

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	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>AUTOMOBILE PROTECTION CORPORATION 401(K) 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>01/01/1996</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1996</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1996</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>AUTOMOBILE PROTECTION CORPORATION</u> <u>6010 ATLANTIC BOULEVARD</u> <u>NORCROSS, GA 30071</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>58-1582432</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>678-225-1000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>524290</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>58-1582432</u>	2c Sponsor's telephone number <u>678-225-1000</u>	2d Business code (see instructions) <u>524290</u>	
2b Employer Identification Number (EIN) <u>58-1582432</u>					
2c Sponsor's telephone number <u>678-225-1000</u>					
2d Business code (see instructions) <u>524290</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	TINA WHITELAW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	JOHN MARKS
	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") AUTOMOBILE PROTECTION CORPORATION 6010 ATLANTIC BOULEVARD NORCROSS, GA 30071	3b Administrator's EIN 58-1582432 3c Administrator's telephone number 678-225-1000
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	295
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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	262
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	44
d Subtotal. Add lines 6a , 6b , and 6c	6d	306
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	306
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	288
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	8

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 3D 2G 2J 2K 2R 2T 2S

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)

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>
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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 AUTOMOBILE PROTECTION CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. AUTOMOBILE PROTECTION CORPORATION	D Employer Identification Number (EIN) 58-1582432	

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
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	GA-039388	306	01/01/2010	12/31/2010

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

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

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

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

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

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

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

(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** 1840213**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**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 ▶ GUARANTEED GENERAL ACCOUNT CONTRACT**b** Balance at the end of the previous year **7b** 1734242**c** Additions: (1) Contributions deposited during the year **7c(1)** 207660(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 35772(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 251457

▶ LOAN REPAYMENTS TRANSFERS IN MISC IN

(6) Total additions **7c(6)** 494889**d** Total of balance and additions (add **b** and **c(6)**). **7d** 2229131**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 121357(2) Administration charge made by carrier **7e(2)** 2031(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 265530

▶ LOAN INITIATIONS TRANSFERS OUT, MISC OUT FORFS DEBITS

(5) Total deductions **7e(5)** 388918**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 1840213

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 AUTOMOBILE PROTECTION CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOBILE PROTECTION CORPORATION	D Employer Identification Number (EIN) 58-1582432	

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
THE PRUDENTIAL INSURANCE COMPANY OF
22-1211670

(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)

THE PRUDENTIAL INSURANCE COMPANY OF

22-1211670

(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?
37 50	NONE	9190	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CH ADVISORS

1350 DRESDEN DRIVE NE
ATLANTA, GA 30319

(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?
27	NONE	8257	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CVAGS, LLC

27-2579538

(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?
27	NONE	4179	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CH ADVISORS

267 W. WIEUCA ROAD
SUITE 203
ATLANTA, GA 30342

(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?
27	NONE	3951	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL FINANCIAL SERVICES, LLC

04-3523567

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

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(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 15 50 60 64	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	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
PRUDENTIAL RETIREMENT INSURANCE AND	15 64	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRUDENTIAL RETIREMENT INSURANCE AND 06-1050034	100.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 2/1/2010 TO 12/31/2010 GUARANTEED INCOME FUND

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	61 72	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRUDENTIAL INVESTMENTS, LLC 22-3468527	27.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2010 TO 12/31/2010 PRU JENN SMALL COMPANY A

(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
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(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 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 AUTOMOBILE PROTECTION CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOBILE PROTECTION CORPORATION	D Employer Identification Number (EIN) 58-1582432	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	119	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	398235	434075
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4762765	5711408
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1734242	1840213
(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	6895361	7985696

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	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6895361	7985696
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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)	131477	
(B) Participants	2a(1)(B)	680423	
(C) Others (including rollovers)	2a(1)(C)	28747	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		840647

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)	18614	
(F) Other	2b(1)(F)	35772	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		54386

(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)	50636	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		50636

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

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		678379
c Other income.....	2c		16549
d Total income. Add all income amounts in column (b) and enter total.....	2d		1640597

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	466208	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		466208
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		57868
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	26186	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		26186
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		550262

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1090335
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: WILLIAMS BENATOR & LIBBY, LLP

(2) EIN: 58-1460137

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.).....	☒	☐	2683
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?.....	☒	☐	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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 01/01/2010 and ending 12/31/2010

A Name of plan <u>AUTOMOBILE PROTECTION CORPORATION 401(K) 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>AUTOMOBILE PROTECTION CORPORATION</u>	D Employer Identification Number (EIN) <u>58-1582432</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-1211670</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

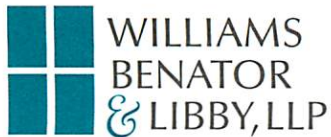
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- 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): _____



CERTIFIED PUBLIC ACCOUNTANTS
AND CONSULTANTS

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Automobile Protection Corporation
401(k) Plan
Norcross, Georgia

We were engaged to audit the accompanying statements of net assets available for benefits of Automobile Protection Corporation 401(k) Plan (formerly the Automobile Protection Corporation Profit-Sharing and 401(k) Plan) ("the Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010 and the supplemental schedules H, line 4a--schedule of delinquent participant contributions and H, line 4i--schedule of assets (held at end of year). These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note K, which was certified by Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust, F.S.B. (collectively, "Prudential") except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that Prudential holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from Prudential as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the Plan Administrator by Prudential 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 Prudential, 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.

Williams Benator & Libby, LLP

Atlanta, Georgia
October 13, 2011

-1-

RUN DATE: 02/02/11
 CYCLE: 10DEC#U
 PLAN NBR: 007849

PLAN NAME: AUTOMOBILE PROTECTION

PLAN SPONSOR EIN: 581582432

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES FOR PLAN YEAR 2010

(a)	(b)	(c)	(d)	(e)
	IDENTITY OF ISSUE , BORROWER , LESSOR , OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE , RATE OF INTEREST ,COLLATERAL , PAR OR MATURITY VALUE	COST	CURRENT VALUE
* PRUDENTIAL RETIREMENT AND ANNUITY COMPANY	INSURANCE	GUARANTEED INCOME FUND	1,840,213	1,840,213
PRUDENTIAL	MUTUAL FUNDS	GOLD SACHS REAL ESTATE A	3,274	4,318
PRUDENTIAL	MUTUAL FUNDS	PRU JENN SMALL COMPANY A	221,261	264,267
PRUDENTIAL	MUTUAL FUNDS	EATON VANCE WIDE HEALTH	53,432	50,680
PRUDENTIAL	MUTUAL FUNDS	DAVIS NY VENTURE FUND A	647,288	708,261
PRUDENTIAL	MUTUAL FUNDS	THORNBURG INTERN VALUE R3	699,654	783,649
PRUDENTIAL	MUTUAL FUNDS	PRU STOCK INDEX Z	357,529	446,845
PRUDENTIAL	MUTUAL FUNDS	LORD ABBETT SMA CAP VAL A	85,030	101,949
PRUDENTIAL	MUTUAL FUNDS	PIMCO TOTAL RETURN A	744,320	752,926
PRUDENTIAL	MUTUAL FUNDS	ALLIANZ NFJ SM CAP VAL A	302,301	327,620
PRUDENTIAL	MUTUAL FUNDS	INV MID CAP EQUITY FUND A	101,807	100,588
PRUDENTIAL	MUTUAL FUNDS	COL MARSICO FOCUSED EQ A	822,918	1,190,938
PRUDENTIAL	MUTUAL FUNDS	EATON VANCE LG CAP VAL A	665,915	643,127
PRUDENTIAL	MUTUAL FUNDS	VICTORY ESTABLISHED VALUE	68,400	94,490
PRUDENTIAL	MUTUAL FUNDS	INV DEVELOPING MARKETS A	129,418	140,989
PRUDENTIAL	MUTUAL FUNDS	OAKMARK EQU & INCO FD II	92,513	100,761
PARTICIPANT LOANS		3.25% - 8.25%	0	434,075
\$\$\$ SIDE=NUFRONT ,END;				

AUTOMOBILE PROTECTION CORPORATION
401(k) PLAN

AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2010

with

INDEPENDENT AUDITORS' REPORT

Audited Financial Statements and Supplemental Schedules

AUTOMOBILE PROTECTION CORPORATION
401(k) PLAN

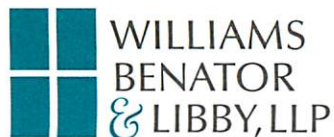
December 31, 2010

Audited Financial Statements

Independent Auditors' Report	1
Statements of Net Assets Available for Benefits.....	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements.....	4

Supplemental Schedules Required By ERISA

Schedule H, Line 4a--Schedule of Delinquent Participant Contributions	13
Schedule H, Line 4i--Schedule of Assets (Held at End of Year)	14



CERTIFIED PUBLIC ACCOUNTANTS
AND CONSULTANTS

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Automobile Protection Corporation
401(k) Plan
Norcross, Georgia

We were engaged to audit the accompanying statements of net assets available for benefits of Automobile Protection Corporation 401(k) Plan (formerly the Automobile Protection Corporation Profit-Sharing and 401(k) Plan) ("the Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010 and the supplemental schedules H, line 4a--schedule of delinquent participant contributions and H, line 4i--schedule of assets (held at end of year). These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note K, which was certified by Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust, F.S.B. (collectively, "Prudential") except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that Prudential holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from Prudential as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the Plan Administrator by Prudential 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 Prudential, 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.

Williams Benator & Libby, LLP

Atlanta, Georgia
October 13, 2011

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AUTOMOBILE PROTECTION CORPORATION
401(k) PLAN

	December 31	
	2010	2009
ASSETS		
INVESTMENTS		
Mutual funds--Notes C and D	\$ 5,711,410	\$ 4,762,884
Guaranteed income fund--Notes C, D and E	<u>1,840,213</u>	<u>1,734,242</u>
	7,551,623	6,497,126
Participant notes receivable	<u>434,075</u>	<u>398,235</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 7,985,698</u>	<u>\$ 6,895,361</u>

See independent auditors' report and notes to financial statements.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

AUTOMOBILE PROTECTION CORPORATION 401(k) PLAN

Year Ended December 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net appreciation in fair value of investments	\$ 678,380
Interest and dividends	<u>86,408</u>
	764,788

Interest income on participant notes receivable	18,614
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Contributions:

Participants	680,423
Employer	136,136
Rollover	<u>28,747</u>
	<u>845,306</u>

TOTAL ADDITIONS	1,628,708
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	524,957
Administrative expenses	<u>13,414</u>

TOTAL DEDUCTIONS	<u>538,371</u>
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NET INCREASE	1,090,337
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Net assets available for benefits at beginning of year	<u>6,895,361</u>
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NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 7,985,698</u>
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See independent auditors' report and notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

AUTOMOBILE PROTECTION CORPORATION 401(k) PLAN

December 31, 2010

NOTE A--DESCRIPTION OF PLAN

The following description of the Automobile Protection Corporation 401(k) Plan ("the Plan"), as amended and restated, provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a single employer defined contribution plan covering substantially all employees of Automobile Protection Corporation ("the Employer" and "Plan Administrator"). Eligibility requirements include a minimum age of twenty-one years for employee deferrals. Participants are eligible to participate in the match and profit-sharing components of the Plan if they have met the above eligibility requirement and have been employed by the Employer for six consecutive months. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. During the year ended December 31, 2010, the name of the Plan changed from Automobile Protection Corporation Profit-Sharing and 401(k) Plan to the Automobile Protection Corporation 401(k) Plan.

Contributions: Plan participants make pre-tax contributions from their compensation, not to exceed the Federal statutory maximum. The Plan includes an automatic salary deferral feature. The Employer automatically withholds 3% of the employee's compensation as an employee elective contribution. Employees that have been automatically enrolled may request a refund on such deferrals within 90 days of the first payroll in which the compensation is deferred, may request no deferral of compensation, or may select an alternative deferral amount.

The Plan provides for a discretionary tax deferred contribution by the Employer and an employee elective contribution with an Employer matching provision. The Employer matching contribution is a discretionary percentage determined by the Employer. The Employer matched 50% of the first 6% of base compensation that a participant contributed to the Plan for the period from July 1, 2010 through December 31, 2010. No additional discretionary contribution was made by the Employer during the year ended December 31, 2010.

Participant Accounts: Each participant's account is credited with their contributions, the Employer's matching contributions, their account's earnings or losses, and an allocation of any Employer discretionary contribution. Allocations of Employer discretionary contributions and any allocated forfeitures are based on participant compensation, as defined in the Plan articles. All investments of employee and employer contributions are participant directed. Participants may change their investment options daily.

NOTES TO FINANCIAL STATEMENTS--Continued

AUTOMOBILE PROTECTION CORPORATION 401(k) PLAN

NOTE A--DESCRIPTION OF PLAN--Continued

Vesting: Participants are immediately vested in their voluntary contributions and allocated earnings thereon. Employer matching and discretionary contributions and earnings thereon vest at the rate of 33% per year. A participant becomes fully vested after three years of credited service, or in the event of death, disability or normal retirement. Forfeited amounts related to Employer matching contributions can be used to reduce future Employer contributions to the Plan or to pay Plan expenses.

Administration: The Plan is administered by the Employer. At December 31, 2010 and 2009, all funds in the Plan were held in trust by the Trustee, Prudential Bank & Trust, F.S.B. in combination with Prudential Insurance Company of America and Prudential Retirement Insurance and Annuity Company (collectively, "Prudential"). Prudential invests participants' and Employer contributions, as directed by the participants, in a combination of guaranteed income fund and equity and fixed income mutual funds.

Withdrawals: A participant may withdraw their tax deferred contribution plus earnings thereon and rollover contributions in the case of a financial hardship, subject to a minimum of \$1,000. Withdrawals are taxable in the year received by the participant and may be subject to a penalty tax. A participant may not make elective deferrals or other contributions for a period of six months following a hardship withdrawal.

Payment of Benefits: Upon a participant's termination of employment with the Employer, the participant is entitled to receive a distribution of their vested account balance. If the participant does not elect to receive a distribution, the vested balance will be distributed after the Employer's normal retirement age (65). If the participant dies prior to receiving their entire vested account balance, the balance will be paid to the participant's beneficiary or estate.

Participant notes receivable: Participants may borrow from their non-forfeitable accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50 percent of their non-forfeitable account balance, whichever is less. The loans are secured by the balance in the participant's elective account and bear interest at a reasonable rate of interest determined by the Plan Administrator. At December 31, 2010, interest rates on outstanding participant notes receivable ranged from 3.25% to 8.25%.

NOTES TO FINANCIAL STATEMENTS--Continued

AUTOMOBILE PROTECTION CORPORATION 401(k) PLAN

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Plan follows the Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") as the sole source of authoritative guidance.

The financial statements for the Plan are prepared using the accrual basis of accounting.

The Plan's investments are stated at fair value, as further described in Note C. Investment securities are exposed to various risks, including credit, interest, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is possible that changes in values of investment securities will occur and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Contributions are recorded on the accrual basis, which recognizes participants' contributions and the related Employer matching contributions at the time the participants' contributions are withheld from their salaries. Employer discretionary profit sharing contributions are recorded in the period recognized in the Employer's financial statements.

At December 31, 2010 and 2009, there were no net assets available for benefits which had been approved for payment that were not paid at year end. Benefits are recorded when paid.

Administrative expenses of the Plan are primarily paid for by the Employer directly or through forfeitures.

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

In January 2010, the FASB issued Accounting Standards Update 2010-25 *Reporting loans to participants by defined contribution pension plans* ("ASU 2010-25"). This accounting standard update requires that loans to the participants in an entity's defined contribution pension plan be classified as notes receivable. These loans are to be reported separately from plan investments. The proper measurement of these loans is their unpaid balance, plus all accrued and unpaid interest. The guidance in ASU 2010-25 did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

NOTES TO FINANCIAL STATEMENTS--Continued

AUTOMOBILE PROTECTION CORPORATION 401(k) PLAN

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES--Continued

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

Certain 2009 amounts have been reclassified to conform to the 2010 presentation.

NOTE C--FAIR VALUE MEASUREMENTS

FASB guidance establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the accounting guidance are described below:

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

Level 2 Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

NOTES TO FINANCIAL STATEMENTS--Continued

AUTOMOBILE PROTECTION CORPORATION 401(k) PLAN

NOTE C--FAIR VALUE MEASUREMENTS--Continued

Mutual funds: Valued at the quoted market price, which represents the net asset value of shares held by the Plan at year end.

Guaranteed income fund: Valued at fair value including interest at a contracted rate, as more fully described in Note E.

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

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

	Assets at fair value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Investments:				
Mutual Funds:				
Diversified markets equity	\$ 140,990	\$ -0-	\$ -0-	\$ 140,990
International equity	783,649	-0-	-0-	783,649
Specialty equity	54,998	-0-	-0-	54,998
Bond	752,926	-0-	-0-	752,926
Large cap equity	2,989,172	-0-	-0-	2,989,172
Mid cap equity	195,078	-0-	-0-	195,078
Moderate allocation	100,761	-0-	-0-	100,761
Small cap equity	693,836	-0-	-0-	693,836
Total mutual funds	5,711,410	-0-	-0-	5,711,410
Guaranteed income fund	-0-	1,840,213	-0-	1,840,213
Total assets at fair value	<u>\$5,711,410</u>	<u>\$1,840,213</u>	<u>\$ -0-</u>	<u>\$7,551,623</u>

NOTES TO FINANCIAL STATEMENTS--Continued

AUTOMOBILE PROTECTION CORPORATION 401(k) PLAN

NOTE C--FAIR VALUE MEASUREMENTS--Continued

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

	Assets at fair value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Investments:				
Mutual Funds:				
Diversified markets equity	\$ 102,250	\$ -0-	\$ -0-	\$ 102,250
International equity	631,048	-0-	-0-	631,048
Specialty equity	67,948	-0-	-0-	67,948
Bond	657,744	-0-	-0-	657,744
Large cap equity	2,534,266	-0-	-0-	2,534,266
Mid cap equity	155,165	-0-	-0-	155,165
Moderate allocation	77,508	-0-	-0-	77,508
Small cap equity	536,955	-0-	-0-	536,955
Total mutual funds	4,762,884	-0-	-0-	4,762,884
Guaranteed income fund	-0-	1,734,242	-0-	1,734,242
Total assets at fair value	<u>\$4,762,884</u>	<u>\$1,734,242</u>	<u>\$ -0-</u>	<u>\$6,497,126</u>

NOTE D--INVESTMENTS

At December 31, 2010 and 2009, the Plan's investments were held by Prudential. The following table presents investments that represented 5% or more of the Plan's net assets at the beginning of the year for the years ended December 31:

	2010	2009
Prudential Guaranteed Income Fund	\$1,840,213	\$1,734,242
Columbia Marsico Focused Equity Fund Class A	1,190,938	1,021,284
Davis New York Venture Fund Class A	708,262	662,248
Pimco Total Return Fund Class A	752,926	657,744
Thornburg International Value Fund Class R3	783,649	631,048
Eaton Vance Large Cap Value Fund Class A	643,127	482,797
Prudential Stock Index Fund Z	446,845	367,937

NOTES TO FINANCIAL STATEMENTS--Continued

AUTOMOBILE PROTECTION CORPORATION 401(k) PLAN

NOTE D--INVESTMENTS--Continued

During the year ended December 31, 2010, the Plan's investments (including gains and losses on investments bought and sold during the year as well as held during the year) appreciated in value by \$678,380 as follows:

Mutual funds	<u>\$ 678,380</u>
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Gains and losses (realized and unrealized) included in changes in net assets for the year ended December 31, 2010 above are reported in net appreciation in fair market value of investments in the statement of changes in net assets available for benefits.

NOTE E--GUARANTEED INCOME FUND

Investments in the guaranteed income fund are fully benefit-responsive and are stated at fair value, which is equal to contract value, in the accompanying statements of net assets available for plan benefits. FASB ASC Topic 962 - "Plan Accounting - Defined Contribution Pension Plans" requires the reporting of investment contracts that are fully benefit-responsive at fair value. Contract value of fully benefit-responsive investments equals contributions made under the contracts plus interest at the contract rate, less funds used to pay retirement benefits. There was no difference between the fair value and contract value of the Plan's fully benefit-responsive investment contract at December 31, 2010 and 2009. The contract interest rate for the guaranteed account is announced semiannually and is guaranteed against change for six-month periods. For the period from January 1, 2009 through June 30, 2009, the interest rate was guaranteed at 3.3% less an asset charge of 1.25% for a net rate of 2.05%. For the remainder of the year ended December 31, 2009 and the year ended December 31, 2010, the interest rate was guaranteed at 3.05% less an asset charge of 1.0% for a net rate of 2.05%.

NOTE F--TRANSACTIONS WITH PARTIES IN INTEREST

The Plan has an agreement with Prudential to maintain the investments of the Plan and to provide administrative and participant record keeping services for the Plan. For the year ended December 31, 2010, contributions to the Plan of \$845,306 were deposited with Prudential for investment, and participants of the Plan received distributions of \$524,957 from funds held by Prudential. At December 31, 2010 and 2009, respectively, the Plan had \$7,985,698 and \$6,895,361 of assets under Prudential's custody.

NOTES TO FINANCIAL STATEMENTS--Continued

AUTOMOBILE PROTECTION CORPORATION 401(k) PLAN

NOTE G--TAX STATUS

The Plan is intended to satisfy the tax qualification requirements under Section 401(a) of the Internal Revenue Code ("IRC"); therefore, the funds of the Plan are intended to be exempt from Federal income taxes. The Plan has not requested a favorable determination letter from the Internal Revenue Service since the prototype on which the Plan is based has been determined to be qualified under Section 401(a) of the IRC. However, the Plan Administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC.

The Plan evaluates all significant tax positions as required by generally accepted accounting principles in the United States of America. As of December 31, 2010, the Plan does not believe that it has taken any tax positions that would require the recording of an income tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE H--PLAN TERMINATION

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

NOTE I--FORFEITED NON-VESTED ACCOUNTS

The Plan document, as amended, requires that all forfeited non-vested account balances will be used to offset the Employer's contributions and pay Plan expenses. At December 31, 2010 and 2009, investments included forfeited accounts of \$4,738 and \$7,292, respectively. During the year ended December 31, 2010, the forfeiture account was utilized for Employer contributions totaling \$5,064.

NOTE J--RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

For the year ended December 31, 2010, there were no significant differences between the financial statements and Internal Revenue Service Form 5500.

NOTES TO FINANCIAL STATEMENTS--Continued

AUTOMOBILE PROTECTION CORPORATION 401(k) PLAN

NOTE K--SUMMARY OF INFORMATION CERTIFIED BY PRUDENTIAL

The total value of the Plan's net assets was \$7,985,698 and \$6,895,361 at December 31, 2010 and 2009, respectively. Prudential has supplied the Plan Administrator with a certification as to the completeness and accuracy of all information presented in the accompanying statements of net assets available for benefits as of December 31, 2010 and 2009, and in the statement of changes in net assets available for benefits for the year ended December 31, 2010, with regard to investment activity.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

NOTE L--SUBSEQUENT EVENT

Effective January 1, 2011, the Plan was amended to allow for an employer Safe Harbor Matching provision to replace the qualified matching contribution of the previous plan. Additionally, the Employer may make a discretionary additional matching contribution and a discretionary non-elective contribution. Employer contributions and earnings thereon vest on a modified cliff vesting schedule of 0% for less than 1 year of service, 33% upon 1 year of service, and 100% upon 2 years of service. A participant becomes fully vested after two years of credited service, or in the event of death, disability or normal retirement. There were no other significant changes to the Plan.

SUPPLEMENTAL INFORMATION REQUIRED BY ERISA

SCHEDULE H, LINE 4a--SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

AUTOMOBILE PROTECTION CORPORATION
401(k) PLAN

Employer Identification Number 58-1582432, Plan 001

December 31, 2010

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 2,683	\$ -0-	\$ -0-	\$ -0-	\$ 2,683

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

AUTOMOBILE PROTECTION CORPORATION
401(k) PLAN

Employer Identification Number 58-1582432, Plan 001

December 31, 2010

(a)	(b)	(c)	(e)
Party in interest	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current value
*	Guaranteed Income Fund	Guaranteed Income Fund	\$1,840,213
*	Prudential Jennison Small Company Fund Class A	Mutual Fund	264,267
	Thornburg International Value Fund Class R3	Mutual Fund	783,649
	PIMCO Funds Total Return Fund Class A	Mutual Fund	752,926
	Allianz NFJ Small Cap Value Class A Fund	Mutual Fund	327,620
	Eaton Vance Large Cap Value Fund Class A	Mutual Fund	643,127
	Davis New York Venture Fund Class A	Mutual Fund	708,262
	Lord Abbett Small Cap Ser A	Mutual Fund	101,949
	Victory Established Value Fund	Mutual Fund	94,490
	Invesco Mid Cap Equity Fund Class A	Mutual Fund	100,588
	Columbia Marsico Focused Equity Fund Class A	Mutual Fund	1,190,938
	Oakmark Equity & Income Fund Class II	Mutual Fund	100,761
*	Prudential Stock Index Fund Class Z	Mutual Fund	446,845
	Eaton Vance Worldwide Health Sciences Fund Class A	Mutual Fund	50,680
	Goldman Sachs Real Estate Class A	Mutual Fund	4,318
	Invesco Developing Markets Class A	Mutual Fund	140,990
*	Participant loans	Interest rates ranging from 3.25% to 8.25% with maturities ranging from January 2011 through December 2015	434,075
			<u>\$7,985,698</u>

* Indicates party in interest

See independent auditors' report.

SCHEDULE H, LINE 4a--SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

AUTOMOBILE PROTECTION CORPORATION
401(k) PLAN

Employer Identification Number 58-1582432, Plan 001

December 31, 2010

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 2,683	\$ -0-	\$ -0-	\$ -0-	\$ 2,683