	0	3,902
	Transamerica Financial Life Ins. Co.	Guaranteed Pooled Fund	0	320,883
		Total investments		$ 5,880,834

Schedule C, Line 2(h) Formula Descriptions

University of Toledo Physicians, LLC Pension Plan and Trust
EIN No.: 34-1127097, Plan No. 002
Plan Year Ending: 12/31/2010

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

Diversified Investment Advisors (13-3689044)
National Financial Services (04-3523567)
Mid Atlantic Capital Corporation (25-1409618)

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to Diversified Investment Advisors	Revenue to National Financial Services	Revenue to Mid Atlantic Capital Corporation
NEUBERGER BERMAN	NEUBERGER BERMAN SOCIALLY RESP	1/1/2010	12/31/2010	38.920	1.080	
PIMCO	PIMCO Total Return,Admin Class	1/1/2010	12/31/2010	24.325	0.675	
BLACKROCK	BLACKROCK LIFEPATH RETIRE I	1/1/2010	12/31/2010	38.920	1.080	
BLACKROCK	BLACKROCK LIFEPATH 2020	1/1/2010	12/31/2010	38.920	1.080	
BLACKROCK	BLACKROCK LIFEPATH 2030	1/1/2010	12/31/2010	38.920	1.080	
BLACKROCK	BLACKROCK LIFEPATH 2040	1/1/2010	12/31/2010	38.920	1.080	
AMERICAN FUNDS	AMERICAN GRWTH FUND OF AMERICA	1/1/2010	12/31/2010	63.245	1.755	
AMERICAN FUNDS	AMERICAN FUNDS EUROPACIFIC R3	1/1/2010	12/31/2010	63.245	1.755	
TARGET	TARGET SMALL CAP VALUE	1/1/2010	12/31/2010	4.865	0.135	
BLACKROCK	BlackRock Health Scienc Oppt A	1/1/2010	12/31/2010	48.650	1.350	
LAZARD	LAZARD EMERGING MARKETS, INST	1/1/2010	12/31/2010	9.730	0.270	
MAINSTAY	MAINSTAY CORP HIGH YIELD BOND	1/1/2010	12/31/2010	14.595	0.405	
JANUS	Perkins MidCp Val Fd Class T	1/1/2010	12/31/2010	32.109	0.891	
JANUS	Perkins MidCp Val Fd Class T	2/1/2010	12/31/2010	33.082	0.918	
SENTINEL	SENTINEL SMALL COMPANY	1/1/2010	12/31/2010	38.920	1.080	
BLACKROCK	BLACKROCK EQUITY DIVIDEND, I	1/1/2010	12/31/2010	24.325	0.675	
BLACKROCK	BLACKROCK LIFEPATH 2050	1/1/2010	12/31/2010	38.920	1.080	
BLACKROCK	BLACKROCK U.S. OPPORTUNITIES A	1/1/2010	12/31/2010	48.650	1.350	

Schedule C, Line 2(h) Formula Descriptions

University of Toledo Physicians, LLC Pension Plan and Trust
EIN No.: 34-1127097, Plan No. 002
Plan Year Ending: 12/31/2010

Diversified Investment Advisors (13-3689044) also receives revenue sharing in the form of dealer concessions (Finder's Fees) on the following funds:

Fund Family	Fund Name	Formula for Calculating the Dealer Concessions
SENTINEL	SENTINEL SMALL COMPANY	Up to 1% of net assets deposited into this fund.

BASIS OF PREMIUM RATES
PRODUCTS WITH GUARANTEED VALUES

Premiums and purchase payments are established using assumptions of future mortality and interest earnings. They also contain margins for sales, administrative expenses and taxes at all levels of government. These assumptions must be conservative enough to provide for possible adverse experience in the future. Dividends where applicable, arise in general from experience more favorable than that assumed. They represent a return to the policyholder of amounts not needed to provide the various benefits.

The mortality and interest assumptions used to determine the rates for The Prudential and its subsidiaries' individual policies sold to fund qualified pension programs are shown below by type of contract and dates of issue. The current bases are noted by an asterisk.

A. Single Payment Retirement Annuity
B. To 9 Year Retirement Annuity
C. Regular Retirement Annuity

Dates of Issue: 1/63 - 12/69

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	A-49 ultimate table rated back 3 years (male ++, age last birthday)
Assumed interest - before retirement:	2 ¾%
Assumed interest - after retirement:	3%

Date of Issue: 1/70 - 5/71

Mortality basis - before retirement:	Not Applicable
Mortality basis - after retirement:	A-49 ultimate table rated back 3 years (male ++, age last birthday)
Assumed interest - before retirement:	3% for the first 20 years, 2 ½% thereafter
Assumed interest - after retirement:	3%

Dates of Issue: 5/71 - 12/74

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	A-49 ultimate table rated back 3 years (male ++, age last birthday)
Assumed interest - before retirement:	3%
Assumed interest - after retirement:	3 ½%

Dates of issue: 1/75+ - 5/76

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	1971 IAM table rated back 1 year (male ++, age last birthday)
Assumed interest - before retirement:	3 ½% for the first 20 years, 3% thereafter
Assumed interest - after retirement:	3 ½%

D. Single Payment Deferred Annuity
E. Flexible Purchase Payment Annuity

Dates of Issue: 8/75 - 7/83

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	1971 IAM table rated back 1 year (male ++, age last birthday)
Assumed interest - before retirement:	4% until contract anniversary in 1997, 3% thereafter ++)
Assumed interest - after retirement:	3 ½%

Dates of Issue: 8/83 - 12/83

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	1971 IAM table rated back 1 year, (female, after last birthday)
Assumed interest - before retirement:	4% until contract anniversary in 1997, 3% thereafter
Assumed interest - after retirement:	3 ½%

F. Retirement Income Endowment at 72

Dates of Issue: 1/63 - 5/71

Mortality basis - before retirement: death	1958 CSO (age last birthday; immediate payment of benefits)
Mortality basis - after retirement: last	A-49 ultimate table rated back 3 years (male ++, age birthday)
Assumed interest - before retirement:	2 ½%
Assumed interest - after retirement:	3%

Dates of Issue: 1/81 - 12/83

Mortality basis - before retirement: death	1958 CSO (age last birthday, immediate payment of benefits)
Mortality basis - after retirement:	1971 IAM table rated back 1 year (male ++, age last birthday)
Assumed interest - before retirement:	3 ½% for first 20 years, 3% thereafter
Assumed interest - after retirement:	3 ½%

G. Retirement Income Endowment at 72
H. Year Retirement Income Endowment

Dates of Issue: 5/71 - 12/74

Mortality basis - before retirement: death	1958 CSO (age last birthday; immediate payment of benefits)
Mortality basis - after retirement: last	A-49 ultimate table rated back 3 years (male ++, age birthday)
Assumed interest - before retirement:	3%
Assumed interest - after retirement:	3 ½%

Dates of Issue: 1/75 - 12/80

Mortality basis - before retirement: death	1958 CSO (age last birthday; immediate payment of benefits)
Mortality basis - after retirement:	1971 IAM table rated back 1 year (male ++, age last birthday)
Assumed interest - before retirement:	3 ½% for the first 20 years, 3% thereafter
Assumed interest - after retirement:	3 ½%

I. Optional Purchase Payment Annuity

Dates of Issue: 1/82 - 9/82

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	1971 IAM table rated back 1 year (male ++, age last birthday)
Assumed interest - before retirement:	11% for the first contract year, 8% each of the next 4 contract years, and 3 ½% thereafter
Assumed interest - after retirement:	3 ½%

Dates of Issue: 9/82 - 12/82

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	1971 IAM table rated back 1 year (male ++, age last birthday)
Assumed interest - before retirement:	8% for the first contract year, 6% each of the next 3 contract years, and 3 ½% thereafter
Assumed interest - after retirement:	3 ½%

Dates of Issue: 1/83 - 7/83

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	1971 IAM table rated back 1 year (male ++, age last birthday)
Assumed interest - before retirement:	6% each of the first 4 contract years and 3 ½% thereafter
Assumed interest - after retirement:	3 ½%

Dates of Issue: 8/83 - 12/83

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	1971 IAM table rated back 1 year (female, age last birthday)
Assumed interest - before retirement:	6% each of the first 4 contract years and 3 ½% thereafter
Assumed interest - after retirement:	3 ½%

Dates of Issue: 1/84 - present

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	1983 table a rated back 3 years (female, age last birthday)

Assumed interest - before retirement:	6% each of the first 4 contract years and 3 ½% thereafter
Assumed interest - after retirement:	3 ½%

Dates of Issue: 7/86 - 7/87

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	1983 table a rated back 3 years (female, age last birthday)
Assumed interest - before retirement:	5% first contract year and 3 ½% thereafter
Assumed interest - after retirement:	3 ½%

J. Split Funded Endowment at 85

K. Split Funded Endowment at 88

Dates of Issue: 1/63 - 5/71

Mortality basis - before retirement:	1958 CSO (age last birthday; immediate payment of death benefits)
Mortality basis - after retirement:	A-49 ultimate table rated back 3 years
Assumed interest - before retirement:	2 ½%
Assumed interest - after retirement:	3%

L. Special Pension Policy - Whole Life

Dates of Issue: 5/71 - 12/74

Mortality basis - before retirement:	1958 CSO (age last birthday; immediate payment of death benefits)
Mortality basis - after retirement:	A-49 ultimate table rated back 3 years
Assumed interest - before retirement:	3%
Assumed interest - after retirement:	3 ½%

Dates Of Issue: 1/75+ - 12/80

Mortality basis - before retirement:	1958 CSO (age last birthday; immediate payment of death benefits)
Mortality basis - after retirement:	1971 IAM table rated back 1 year.
Assumed interest - before retirement:	3 ½% for the first 20 years, 3% thereafter
Assumed interest - after retirement:	3 ½%

Dates of Issue: 1/81 - 7/83

Mortality basis - before retirement:	1958 CSO (age last birthday; immediate payment of death benefits)
Mortality basis - after retirement:	1971 IAM table rated back 1 year
Assumed interest - before retirement:	4%
Assumed interest - after retirement:	3 ½%

Dates of Issue: 8/83 - 12/83**

Mortality basis - before retirement:	1958 CSO (male, age last birthday; immediate payment of death benefits)
Mortality basis - after retirement:	1971 IAM table rated back 1 year (female, age last birthday)
Assumed interest - before retirement:	4%
Assumed interest - after retirement:	3 ½%

Dates of Issue: 1/84 - 12/84

Mortality basis - before retirement:	1980 CSO (male, age last birthday; immediate payment of death benefits)
Mortality basis - after retirement:	1983 table a rated back 3 years (female, age last birthday)
Assumed interest - before retirement:	5 ½% for first 20 years, 3 ½% thereafter
Assumed interest - after retirement:	3 ½%

*Dates of Issue: 1/85 - present

Mortality basis - before retirement:	1980 CSO table 8 (age last birthday; immediate payment of death benefits)
Mortality basis - after retirement:	1983 table a rated back 3 years (female, age last birthday)
Assumed interest - before retirement:	5 ½% for first 20 years, 4% thereafter
Assumed interest - after retirement:	3 ½%

M. Prudential Income Annuities

(formerly Single payment Non-Participating Immediate Annuities, or Immediate Income Annuity)

*Dates of Issue: 1/81 - Present

Purchase payments are established using assumptions of future mortality and interest earnings. These assumptions are:

A mortality table developed from actual Prudential annuitant experience with adjustment for improving mortality.

The interest rates at the time purchase payments are received, which are available for Prudential funds received under these contracts. They are adjusted for investment turnover.

N. Appreciable Life
O. Variable Appreciable Life

*Dates of Issue: 9/86 - present

Mortality basis - before retirement:	1980 CSO Table B (age last birthday; immediate payment of death benefits)
Mortality basis - after retirement:	1983 Table a rated back 3 years (female age last birthday)
Assumed interest - before retirement:	4%
Assumed interest - after retirement:	3 ½%

P. Variable Investment Plan (VIP)
Q. Fixed Interest Plan (FIP)

*Dates of Issue: 9/86 - Present

Mortality basis - before retirement:	Not applicable
Mortality basis - after retirement:	1983 Table A rated back 3 years (female, age last birthday)
Assumed interest - before retirement:	3%

Assumed interest - after retirement: 3 ½%

R. Flexible Discover
S. Flexible Discovery Plus

*Dates of Issue: 2/89 - Present

Mortality basis - before retirement: Not applicable
Mortality basis - after retirement: 1983 Table a rated back 3 years female, age last birthday)

Assumed interest - before retirement: 4%
Assumed interest - after retirement: 3 1/2%

Footnotes:

*Current Basis

**This basis applies for issues to 6/84 in Mississippi and Alaska and to 7/85 in District of Columbia.

+This basis also applies to contracts issued from 11/74 to 12/74 in the following states: Iowa, Michigan, Minnesota, Nebraska, North Dakota, South Dakota, Wisconsin.

++This reflects a board concession granted to early issues.

University of Toledo Physicians, LLC Pension Plan and Trust
EIN No.: 34-1127097, Plan No. 002
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
	Transamerica Financial Life Ins. Co.	Insurance Company/General Account	**$ 10,431**
	Transamerica Partners Funds Group	Transamerica Partners Money Market	$ 39,232
	Neuberger Berman	Neuberger Berman Socially Resp Tr	$ 150,241
	PIMCO	PIMCO Total Return Admin	$ 2,434,842
	BlackRock	BlackRock LifePath Retirement Instl	$ 4,526,330
	BlackRock	BlackRock LifePath 2020 Instl	$ 7,378,886
	BlackRock	BlackRock LifePath 2030 Instl	$ 2,955,326
	BlackRock	BlackRock LifePath 2040 Instl	$ 1,182,232
	American Funds	American Funds Growth Fund of America R3	$ 1,648,361
	American Funds	American Funds EuroPacific Growth R3	$ 1,033,225
	Target	Target Small Cap Value T	$ 171,405
	BlackRock	BlackRock Health Sciences Opportunities A	$ 53,954
	Lazard	Lazard Emerging Markets Inst	$ 173,782
	Mainstay	Mainstay High Yield Corporate Bond I	$ 45,235
	Janus	Perkins Mid Cap Value T	$ 723,829
	Sentinel	Sentinel Small Company A	$ 17,668
	BlackRock	BlackRock Equity Dividend I	$ 445,128
	BlackRock	BlackRock LifePath 2050 Instl	$ 199,558
	BlackRock	BlackRock US Opportunities A	$ 1,107,001
	Vanguard	Vanguard Total Bond Market Index Inv	$ 71,004
	Vanguard	Vanguard 500 Index Inv	$ 1,155,456
	Vanguard	Vanguard REIT Index Inv	$ 57,079
	Vanguard	Vanguard Total International Stock Index	$ 366,566
	Vanguard	Vanguard Mid Cap Index Inv	$ 181,334
	Vanguard	Vanguard Inflation-Protected Secs	$ 405,331
	Vanguard	Vanguard Prime Money Market Inv	$ 1,166,101
	Vanguard	Vanguard Small Cap Index Inv	$ 90,353
		Mutual Fund Totals	**$ 27,779,459**
	Transamerica Financial Life Ins. Co.	Guaranteed Pooled Fund (Unbundled)	$ 13,842,974
		Separate Account Total	**$ 13,842,974**
		Self Directed Account	**$ 21,192,176**
*	Participants	Notes Receivable with interest rates of 3.25% to 7.50%	**$ 386,021**
		TOTAL PLAN ASSETS	**$ 63,211,061**

* Indicates Party-In-Interest to the Plan