Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WILLOW BEND MORTGAGE COMPANY 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2005

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
WILLOW BEND MORTGAGE COMPANY

2400 DALLAS PARKWAY
SUITE 560
PLANO, TX 75093

2b Employer Identification Number (EIN)
75-2511480

2c Sponsor's telephone number
972-398-4892

2d Business code (see instructions)
522292

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	WILLIAM SHADDOCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	WILLIAM SHADDOCK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
WILLOW BEND MORTGAGE COMPANY

2400 DALLAS PARKWAY
SUITE 560
PLANO, TX 75093

3b Administrator's EIN
75-2511480

3c Administrator's telephone number
972-398-4892

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	227
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**	202
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	14
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	216
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	216
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**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
WILLOW BEND MORTGAGE COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WILLOW BEND MORTGAGE COMPANY

D Employer Identification Number (EIN)
75-2511480

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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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)

VLP CORPORATE SERVICES, LLC
300 CRESCENT COURT, SUITE 270
DALLAS, TX 75201

20-0307015

(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	TPA AND RECORDKEEPER		Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
MG TRUST 700 17TH STREET SUITE 300 DENVER, CO 80202 75-3182674	18 62 99	MG TRUST AND ITS AFFILIATES WILL RECEIVE FLOAT REVENUE, ADMINISTRATIVE FEE REIMBURSEMENT, FEE COLLECTION SERVICES AND OTHER FEES. COMPANY STATED THEY DO NOT PROVIDE THIS INFORMATION.

(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
MATRIX FINANCIAL SOLUTIONS, INC. 700 17TH STREET SUITE 700 DENVER, CO 80202 20-1591048	18 62 99	MG TRUST AND ITS AFFILIATES, INCLUDES MATRIX FIN SOLNS, INC, MAY RECEIVE FLOAT REVENUE, ADMINISTRATIVE FEE REIMBURSEMENT,FEE COLLECTION SERVICES AND OTHER FEES. COMPANY STATES THEY DO NOT PROVIDE THIS INFO.

(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

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
WILLOW BEND MORTGAGE COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WILLOW BEND MORTGAGE COMPANY

D Employer Identification Number (EIN)
75-2511480

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		2160
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)		499641
(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)		0
(8) Participant loans	1c(8)		123577
(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)	818978	1466715
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	818978	2092093
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	818978	2092093

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	130	
	(B) Participants	2a(1)(B)	274236	
	(C) Others (including rollovers)	2a(1)(C)	2229	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		276595
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-125	
	(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)	5685	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5560
	(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)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2063063	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2064762	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-1699

		(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)		
(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)		121927
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		402383
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	67585	
(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)		67585
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1401	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1401
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		68986
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		333397
l Transfers of assets:			
(1) To this plan	2l(1)		939718
(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: BKM SOWAN HORAN, LLP (2) EIN: 27-2602152

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
WILLOW BEND MORTGAGE COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WILLOW BEND MORTGAGE COMPANY

D Employer Identification Number (EIN)
75-2511480

Part I Distributions

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

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

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

EIN(s): 75-3182674

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

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

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

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

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

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

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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WILLOW BEND MORTAGE COMPANY
401(k) PROFIT SHARING PLAN

Financial Statements
and
Supplemental Schedule
with
Report of Independent Accountants

December 31, 2010 and 2009

WILLOW BEND MORTGAGE COMPANY
401(k) PROFIT SHARING PLAN

Table of Contents

	Page
Report of Independent Accountants	1 – 2
Financial Statements:	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 – 15
Supplemental Schedules:	
Schedule of Assets Held at End of Year	16
Schedule of Delinquent Payments and Contributions	17

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REPORT OF INDEPENDENT ACCOUNTANTS

To the Administrative Committee of
Willow Bend Mortgage Company 401(k) Profit Sharing Plan
Plano, Texas

We were engaged to audit the accompanying statement of net assets available for benefits of the Willow Bend Mortgage Company 401(k) Profit Sharing Plan (the Plan) as of December 31, 2010, and the related statement of changes in net assets available for benefits for the year then ended, and the supplemental schedules for the year ended December 31, 2010. 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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by MG Trust Company and ING Life Insurance and Annuity Company, the Custodians of the Plan, 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 MG Trust Company held the Plan's investment assets and executed investment transactions from May 15, 2010 to December 31, 2010, and that ING Life Insurance and Annuity Company held the Plan's investment assets and executed investment transactions for the period from January 1, 2010 to May 14, 2010. The plan administrator has obtained a certification from the Custodians as of and for the year ended December 31, 2010, that the information provided to the plan administrator by the Custodians 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. 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 Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974, as amended.

We have compiled the accompanying statement of net assets available for benefits as of December 31, 2009, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. A compilation is limited to presenting information that is the representation of management. We have not audited or reviewed the accompanying statement of net assets available for benefits as of December 31, 2009, and, accordingly, do not express an opinion or any other form of assurance on it.

BKM Sowan Horan, LLP

October 17, 2011

WILLOW BEND MORTGAGE COMPANY 401 (K) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2010	(Compiled) 2009
Assets:		
Investments, at fair value	**$ 1,968,515**	$ 745,563
Notes receivable from participants	**123,578**	73,415
Participants' contributions receivable	**11,942**	-
Net assets available for benefits	**$ 2,104,035**	$ 818,978

See accompanying notes to financial statements.

WILLOW BEND MORTGAGE COMPANY 401 (K) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2010

Additions:		
Participants' contributions	$	292,234
Transfers from a terminated plan (Note 6)		904,863
Interest on notes receivable from participants		12,653
Investment income:		
Net appreciation of investments		123,385
Dividends and interest		14,495
Total investment income		137,880
Total additions		1,347,630
Deductions:		
Administrative expenses		1,451
Benefits paid to participants		61,122
Total deductions		62,573
Net increase in net assets available for benefits		1,285,057
Net assets available for benefits:		
Beginning of year		818,978
End of year	$	2,104,035

See accompanying notes to financial statements.

Note 1 - Description of the Plan

The following description of the Willow Bend Mortgage Company 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement or Summary Plan Description for a more comprehensive description of the Plan's provisions.

General

The Plan is a defined contribution profit sharing plan covering all the full-time employees of Willow Bend Mortgage Company and Capital Title of Texas, LLC (collectively, the Company or Employer). Effective May 31, 2010, the Plan was amended to include the assets of Shaddock American Title Ltd. 401(k) Profit Sharing Plan which included the employees of Capital Title of Texas, LLC. See Note 6. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA), and the Internal Revenue Code (IRC). The financial statements have been prepared in accordance with ERISA.

The Plan is administered by the Company and the Plan's assets are held in trust pursuant to a trust agreement with the Company and the Plan's custodian. The Custodian of the Plan was ING Life Insurance and Annuity Company (ING) until May 15, 2010, at which time the Plan assets were transferred to MG Trust Company, LLC (MG). See Note 5.

Contributions

Each year, participants may contribute between 0 and 100 percent of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Company may make non-elective discretionary contributions and required minimum contributions. Discretionary contributions are allocated to participants based upon total compensation for all participants. Participants are not required to make elective deferrals to receive an allocation of discretionary contributions. There were no discretionary contributions made by the Company for the year ended December 31, 2010.

Note 1 - Description of the Plan - (Continued)

Participant accounts

Each participant's account is credited with the participant's contributions and an allocation of Employer contributions, if any, and plan earnings and losses, and charged with an allocation of administrative expenses. Allocations of plan earnings and losses are based on a participant's account balance in each investment option as a percentage of the total of all participant's account balances and the allocation of forfeitures is based on the participant's compensation as a percent of the total of all participants' compensation.

Vesting

Participants are vested immediately in their contributions, and any income or loss thereon. Company contributions and earnings thereon vest at a rate of 25% per year of service. An employee is fully vested after four years of service.

Eligibility

All employees are eligible to participate in the Plan from the first day of employment. Participants must complete 1,000 hours of service and be employed on the last day of the plan year to be eligible for employer discretionary contributions.

Payment of benefits

The benefit a participant is entitled to is the value of the participant's vested interest in his or her account. Upon death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the participant's account balance. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The Employer has the option to require terminated participants with vested account balances less than $5,000 to take lump-sum distributions unless a rollover is requested by the participant. Account balances exceeding $1,000 may be distributed to an Individual Retirement Account or Annuity (IRA) for the benefit of the participant.

Investment options

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a number of mutual funds as investment options for participants.

Note 1 - Description of the Plan - (Continued)

Notes receivable from participants

Under provisions of the Plan, participants are allowed to borrow from their plan accounts. The maximum amount that a participant may borrow is the lesser of (i) 50% of their total vested account balance or (ii) $50,000. The minimum amount of a note is $1,000. The notes are secured by the balance in the participant's account and bear interest at prime rate plus one percent. Principal and interest are paid ratably through periodic payroll deductions.

Forfeitures

Forfeitures of nonvested discretionary contributions are applied to reduce administrative expenses of the Plan, then any remaining forfeitures shall be applied to reduce employer contributions, as defined in the agreement. Forfeitures are allocated in the same manner as discretionary Employer contributions. At December 31, 2010 and 2009, there were no forfeitures available to be used to reduce future employer matching contributions or plan expenses.

Administrative expenses

Administrative expenses are generally paid by the Employer. However, the Plan may pay transaction fees which are allocated to the specific participants initiating the transaction.

Note 2 - Summary of Significant Accounting Policies

Basis of accounting

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of estimates

The preparation of the financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting periods. Actual results could differ from those estimates. See Note 3 for discussion of significant estimates used to measure fair value of investments.

Note 2 - Summary of Significant Accounting Policies – (Continued)

Investment valuation and income recognition
Plan assets are invested in mutual funds at fair value. See Note 3. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as, held during the year.

Notes receivable from participants
Notes receivable from participants are recorded at their unpaid principal balance. An allowance for credit losses is not necessary as the notes are collateralized by the participants' account balance. Delinquent notes from participants are reclassified as distributions based upon provisions of the Plan document.

Payments of benefits
Benefits paid to participants are recorded as a reduction of net assets available for benefits when paid.

Risks and uncertainties
The Plan and its participants invest in various investment securities. Investment securities, in general, are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect participants' account balances.

Subsequent events
Management of the Plan evaluated subsequent events through October 17, 2011, the date the Plan's financial statements are available to be issued, and determined there were no significant events that were either required to be recorded as of December 31, 2010, or disclosed in the notes to the financial statements.

Recent accounting pronouncements
In January 2010, the Financial Accounting Standards Board (FASB) issued updated guidance to improve disclosures regarding the fair value of investments. This update requires plans to (i) disclose separately the amounts of significant transfers in and out of Level 1 and Level 2 fair value measurements and describe the reasons for the transfers and (ii) present separately (i.e., on a gross basis rather than as one net number), information about purchases, sales, issuances, and settlements in the roll forward of changes in Level 3 fair value measurements.

Note 2 - Summary of Significant Accounting Policies – (Continued)

Recent accounting pronouncements - continued

The update requires fair value disclosures by class of assets and liabilities rather than by major category or line item in the statement of financial position. Disclosures regarding the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements for assets and liabilities in both Level 2 and Level 3 are also required. For all portions of the update except the gross presentation of activity in the Level 3 roll forward, this standard is effective for interim and annual reporting periods beginning after December 15, 2009. For the gross presentation of activity in the Level 3 roll forward, this guidance is effective for fiscal years beginning after December 15, 2010. The adoption of the guidance effective after December 31, 2009 did not have a material impact on the Plan's net assets available for benefits. The Plan is currently evaluating the impact of the guidance effective after December 31, 2010.

In September 2010, the FASB issued ASU 2010-25, *Plan Accounting - Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans*. This guidance requires that participant loans in the financial statements of defined contribution pension plans be classified as loans receivable, segregated from plan investments, and carried at amortized cost plus any accrued but unpaid interest and that such loans are exempt from the fair value and credit quality disclosure requirements. This ASU is effective for fiscal years ending after December 15, 2010 and should be applied retrospectively to all prior periods presented. The Plan has adopted this guidance and modified the presentation of participant loans in the financial statements and related disclosures.

Note 3 - Fair Value Measurements

Fair value is defined as the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. GAAP also establishes a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

Note 3 - Fair Value Measurements – (Continued)

The standard describes three levels of inputs that may be used to measure fair value:

Level 1: Quoted prices in active markets for identical assets or liabilities.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or that can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

An asset or liability's classification within the fair value hierarchy is based on the lowest level of significant input to its valuation.

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Valued at the closing price reported on the active market on which the fund is traded.

Pooled-separate accounts: Valued based on the Plan's pro rate share of fund equity and determined by the Trustee, based on fair value and calculated unit value of the underlying investments.

There were no changes in the Plan's valuation methodologies for its investments during the years ended December 31, 2010. The valuation methods described above may produce a fair value measurement that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes the valuation methods are appropriate and consistent with other market participants, the use of differing methodologies or assumptions to determine the fair values of the Plan's investments could result in different fair value measurements at the reporting dates.

Note 3 - Fair Value Measurements – (Continued)

Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial asset, including estimates of timing, amount of expected future cash flows, and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. The disclosed fair value may not be realized in the immediate settlement of the financial asset. In addition, the disclosed fair values do not reflect any premium or discount that could result from offering for sale at one time an entire holding of a particular financial asset. Potential taxes and other expenses that would be incurred in an actual sale or settlement are not reflected in amounts disclosed.

The Plan's fair value hierarchy for those assets measured at fair value is as follows:

	December 31, 2010			
Description	Total	Level 1	Level 2	Level 3
Mutual funds				
Money market funds	**$ 501,801**	**$ 501,801**	**$ -**	**$ -**
International stock funds	**539,349**	**539,349**	**-**	**-**
Domestic stock funds	**740,585**	**740,585**	**-**	**-**
Bonds funds	**186,780**	**186,780**	**-**	**-**
	$ 1,968,515	**$ 1,968,515**	**$ -**	**$ -**

	(Compiled) December 31, 2009			
Description	Total	Level 1	Level 2	Level 3
Pooled separate accounts:				
Money market funds	$ 19,488	$ 19,488	$ -	$ -
International stock funds	142,991	-	142,991	-
Domestic stock funds	422,782	-	422,782	-
Bonds funds	56,768	-	56,768	-
Target date funds	95,258	-	95,258	-
Guaranteed investment contract	8,276	-	8,276	-
	$ 745,563	$ 19,488	$ 726,075	$ -

Note 4 - Investments

The Plan's investments, at fair value, representing 5% or more of net assets available for benefits were comprised of the following at December 31:

	2010	(Compiled) 2009
Merrill Lynch Ready Assets Prime Money	**$ 499,641**	$ *
BlackRock Global Allocation – R	**297,952**	*
Thornburg Value Fund	**200,013**	*
Mainstay Large Cap Growth Fund – R3	**178,201**	*
American Funds EuroPacific Growth – R2	**124,598**	*
JPMorgan Government Bond Fund	**106,843**	*
Mutual Global Discovery Fund	*	112,944
ING Fidelity VIP Contrafund	*	94,329
ING Solutions 2025 Portfolio	*	78,063
ING TRowePrice Growth Equity Portfolio	*	72,604
Baron Asset Fund	*	70,235
American Funds Growth Fund	*	55,882
ING Intermediate Bond Portfolio	*	55,231
ING Index Plus LargeCap Portfolio	*	47,309

* Represent less than 5 percent of net assets as of the date reported.

Note 5 - Information Certified to by the Trustee (Unaudited)

The plan administrator has elected the method of annual reporting permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Custodians, except for comparing such information certified by the Custodians to information included in the Plan's financial statements and supplemental schedule. Effective May 15, 2010, the Custodian of the Plan assets switched from ING to MG.

Note 5 - Information Certified to by the Trustee (Unaudited) – (Continued)

The Custodians have certified that the following data is complete and accurate as of and for the year ended December 31, 2010:

Mutual funds	**$ 1,968,515**
Notes receivable from participants	**123,578**
	$ 2,092,093

	ING	MG	Total
Net appreciation/ (depreciation) of investments	**$ (26,882)**	**$ 150,267**	**$ 123,385**
Interest and dividends	**88**	**14,407**	**14,495**
Interest on notes receivable	**6,968**	**5,685**	**12,653**

Note 6 – Transfers from a Terminated Plan

Effective May 31, 2010, the Shaddock American Title Ltd. 401(k) Profit Sharing Plan (the Terminated Plan) was terminated and combined with the Willow Bend Mortgage Company 401(k) Profit Sharing Plan in which the participants and their respective plan assets were transferred.

The table below shows the reconciliation of plan assets transferred in May 2010 between the Terminated Plan and the Plan.

Investments	$ 851,283
Notes receivable from participants	53,580
Total transfer into the Plan from the Terminated Plan	$ 904,863

Note 7 - Plan Termination

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 Plan termination, participants will become fully vested in their accounts.

Note 8 - Income Tax Status

The Plan, a prototype plan, received a favorable determination letter dated March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. 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 positions taken or expected to be taken that would require recognition of a liability (or asset) 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 2006 and prior.

Note 9 - Party-in-Interest Transactions

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering services to the Plan, the Employer, and certain others. Many of the investments bore the namesake of ING or were pooled separate accounts managed by MG, and as such, transactions conducted by ING and MG qualify as party-in-interest transactions.

Note 10 – Reconciliation to the Form 5500

The following are reconciliations of net assets available for benefits as of December 31, 2010 and 2009 and changes in net assets available for benefits for the year ended December 31, 2010 per Form 5500 to the financial statements:

	2010	(Compiled) 2009
Net assets available for benefits per Form 5500	$ **2,092,093**	$ 818,978
Participants' contribution receivable	**11,942**	-
Net assets per financial statements	$ **2,104,035**	$ 818,978
Net increase in net assets available for benefits per Form 5500	$ **1,273,115**	
Participants' contribution receivable	**11,942**	
Net increase in net assets available for benefits per financial statements	$ **1,285,057**	

Note 11 – Late Remittances

The Department of Labor (DOL) requires employers to remit amounts paid by a participant or withheld by an employer for contribution to an employee benefit plan or repayment of a participant loan to the Plan as soon as they can be reasonably segregated from the employer's general assets. During 2010, there were several contributions that the employer failed to remit to the Plan in a timely manner. Under the DOL's Voluntary Fiduciary Correction Program, the Plan's sponsor is expected to voluntarily correct the error and make a deposit to the Plan equivalent to the amount of lost earnings.

SUPPLEMENTAL SCHEDULES

WILLOW BEND MORTGAGE COMPANY 401 (K) PROFIT SHARING PLAN

Form 5500 - Schedule H Line 4i

Schedule of Assets Held at End of Year

December 31, 2010

EIN: 27-2222826
PN: 001

(a)	(b) Identity of issuer, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
*	MG Trust	Merrill Lynch Ready Assets Prime Money	499,641
*	MG Trust	Blackrock Global Allocation - R	297,952
*	MG Trust	Thornburg Value Fund	200,013
*	MG Trust	Mainstay Large Cap Growth Fund-R3	178,201
*	MG Trust	American Funds EuroPacific Growth - R2	124,598
*	MG Trust	JPMorgan Government Bond Fund	106,843
*	MG Trust	Putnam Capital Opportunities	95,799
*	MG Trust	Templeton Foreign Fund	90,122
*	MG Trust	Perkins Mid Cap Value Fund Class R	76,004
*	MG Trust	PIMCO Total Return - R	72,269
*	MG Trust	Blackrock Equity Dividend - R	66,495
*	MG Trust	Goldman Sachs Growth Opportunities- Serv	58,838
*	MG Trust	Janus Balances Fund Class R (1651)	33,590
*	MG Trust	Lord Abbett Developing Growth Fund Income - CL R2	31,645
*	MG Trust	Oppenheimer Developing Markets - N	16,488
*	MG Trust	Oppenheimer International Growth Fund	10,189
*	MG Trust	High Yield Fund Class R2	7,668
		Cash	2,160
	Total investments		1,968,515
*	Notes receivable from participants	Interest rates ranging 4.25% - 6.25%	123,578
			$ 2,092,093

* Indicates a party-interest as defined by ERISA

Column (d) Cost is not required since all investments are directed by participants.

See report of independent accountants.

WILLOW BEND MORTGAGE COMPANY 401(K) PROFIT SHARING PLAN

Form 5500 - Schedule H, Line 4a
Schedule of Delinquent Payments and Contributions
December 31, 2010

EIN: 27-2222826
PN: 001

Identity of party Involved	Relationship to Plan	Description of transaction including rate of interest	Amount on Line 4(a)	Lost Interest
Willow Bend Mortgage Company	Plan Sponsor	During 2010, participant contributions and/or loans were not deposited in the Plan in a timely manner	$ 39,215	$ 162
Capital Title, LLC	Controlled Group	During 2010, participant contributions and/or loans were not deposited in the Plan in a timely manner	$ 19,601	$ 153

Note: Amounts paid by a participant or beneficiary to an Employer and/or withheld by an Employer for contribution to the Plan that are not remitted to the Plan timely must be disclosed in this schedule.

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan

Willow Bend Mortgage Company 401(k) Profit Sharing Plan

Employer Identification Number

75-2511480

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	MER LYNCH READY ASSETS PRIME	499641.110 UNITS, 1.00 PER UNI	0	499,641
	AM FDS EUROPACIFIC GROWTH R2	3094.069 UNITS, 40.27 PER UNIT		124,598
	BLACKROCK EQUITY DIVID - R	3775.986 UNITS, 17.61 PER UNIT		66,495
	BLACKROCK GLOBAL ALLOC - R	15840.061 UNITS, 18.81 PER UNI	0	297,952
	GOLDMAN SACHS GRTH OPPORTS-SER	2603.451 UNITS, 22.60 PER UNIT		58,838
	HIGH YIELD FD CL R2	980.512 UNITS, 7.82 PER UNIT		7,668
	JANUS BALANCED FUND CLASS R	1340.381 UNITS, 25.06 PER UNIT		33,590
	JPMORGAN GOVERNMENT BOND FUND	9838.224 UNITS, 10.86 PER UNIT		106,843
	LORD ABBETT DEVELOPING GRTHFD	1498.357 UNITS, 21.12 PER UNIT	0	31,645
	MAINSTAY LARGE CAP GROWTH FD R	25493.752 UNITS, 6.99 PER UNIT		178,201
	OPPENHEIMER DEVELOPING MKTS-N	467.092 UNITS, 35.30 PER UNIT		16,488
	OPPENHEIMER INTL GRTH FD - N	368.511 UNITS, 27.65 PER UNIT		10,189
	PERKINS MID CAP VALUE FUND CLA	3374.946 UNITS, 22.52 PER UNIT		76,004
	PIMCO TOTAL RETURN - R	6660.764 UNITS, 10.85 PER UNIT		72,269
	PUTNAM CAPITAL OPPORTUNITIES	8308.613 UNITS, 11.53 PER UNIT		95,798
	TEMPLETON FOREIGN FUND - R	13099.141 UNITS, 6.88 PER UNIT		90,122
	THORNBURG VALUE FUND - R3	5947.467 UNITS, 33.63 PER UNIT		200,013
	MER LYNCH READY ASSETS PRIME	499641.11 UNITS, 1.00 PER UNIT		499,641
	PARTICIPANT LOANS			123,577
	TOTAL			2,092,093