

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☒ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>GOLD CROSS EMS 401K PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2004</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2004</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2004</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>GOLD CROSS EMS</u> <u>4328 WHEELER RD</u> <u>MARTINEZ, GA 30907-9740</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>58-2363827</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>706-860-9100</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>58-2363827</u>	2c Sponsor's telephone number <u>706-860-9100</u>	2d Business code (see instructions) <u>621900</u>	
2b Employer Identification Number (EIN) <u>58-2363827</u>					
2c Sponsor's telephone number <u>706-860-9100</u>					
2d Business code (see instructions) <u>621900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	SHANNON MINTEER
	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.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") GOLD CROSS EMS 4328 WHEELER RD MARTINEZ, GA 30907-9740	3b Administrator's EIN 58-2363827
	3c Administrator's telephone number 706-860-9100

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 GOLD CROSS EMS	4b EIN	
	4c PN	
5 Total number of participants at the beginning of the plan year	5	167
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	141
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	1
d Subtotal. Add lines 6a , 6b , and 6c	6d	142
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	142
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	105
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	14
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan GOLD CROSS EMS 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. GOLD CROSS EMS	D Employer Identification Number (EIN) 58-2363827	

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.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	800861	142	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
3652	2058

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

A H S & ASSOC INC
1229 AUGUSTA WEST PKWY
AUGUSTA, GA 30909-1809

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3652	2058	REFERRAL/SERVICE FEE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 168806**5** Current value of plan's interest under this contract in separate accounts at year end **5** 703965**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 ▶ PENSION PROVIDER**b** Balance at the end of the previous year **7b** 136556**c** Additions: (1) Contributions deposited during the year **7c(1)** 61431(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 2535(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 2833

▶ LOAN PAYMENT

(6) Total additions **7c(6)** 66799**d** Total of balance and additions (add **b** and **c(6)**). **7d** 203355**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 8016(2) Administration charge made by carrier **7e(2)** 18727(3) Transferred to separate account **7e(3)** 462(4) Other (specify below) **7e(4)** 7344

▶ LOAN WITHDRAWAL/MISC

(5) Total deductions **7e(5)** 34549**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 168806

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan GOLD CROSS EMS 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GOLD CROSS EMS	D Employer Identification Number (EIN) 58-2363827	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	1026	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CARR RIGGS & INGRAM LLC

72-1396621

(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?
10	ACCOUNTANT	43190	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>GOLD CROSS EMS 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GOLD CROSS EMS</u>	D Employer Identification Number (EIN) <u>58-2363827</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP VALUE III SA-PRO</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-022</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8268</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN GOVT & HQBND SEP ACCT-PRO</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-007</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9194</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN INTL EM MKT SEP ACCT-PRO</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-013</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11731</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN U.S. PROPERTY SA-PRO</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5911</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN BOND AND MTGE SA-PRO</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-005</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9716</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN DIV INTL SA-PRO</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-015</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11534</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCAP S&P 500 IDX SA-PRO</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10350</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 IDX SA-PRO			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-028	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6314

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH III SA-PRO			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-026	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2136

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP GROWTH II SA-PRO			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-067	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6298

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP VALUE III SA-PRO			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-068	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4313

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP GROWTH II SA-PRO			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-071	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1194

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2010 SEP ACCT-PRO			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-075	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92289

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2020 SEP ACCT-PRO			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-076	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190037

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2030 SEP ACCT-PRO			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-077	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158146

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2040 SEP ACCT-PRO			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-078	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121317

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2050 SEP ACCT-PRO			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-079	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49208

a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN LIFETM STR INC SA-PRO**
b Name of sponsor of entity listed in (a): **PRINCIPAL LIFE INSURANCE COMPANY**

c EIN-PN 42-0127290-080	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	480
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN SMALLCAP VALUE II SA-PRO**
b Name of sponsor of entity listed in (a): **PRINCIPAL LIFE INSURANCE COMPANY**

c EIN-PN 42-0127290-096	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1165
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN LARGECAP VALUE I SA-PRO**
b Name of sponsor of entity listed in (a): **PRINCIPAL LIFE INSURANCE COMPANY**

c EIN-PN 42-0127290-098	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4365
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan GOLD CROSS EMS 401K PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 GOLD CROSS EMS	D Employer Identification Number (EIN) 58-2363827	

Part I	Asset and Liability Statement
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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)	2841	1904
(2) Participant contributions	1b(2)	5734	6040
(3) Other.....	1b(3)	0	0
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)	25922	36464
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	549566	703965
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	133651	168806
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	717714	917179

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 through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	717714	917179
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	69707	
(B) Participants	2a(1)(B)	161916	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		231623

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)	1228	
(F) Other	2b(1)(F)	2535	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3763

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		

(3) Rents	2b(3)		
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(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)		81647
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		1800
d Total income. Add all income amounts in column (b) and enter total.....	2d		318833

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	73290	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		73290
f Corrective distributions (see instructions)	2f		2123
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	42929	
(2) Contract administrator fees	2i(2)	1026	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		43955
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		119368

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		199465
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: CARR, RIGGS & INGRAM, LLC

(2) EIN: 72-1396621

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.).....	☒		10764
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.).....		☒	
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.)		☒	
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.).....		☒	
e Was this plan covered by a fidelity bond?.....	☒		75000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
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.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>		
A Name of plan <u>GOLD CROSS EMS 401K PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GOLD CROSS EMS</u>		
		D Employer Identification Number (EIN) <u>58-2363827</u>

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

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

1	<u>0</u>
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 42-0127290

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	
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6

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

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

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

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

Part III	Amendments
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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): _____

Financial Statements and Independent Auditors' Report

GOLD CROSS EMS 401K PLAN

December 31, 2010 and 2009

GOLD CROSS EMS 401K PLAN
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December 31, 2010 and 2009

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Independent Auditors' Report

Plan Administrator GOLD CROSS EMS 401K PLAN

We were engaged to audit the accompanying statements of net assets available for benefits of the Gold Cross EMS 401K Plan (the Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedules of schedule H, line 4a – schedule of delinquent participant contributions and schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2010. These financial statements and supplemental schedules are the responsibility of Gold Cross EMS (the Plan Administrator).

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 C, which was certified by Principal Life Insurance Company, the custodian of the Plan's assets, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of December 31, 2010 and 2009 and for the years then ended, that the information provided to the Plan Administrator by the custodian is complete and accurate.

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

As discussed in Note J, the Plan Administrator has brought to our attention that the Plan did not operate in technical compliance with the Plan document and certain Internal Revenue Service rules and regulations.



Atlanta, Georgia
October 13, 2011

GOLD CROSS EMS 401K PLAN
Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Assets		
Investments, at fair value:		
Contract with insurance company	\$ <u>872,771</u>	\$ <u>683,217</u>
Total investments	872,771	683,217
Receivables:		
Employer contributions	1,904	2,841
Participant contributions	<u>8,883</u>	<u>5,734</u>
Total receivables	10,787	8,575
Notes receivable from participants	<u>36,464</u>	<u>25,922</u>
Net assets reflecting investments at fair value	920,022	717,714
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>1,105</u>	<u>2,905</u>
Net assets available for benefits	<u>\$ 921,127</u>	<u>\$ 720,619</u>

The accompanying notes are an integral part of these statements.

GOLD CROSS EMS 401K PLAN
Statements of Changes in Net Assets Available for Benefits
Years ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Additions to net assets attributed to		
Investment income:		
Net appreciation in fair value of investments	\$ 84,184	\$ 101,992
Total investment income	<u>84,184</u>	<u>101,992</u>
Interest income on notes receivable from participants	1,227	739
Contributions:		
Employer	69,707	73,178
Participant	<u>164,759</u>	<u>153,212</u>
Total contributions	<u>234,466</u>	<u>226,390</u>
Total additions	319,877	329,121
Deductions from net assets attributed to		
Benefits paid to participants	75,413	24,709
Administrative expenses	<u>43,956</u>	<u>953</u>
Total deductions	<u>119,369</u>	<u>25,662</u>
Net increase in net assets available for benefits	200,508	303,459
Net assets available for benefits		
Beginning of year	720,619	417,160
End of year	<u>\$ 921,127</u>	<u>\$ 720,619</u>

The accompanying notes are an integral part of this statement.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements
December 31, 2010 and 2009

Note A – Description of Plan

The following description of the Gold Cross EMS 401K Plan (the Plan) provides only general information. Reference should be made to the Plan Document for a more complete description of the Plan's provisions.

The Plan is a contributory defined contribution plan that was adopted as of January 1, 2004 by Gold Cross EMS (the Plan Sponsor, the Plan Administrator and the Employer). The Plan's third-party administrator is Principal Life Insurance Company (Principal Life). The Plan has adopted a Principal Life prototype profit sharing/401(k) document, restated at September 10, 2009, as its Plan Agreement.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On July 1, 2009, the Financial Accounting Standards Board (FASB) established the FASB Accounting Standards Codification (the Codification, FASB ASC) as the single source of nongovernmental authoritative U.S. generally accepted accounting principles. The Codification supersedes all existing non-SEC accounting and reporting standards. The Codification is effective for financial statements issued for interim and annual periods ending after September 15, 2009. The Plan has adopted the Codification during the year ended December 31, 2009 and has modified its disclosures accordingly for the year ended December 31, 2009 and thereafter.

Subsequent events have been evaluated through October 13, 2011, the date the financial statements were available to be issued.

1. Eligibility

All employees who complete at least one year of service (and 500 hours), as defined by the Plan agreement, and have attained the age of 21 are eligible to participate in the Plan. Participation may begin on the first day of the quarter following the satisfaction of the eligibility requirements.

2. Funding

Participants are allowed to contribute a percentage of their annual compensation (as defined) subject to statutory dollar limitation of \$16,500 for 2010 and 2009. In addition, participants who are age 50 or older and have made the maximum contribution to the Plan can make an additional "catch-up" contribution to an annual maximum of \$5,500 for 2010 and 2009. These amounts are pre-tax contributions.

The Employer matches a percentage of the participant contribution. The Employer match for the years ended December 31, 2010 and 2009 was 50% of each participant's salary reduction contribution up to 8% of compensation.

The Employer may also make a discretionary matching contribution; however, no additional discretionary contribution was made during the years ended December 31, 2010 and 2009.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2010 and 2009

Note A – Description of Plan – Continued

2. Funding – Continued

Participants become 100% vested in the Employer's contributions and earnings when the participants reach normal retirement age. Prior to normal retirement age, the participants become vested in the Employer's matching and profit sharing contributions, earnings and forfeitures based on the following schedule:

<u>Years of Credited Service</u>	<u>% Vested</u>
One year, but less than 2	20%
2 years, but less than 3	40%
3 years, but less than 4	60%
4 years, but less than 5	80%
5 years or more	100%

Participant pre-tax contributions and the earnings thereon are fully vested at all times.

3. Allocations to the Participant Accounts

The following types of participant accounts are established and maintained under the provisions of the Plan:

<u>Type of Account</u>	<u>Description</u>
Employee contribution account	Participant's voluntary contributions and earnings or loss thereon and, if applicable, a separate rollover account for distributions from other plans and earnings or loss thereon.
Employer contribution account	Participant's portion of the Employer's matching and profit sharing contribution and earnings or loss thereon.

Allocations to participant's accounts are made as follows:

<u>Type of Allocation</u>	<u>Basis of Allocation</u>
Net appreciation (depreciation) in the fair value of investments and interest income	Based upon actual returns for the participant's self-directed investments.
Forfeitures	Forfeitures are used to pay Plan expenses and reduce the Employer's matching contribution.
Employer matching contribution	Discretionary percentage of the participant's annual contribution, which is based on the participant's compensation.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2010 and 2009

Note A – Description of Plan – Continued

4. Distributions

The participant's vested portion of his/her account balance will be available for distribution in the event of retirement, early retirement (age 55 and 5 years of service), death, disability or termination of employment, subject to the Plan's provisions. If the value of the participant's account is \$1,000 or less, it will be paid in a lump sum payment. If the vested value of the participant's account is greater than \$1,000 but less than \$5,000, it will be distributed in a lump sum or rolled over into an IRA for the benefit of the participant, if the participant's age is less than 65. If the value of the participant's account is greater than \$5,000, the participant may elect to receive the distribution in a lump-sum payment or in various annuity options.

The Plan permits hardship withdrawals if the Plan participants meet certain criteria. The participant may withdraw only deferral contributions, not matching or discretionary contributions. Upon receipt of a hardship withdrawal, the participant is not permitted to make contributions to the Plan until six months have passed.

5. Notes Receivable from Participants

A participant may borrow up to the lesser of \$50,000 or 50% of the vested portion of his/her account balance, repayable within five years (unless the proceeds are used to purchase the participant's principal residence), bearing interest at a reasonable rate of interest as determined by the Plan Administrator. Principal and interest is paid ratably through payroll deductions.

6. Investment Options

In accordance with the Plan provisions, the Plan Administrator contracted with Principal Life, an insurance company, to provide a variety of investment options with different investment objectives and levels of risk for the participants' accounts. Participants may change their investment allocations and redirect their existing account balances to a different investment fund daily.

Note B – Summary of Significant Accounting Policies

A summary of the significant accounting policies of the Plan applied in the accompanying financial statements follows.

1. Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting. Benefits are recorded when paid to participants.

2. Investments

The Plan permits its participants to direct the investment of their account balance under the Plan. The Plan Administrator funds the Plan's investments by a group annuity contract with Principal Life. Under this contract, the participants have choices of various types of mutual funds and credited interest options.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2010 and 2009

Note B – Summary of Significant Accounting Policies – Continued

2. Investments – Continued

When contributions are allocated to a mutual fund choice, shares of that fund are purchased by Principal Life and held in a pooled separate account, with the Plan holding units of participation in the separate account. The separate account is valued at fair value, based on the net asset value of the underlying mutual fund, less any charges for fees or taxes.

The Plan's credited interest options for investment are called guaranteed interest accounts. The guaranteed interest accounts are stated at fair value. The contract interest rates range from 0.43% to 3.18% at December 31, 2010 and 0.43% to 3.22% at December 31, 2009. The average yield of the guaranteed interest accounts was 1.67% and 1.55% for 2010 and 2009, respectively.

Increases or decreases in the market values of the pooled separate accounts and market value adjustments for guaranteed interest accounts, held at the end of the year, are reflected in the statement of changes in net assets available for benefits as net appreciation/depreciation in fair value of investments.

In the event the Plan Sponsor terminates the contract, the assets are subject to a graduated asset charge.

As described in FASB Topic 962, *Plan Accounting – Defined Contribution Pension Plans*, 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 guaranteed interest accounts included in the Plan's investment in the insurance contract meets the criteria of the FSP, and accordingly the Plan has adopted its provisions. As required by the Accounting Standards Codification (ASC), the statements of net assets available for benefits present investment contracts at fair value as well as the adjustment of fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared in the contract value basis.

The fair value of the guaranteed interest accounts included in the Plan's investment in the insurance contract is based on information reported by the insurance company at year-end. The contract value of the guaranteed interest accounts represents contributions, plus earnings, less participant withdrawals and administrative expenses.

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recorded on the accrual basis. Dividends are recorded on the ex-dividend basis.

3. Notes Receivable from Participants

Notes receivable from participants are measured as their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2010 and 2009

Note B – Summary of Significant Accounting Policies – Continued

4. Concentrations of Market and Credit Risk

The financial instruments, which potentially subject the Plan to concentrations of market and credit risk, are principally investments. The Plan's investments consist of various mutual funds in pooled separate accounts and various guaranteed interest accounts with Principal Life. To reduce concentrations of credit risk, the Plan Administrator has made available various types of funds to the participants, and the participants themselves choose their own funds based upon their appropriate risk level. As a consequence, the Plan Administrator believes that the Plan's credit risk exposure is limited.

However, due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in risks in the near term could materially affect participant account balances and the amounts reported in the financial statements.

5. Use of Estimates

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

6. New Accounting Guidance

In January 2010, the FASB issued under ASC 820, ASC Update 2010-06, *Fair Value Measurements and Disclosures – Improving Disclosures about Fair Value Measurements*. This guidance requires: (i) separate disclosure of significant transfers between Level 1 and Level 2 and reasons for the transfers; (ii) disclosure, on a gross basis, of purchases, sales, issuances, and net settlements within Level 3; (iii) disclosures by class of assets and liabilities; and (iv) a description of the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements. With the exception of the Level 3 disclosure requirements, which will be effective for fiscal years beginning after December 15, 2010 and interim periods within those fiscal years, this guidance is effective for reporting periods beginning after December 15, 2009 and has been adopted by the Plan. The adoption of this guidance did not have a material effect on the Plan's net assets for benefits or changes therein and related disclosures.

In September 2010, the FASB issued an amendment ("ASU 2010-25") to *Plan Accounting — Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Plans*, which provides guidance on how loans to participants should be classified and measured by defined contribution plans. This amendment requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their principal balance plus any accrued but unpaid interest. This amendment is effective for periods ending after December 15, 2010, with early adoption permitted, and requires retrospective application to all periods presented. ASU 2010-25 was adopted for the year ended December 31, 2010 and retrospectively applied to December 31, 2009. Prior year amounts and disclosures have been revised to reflect the retrospective application of adopting this new amendment. The adoption resulted in a reclassification of participant loans totaling \$25,922 from investments to notes receivable as of December 31, 2009. There was no impact to the Plan's net assets as of December 31, 2010 or 2009 as a result of the adoption.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2010 and 2009

Note B – Summary of Significant Accounting Policies – Continued

7. Reclassifications

Certain reclassifications have been made to the 2009 financial statements and note disclosures to conform to the classifications used in the 2010 financial statements and notes.

Note C – Certification of Financial Information

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following investment information was certified by the Principal Life Insurance Company and was not subjected to any auditing procedures, except for comparing such information to the amounts included in the Plan's financial statements and supplemental schedule.

Investments in group annuity contract, certified by Principal Life at December 31, 2010 and 2009, consist of the following:

	<u>2010</u>	<u>2009</u>
Guaranteed interest accounts (at contract value)	\$169,911	\$136,556
Pooled separate accounts, invested in mutual funds	\$703,965	\$549,566

Principal Life certified as complete and accurate \$84,184 of the net appreciation in fair value of investments and \$1,227 of interest and dividend income as shown in the financial statements for the year ended December 31, 2010.

Principal Life certified as complete and accurate \$101,992 of the net appreciation in fair value of investments and \$739 of interest and dividend income as shown in the financial statements for the year ended December 31, 2009.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2010 and 2009

Note D – Investments

The following is a summary of investments held by the Plan at December 31, 2010 and 2009 that represent 5% or more of the Plan's net assets:

	<u>2010</u>	<u>2009</u>
Guaranteed interest accounts (at fair value):		
Maturing 12/13/2013, bearing interest at 0.53%	\$ 47,240	
Maturing 12/13/2014, bearing interest at 0.50%	\$ 53,398	\$ 62,552
Maturing 12/13/2012, bearing interest at 2.75%	*	\$ 40,659
Pooled separate accounts, invested in mutual funds:		
Principal LifeTime 2010 Separate Account	\$ 92,289	\$ 63,300
Principal LifeTime 2020 Separate Account	\$190,037	\$133,195
Principal LifeTime 2030 Separate Account	\$158,146	\$119,112
Principal LifeTime 2040 Separate Account	\$121,317	\$ 96,460
Principal LifeTime 2050 Separate Account	\$ 49,208	\$ 42,974

*Investment in this guaranteed interest account comprised less than 5% of the Plan's net assets at December 31, 2010.

The investments in the group annuity contract (including gains and losses on investments sold, as well as held during the year) appreciated by \$84,184 and \$101,992 for the years ended December 31, 2010 and 2009, respectively.

Note E – Fair Value Measurements

Effective January 1, 2008, the Plan adopted FASB ASC 820, *Fair Value Measurements and Disclosures* (ASC 820), formerly known as SFAS 157, which defines fair value, establishes a framework for measuring fair value and requires additional disclosures about the use of fair value measurements. 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 ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are observable as of the reporting date. These inputs include quoted prices for similar assets in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; and inputs derived by other observable market data.

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

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2010 and 2009

Note E – Fair Value Measurements – Continued

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.

Below is a description of the valuation methodologies used for assets held in the insurance contract with insurance company measured at fair value.

Guaranteed interest accounts: contract value less early withdrawal charges. All guaranteed interest accounts are valued using Level 3 inputs.

Pooled separate accounts: valued at the net asset value based on the market value of the underlying investments. The various pooled separate accounts are made up of a wide variety of underlying investments such as equity and debt mutual funds, equities, bonds, and real estate. The net asset value of the pooled separate accounts is not a publicly-traded price in an active market. All pooled separate accounts, except Principal U.S. Property, are valued using Level 2 inputs. The Principal U.S. Property separate account is valued using Level 3 inputs.

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.

Most of the assets in pooled separate accounts are invested in Target Date pooled separate accounts (the Principal LifeTime Separate Accounts). These accounts seek a total return consisting of long-term growth of capital and current income. The accounts invest in underlying Principal Life domestic and foreign equity, real estate investments, and fixed-income funds according to an asset allocation strategy designed for investors having an investment time horizon comparable to that of the various funds, allocating the assets more conservatively over time.

The guaranteed interest accounts seek to provide current income while preserving assets and maintaining liquidity.

The pooled separate accounts can be redeemed on a daily basis, with the exception of the U.S. Property Separate Account which delays the payment of withdrawal requests until such time funds are available for payment. The guaranteed interest accounts have redemption notice periods varying from seven to 270 days.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2010 and 2009

Note E – Fair Value Measurements – Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's investment in insurance contract at fair value as of December 31, 2010:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Guaranteed interest accounts	\$	\$	\$168,806	\$168,806
Pooled separate accounts:				
Target Date		610,997		610,997
Large Cap Equity		25,326		25,326
Mid Cap Equity		10,404		10,404
Small Cap Equity		8,673		8,673
Intermediate U.S. Bond		18,910		18,910
Foreign Markets		23,265		23,265
Retirement Income		479		479
Real Estate			5,911	5,911
Total pooled separate accounts		<u>698,054</u>	<u>5,911</u>	<u>703,965</u>
Total assets at fair value	\$	<u>\$698,054</u>	<u>\$174,717</u>	<u>\$872,771</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's investment in insurance contract at fair value as of December 31, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Guaranteed interest accounts	\$	\$	\$133,651	\$133,651
Pooled separate accounts:				
Target Date		455,041		455,041
Large Cap Equity		26,831		26,831
Mid Cap Equity		10,424		10,424
Small Cap Equity		7,599		7,599
Intermediate U.S. Bond		21,746		21,746
Foreign Markets		22,463		22,463
Retirement Income		631		631
Real Estate			4,831	4,831
Total pooled separate accounts		<u>544,735</u>	<u>4,831</u>	<u>549,566</u>
Total assets at fair value	\$	<u>\$544,735</u>	<u>\$138,482</u>	<u>\$683,217</u>

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2010 and 2009

Note E – Fair Value Measurements – Continued

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets:

	For the year ended <u>December 31, 2010</u>		For the year ended <u>December 31, 2009</u>	
	Pooled Separate <u>Account</u>	Guaranteed Interest Separate <u>Accounts</u>	Pooled Interest <u>Account</u>	Guaranteed <u>Accounts</u>
Beginning balance	\$4,831	\$133,651	\$ 5,053	\$ 87,370
Purchases, issuances, settlements (net)	374	30,820	1,679	46,779
Unrealized gains (losses) relating to instruments still held at the reporting date	<u>706</u>	<u>4,335</u>	<u>(1,901)</u>	<u>(498)</u>
Ending balance	<u>\$5,911</u>	<u>\$168,806</u>	<u>\$ 4,831</u>	<u>\$133,651</u>

Note F – Termination of the Plan

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants will become 100% vested in their account balances.

Note G – Trustee's Responsibility

The Plan is administered by the Plan Administrator. Authority for control, management and administration of the Plan is vested in the Plan Administrator. The Plan's Trustees are appointed by the Plan Administrator. As the Plan's fiduciary, the trustees' responsibility is to maintain the Plan assets. The trust fund established by the trustee is the funding medium used for the accumulation and distribution of benefits.

Note H – Parties-in-Interest Transactions

Certain services to the Plan, provided by the Employer, were performed at no charge.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2010 and 2009

Note I – Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of the net assets available for benefits as of December 31, 2010 and the increase in assets available for benefits for the year then ended per Form 5500 to the financial statements:

Net assets available for benefits, per the Form 5500	\$917,179
Participant contributions receivable	2,843
Adjustment of fair value to contract value for general accounts	<u>1,105</u>
Net assets available for benefits, per the financial statements	<u>\$921,127</u>
Net increase in net assets available for benefits, per the Form 5500	\$199,465
Unremitted participant contributions receivable	2,843
Adjustment of fair value to contract value for general accounts as of December 31, 2010	<u>(1,800)</u>
Net increase in net assets available for benefits, per the financial statements	<u>\$200,508</u>

The following is a reconciliation of the net assets available for benefits as of December 31, 2009 and the increase in assets available for benefits for the year then ended per Form 5500 to the financial statements:

Net assets available for benefits, per the Form 5500	\$717,714
Adjustment of fair value to contract value for general accounts	<u>2,905</u>
Net assets available for benefits, per the financial statements	<u>\$720,619</u>
Net increase in net assets available for benefits, per the Form 5500	\$329,164
Less contributions receivable at December 31, 2008, per the financial statements	(28,684)
Plus contributions receivable at December 31, 2008, per the Form 5500	74
Adjustment of fair value to contract value for general accounts as of December 31, 2009	<u>2,905</u>
Net increase in net assets available for benefit, per the financial statements	<u>\$303,459</u>

Note J – Plan Compliance

During the Plan years ended December 31, 2010 and 2009, it came to the attention of the Plan Sponsor that certain compliance issues had occurred in the operation of the plan as follows, along with the Plan Sponsor's response:

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2010 and 2009

Note J – Plan Compliance – Continued

- Certain remittances of participant deferrals and loan payments from 2008 and 2009 were deemed late, as defined by DOL rules and regulations. The late remittance amounts are disclosed on Schedule H, Line 4a – Schedule of Delinquent Participant Contributions. The Plan Sponsor took corrective action as applicable under the DOL’s Voluntary Fiduciary Correction Program (VFCP) in 2011, and on or about September 16, 2011, received a no action letter from the DOL.
- Certain errors in the payroll system and related control procedures resulted in deferrals made, but not remitted to the Plan. Related matching contributions also were not made. The total of the late deferrals, \$2,843, has been recorded in the financial statements as participant contributions receivable. The Plan Sponsor has corrected this error by restoring the late contributions, related match and lost earnings to the affected participants. The Plan Sponsor has also remitted the related excise tax to the Plan pursuant to the relief afforded it under Prohibited Transaction Exemption (PTE) 2002-51.
- The Plan Sponsor learned that an error in the payroll system resulted in certain participants receiving a larger matching contribution than the amount set forth in the plan document. The Plan Sponsor is in the process of determining the extent of this error and any resulting correction necessary.
- The Plan Sponsor learned that certain clerical errors were made in the payroll system as well as in the transmission of employee contributions and the related employer match to the Plan. As a result, certain individuals received excess deferral and matching contributions and in other cases, certain individuals received less credit for matching contributions than the actual amounts. The Plan Sponsor will take the requisite steps outlined in Revenue Procedure 2008-50 to correct these amounts.
- It came to the attention of the Plan Sponsor that its ERISA bond was inadequate for plan years 2008, 2009 and 2010, and the Plan Sponsor is in the process of updating the bond to the appropriate amounts.
- The Plan Sponsor was informed that it should have attached an audit to the Plan’s 2008 Form 5500 filing. The Plan Sponsor engaged an independent qualified public accountant to conduct the audit of the 2008 plan year and filed an amended return under the DOL’s Delinquent Filer Voluntary Compliance Program on April 1, 2011.

Note K – Tax Status

The prototype plan received a letter of qualification under the applicable federal income tax statutes approved by the Internal Revenue Service stating that the form of the Plan was qualified under §401 of the Internal Revenue Code, and therefore, the related trust is tax exempt. In accordance with Revenue Procedure 2002-6 and Announcement 2001-77, the Plan Sponsor has determined that it is eligible to and has chosen to rely on the current Internal Revenue Service prototype plan opinion letter.

The Plan Administrator believes that the Plan, as amended and as adopted from the prototype plan, is designed and being operated in accordance with the applicable requirements of the Internal Revenue Code and, therefore, the Plan was qualified and the related trust was tax-exempt at December 31, 2010 and 2009.

GOLD CROSS EMS 401K PLAN
Notes to Financial Statements – Continued
December 31, 2010 and 2009

Note K – Tax Status – Continued

For the year ended December 31, 2009, the Plan adopted the new provisions of FASB ASC 740, *Income Taxes* (ASC 740). Accounting principles generally accepted in the United States of America require the Plan's management evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the relevant taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Note L – Subsequent Event

On September 28, 2011, the Plan Sponsor entered into a proposed agreement with Hartford Affiliated Employers Retirement Savings Plan (the Hartford Plan) to become an adopting employer of the Hartford Plan, to be effective on or about December 1, 2011. At that time all Plan assets will be transferred to the Hartford Plan.

Supplemental Schedules

GOLD CROSS EMS 401K PLAN

EIN 58-2363827

Plan Number 001

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2010

Participant Contributions Transferred Late to Plan			Total That Constitute Nonexempt Prohibited Transactions			Totally Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Corrections in VFCP	
\$ 1,379	10/28/2006	12/1/2006			\$ 1,379	(5)
\$ 1,790	4/14/2007	6/4/2007			\$ 1,790	(5)
\$ 2,206	4/28/2007	6/4/2007			\$ 2,206	(5)
\$ 565	various	8/28/2009 (1)			\$ 565	(5)
\$ 1,639	various	8/28/2009 (2)			\$ 1,639	(5)
\$ 342	various	4/1/2011 (1)			\$ 342	(5)
\$ 1,398	various	(3)		\$ 1,398		
\$ 1,445	various	(4)		\$ 1,445		

(1) Represents delinquent participant loan repayments from various 2008 pay periods.

(2) Represents delinquent participant loan repayments from various 2009 pay periods.

(3) Represents contributions from various 2010 pay periods.

(4) Represents contributions from various 2009 pay periods.

(5) Contributions corrected in 2011, and no action letter received from U.S. Department of Labor, Employee Benefits Security Administration, dated September 16, 2011.

GOLD CROSS EMS 401K PLAN

EIN 58-2363827

Plan Number 001

Schedule H, Line 4i, Schedule of Assets (Held at End of Year) as of December 31, 2010

(a)(b)(c)	(d)	(e)
Description of Assets	Cost ⁽¹⁾	Current
		Value
*Investment in insurance contract with Principal Life Insurance Company, invested in guaranteed interest accounts as follows:		
Maturity date 12/31/2010, interest at 3.16%		\$ 70
Maturity date 12/31/2011, interest at 3.18%		28,893
Maturity date 12/31/2012, interest at 2.75%		39,205
Maturity date 12/31/2013, interest at .50%		47,240
Maturity date 12/31/2014, interest at .53%		53,398
		<u>168,806</u>
*Investment in insurance contract with Principal Life Insurance Company, invested in pooled separate accounts as follows:		
Edge Asset Management, Inc. Government & High Quality Bond Separate Account--Pro		9,194
Principal Bond and Mortgage Separate Account-Pro		9,716
Principal U.S. Property Separate Account-Pro		5,911
Principal LifeTime Strategic Income Separate Account--Pro		479
Principal LifeTime 2010 Separate Account--Pro		92,289
Principal LifeTime 2020 Separate Account--Pro		190,037
Principal LifeTime 2030 Separate Account--Pro		158,146
Principal LifeTime 2040 Separate Account--Pro		121,317
Principal LifeTime 2050 Separate Account--Pro		49,208
Alliance Bernstein/Westwood LargeCap Value III Separate Account-Pro		4,313
Am Century/Montag & Caldwell LargeCap Growth II Separate Account-Pro		6,298
Principal Global Investors SmallCap S&P 600 Index Separate Account-Pro		6,314
Principal LargeCap S&P 500 Index Separate Account-Pro		10,350
UBS/TS&W LargeCap Value I Separate Account-Pro		4,365
DFA/Vaughan Nelson/LA Capital SmallCap Value II Separate Account-Pro		1,165
Emerald/Essex SmallCap Growth II Separate Account-Pro		1,194
Principal Global/Barrow Hanley MidCap Value III Separate Account-Pro		8,268
Turner/Mellon/Jacobs Levy Midcap Growth III Separate Account-Pro		2,136
Principal Global Investors Diversified International Separate Account-Pro		11,534
Principal Global Investors International Emerging Markets Separate Account-Pro		11,731
		<u>703,965</u>
*Installment loans to participants at 5.25% to 7.25%, with final payments due in 2015		<u>36,464</u>
		<u><u>\$ 909,235</u></u>

*Indicates a party-in-interest to the Plan as defined by ERISA.

⁽¹⁾Cost information not required for investments in mutual funds as per special rule for certain participant directed transactions.

GOLD CROSS EMS 401K PLAN

EIN 58-2363827

Plan Number 001

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