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;
- [X] 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
POMS & ASSOCIATES INSURANCE BROKERS, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/20/1991

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
POMS & ASSOCIATES INSURANCE BROKERS, INC.

5700 CANOGA AVENUE, SUITE 400
WOODLAND HILLS, CA 91367

2b Employer Identification Number (EIN) 95-4314381

2c Sponsor's telephone number 818-449-9300

2d Business code (see instructions) 524210

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	NAUREEN MCMILLAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	JON ARIMA
	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")
POMS & ASSOCIATES INSURANCE BROKERS, INC.

5700 CANOGA AVENUE, SUITE 400
WOODLAND HILLS, CA 91367

3b Administrator's EIN
95-4314381

3c Administrator's telephone number
818-449-9300

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**	153
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**	105
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	64
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	169
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	169
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	169
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	18
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:
2A 2E 2F 2H 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)	X	**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	**B** Three-digit plan number (PN) ▶	
POMS & ASSOCIATES INSURANCE BROKERS, INC. 401(K) PROFIT SHARING PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
POMS & ASSOCIATES INSURANCE BROKERS, INC.	95-4314381	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

HARTFORD RETIREMENT SERVICES, LLC

26-1589907

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

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

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

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

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

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

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

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

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

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

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

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

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

JHW FINANCIAL & INS SERVICES

68-0279977

(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?
53	BROKER-DEALER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(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?
19 65 71	SECURITIES BROKER	5246	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan:
POMS & ASSOCIATES INSURANCE BROKERS, INC. 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
POMS & ASSOCIATES INSURANCE BROKERS, INC.

D Employer Identification Number (EIN):
95-4314381

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
POMS ASSOC-D POMS	PLAN SPONSOR/OWNER	LOAN FROM PLAN TO PLAN SPONSOR MATURITY DATE 12/29/2008 DOL INTEREST RATES	500000

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
POMS ASSOC-D POMS	PLAN SPONSOR/OWNER	LOAN FROM PLAN TO PLAN SPONSOR MATURITY DATE 8/18/2010 DOL INTEREST RATES	950000

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
POMS ASSOC-D POMS	PLAN SPONSOR/OWNER	LOAN FROM PLAN TO PLAN SPONSOR MATURITY DATE 8/18/2010 DOL INTEREST RATES	500000

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
POMS ASSOC-D POMS	PLAN SPONSOR/OWNER	LOAN FROM PLAN TO PLAN SPONSOR MATURITY DATE 8/18/2010 DOL INTEREST RATES	200000

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
POMS ASSOC-D POMS	PLAN SPONSOR/OWNER	LOAN FROM PLAN TO PLAN SPONSOR MATURITY DATE 8/18/2010 DOL INTEREST RATES	499000

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
POMS ASSOC-D POMS	PLAN SPONSOR/OWNER	LOAN FROM PLAN TO PLAN SPONSOR MATURITY DATE 8/18/2010 DOL INTEREST RATES	250000

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
POMS ASSOC-D POMS	PLAN SPONSOR/OWNER	LOAN FROM PLAN SPONSOR TO PLAN MATURITY DATE 8/18/2010 DOL INTEREST RATES	200000

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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
POMS & ASSOCIATES INSURANCE BROKERS, INC. 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
POMS & ASSOCIATES INSURANCE BROKERS, INC.

D Employer Identification Number (EIN)
95-4314381

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	705600	3253049
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	673962	527020
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	107322	178109
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		10000
(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)	397493	44956
(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)	1649000	
(8) Participant loans	1c(8)	105769	164381
(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)	4275754	4987351
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	13015	147

			(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	7927915	9165013
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		12679
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	12679
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7927915	9152334

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)	589073	
	(B) Participants	2a(1)(B)	596048	
	(C) Others (including rollovers)	2a(1)(C)	68776	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1253897
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6278	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)	86004	
	(E) Participant loans	2b(1)(E)	7868	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		100150
	(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)	98595	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		98595
	(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)		411993
c Other income	2c		29349
d Total income. Add all **income** amounts in column (b) and enter total	2d		1893984
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	664283	
(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)		664283
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	5282	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5282
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		669565
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1224419
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: HOLTHOUSE, CARLIN, VAN TRIGT LLP (2) EIN: 95-4345526

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		11640
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		3099000
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
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**			

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
POMS & ASSOCIATES INSURANCE BROKERS, INC. 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
POMS & ASSOCIATES INSURANCE BROKERS, INC.

D Employer Identification Number (EIN)
95-4314381

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): 06-0974148

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):

POMS & ASSOCIATES INSURANCE BROKERS, INC.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULES
AND
INDEPENDENT AUDITORS' REPORT
DECEMBER 31, 2010

POMS & ASSOCIATES INSURANCE BROKERS, INC.
401(k) PROFIT SHARING PLAN

INDEX

	Page
Independent Auditors' Report	1
Financial Statements:	
Statements of Net Assets Available for Plan Benefits	2
Statement of Changes in Net Assets Available for Plan Benefits	3
Notes to Financial Statements	4-11
Supplemental Schedules:	
Schedule of Assets (Held at End of Year)	12-13
Schedule of Delinquent Participant Contributions	14
Schedule of Nonexempt Transactions	15
Schedule of Reportable Transactions	16

All other schedules have been omitted as not applicable.

HCVT CERTIFIED PUBLIC ACCOUNTANTS

HOLTHOUSE CARLIN & VAN TRIGT LLP

Independent Auditors' Report

To the Plan Trustee of the
Poms & Associates Insurance Brokers, Inc. 401(k) Profit Sharing Plan:

We were engaged to audit the financial statements and supplemental schedules of the Poms & Associates Insurance Brokers, Inc. 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2010 and 2009, and for the year ended December 31, 2010, as listed in the accompanying index. 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 7, which was certified by Reliance Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. The Plan Administrator has informed us that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the Plan Administrator is complete and accurate.

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

Holthouse Carlin & Van Trigt LLP

Camarillo, California
October 13, 2011

POMS & ASSOCIATES INSURANCE BROKERS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
Assets:		
Investments, at fair value:		
Nonparticipant-directed investments (Note 4)	$ 3,225,945	$ 1,063,994
Participant-directed investments	5,069,558	4,326,380
Total investments	8,295,503	5,390,374
Receivables:		
Participants' contributions	-	11,085
Company contributions	527,020	673,962
Due from Plan Sponsor (Note 12)	-	1,649,000
Accrued interest due from Plan Sponsor (Note 12)	178,109	107,322
Notes receivable:		
Participant loans	164,381	107,038
Total assets	9,165,013	7,938,781
Liabilities:		
Due to Plan Sponsor	12,679	-
Net assets available for plan benefits	$ 9,152,334	$ 7,938,781

See notes to financial statements.

POMS & ASSOCIATES INSURANCE BROKERS, INC.
401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

Additions:		
Company contributions	$	589,073
Participants' contributions		596,048
Participants' rollover contributions		68,776
Interest and dividend income on investments		194,954
Interest on participant loans		8,076
Net appreciation in fair value of investments (Note 3)		426,192
Total additions		1,883,119
Deductions:		
Benefits paid to participants		664,284
Administrative expenses		5,282
Total deductions		669,566
Net increase		1,213,553
Net assets available for plan benefits:		
Beginning of year		7,938,781
End of year	$	9,152,334

See notes to financial statements.

NOTE 1. PLAN DESCRIPTION

The following description of the Poms & Associates Insurance Brokers, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants and other interested parties should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees who are employed by Poms & Associates Insurance Brokers, Inc. (the "Company" and the "Plan Sponsor") and have completed one month of service. To be eligible for Company contributions, a participant must also be employed on the last day of the Plan year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Participant Contributions

Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the Plan and subject to certain limitations under the Internal Revenue Code ("IRC"). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

Company Contributions

Company contributions are discretionary. For the year ended December 31, 2010, the Company made a matching contribution in an amount of 50 percent of eligible compensation deferred. The Company matching contribution was $189,073, net of forfeitures of $82,207, for the year ended December 31, 2010. The Company also made a profit sharing contribution based on total eligible compensation to all eligible employees. For the year ended December 31, 2010, the Company profit sharing contribution was $400,000.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contributions is based on years of service. Participants are vested in Company contributions at 20 percent after two years of service and an additional 20 percent each year thereafter until 100 percent vested upon six years of service.

Forfeitures

Forfeitures of Company matching contributions may be used to reduce Company matching contributions. No Company matching contribution forfeitures were utilized during 2010. As of December 31, 2010, there was $82,207 of Company matching contribution forfeitures available for use, all of which will be used to reduce the 2010 Company matching contribution made in 2011. Forfeitures of Company profit sharing contributions are added to the Company profit sharing contribution and allocated to eligible participants in accordance with the Plan document. During 2010, $15,228 of Company profit sharing contribution forfeitures were reallocated to eligible participants. As of December 31, 2010, no Company profit sharing contribution forfeitures are available.

NOTE 1. PLAN DESCRIPTION (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Company's contributions, forfeitures and Plan earnings, and charged with any withdrawals or distributions requested by the participant, investment losses and allocation of administrative expenses, if applicable. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Payment of Benefits

On termination of service for any reason, a participant may elect to receive the value of the participant's vested interest in his or her account as a lump-sum distribution, installment payments, or an annuity as permitted under the Plan.

Administrative Expenses

Administrative expenses incidental to the administration of the Plan, including fees of the administrative agent and independent public accountants may be paid by the Plan. Expenses not paid by the Company are paid by the Plan.

Most investment options have management fees that reduce the overall return on assets. The net appreciation of investments is reflected net of these fees.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America, primarily from data provided by Reliance Trust Company (the "Trustee").

Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. The investments and changes therein of the funds have been reported to the Plan by the Trustee and recordkeeper using fair value.

Investments are valued daily. Interest income is recorded on an accrual basis. Dividend income on common stock is recorded on the ex-dividend date and dividend income on mutual funds is included in net appreciation of investments.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Concentration of Risk

The Plan's investments have exposure to risk to the extent that the investments are subject to market and interest rate fluctuations that may materially affect the value of the investment balances.

Approximately 34 percent of the Plan's assets are invested in the California Bank & Trust Money Market Account. The Plan maintains cash balances that exceed amounts insured by the Federal Deposit Insurance Corporation. The Company believes the Plan is not exposed to any significant or additional credit risk as a result of these concentrations.

Benefits Payable to Participants

Benefits are recorded when paid.

Fair Value

The Plan accounts for its financial instruments using a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value measurement hierarchy is based on three levels of inputs, of which the first two are considered observable and the last unobservable. The three levels of the fair value hierarchy are the following:

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

- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are inactive; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

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

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

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

Cash and Cash Equivalents – Cash and cash equivalents are at par and valued at fair value and therefore classified as Level 1 within the valuation hierarchy.

Common Stock – Common stock is valued at the closing price reported on the active market on which the individual securities are traded and therefore is classified as Level 1 within the valuation hierarchy.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value (Continued)

Government Bonds – The value of a bond is obtained by discounting the bond's expected cash flows to the present using the appropriate discount rate and is classified as Level 2 within the valuation hierarchy.

Mutual Funds – This category consists of publicly traded funds of registered investment companies. The net asset value of the mutual fund's shares is quoted on the exchange where the fund is traded and therefore classified as Level 1 within the valuation hierarchy.

Exchange-Traded Notes – This category consists of publicly traded senior, unsecured, and unsubordinated debt securities. The price of the exchange-traded note is quoted on the exchange where the note is traded and therefore classified as Level 1 within the valuation hierarchy.

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

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

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Growth funds	$ 1,844,771	$ -	$ -	$ 1,844,771
Target date funds	455,798	-	-	455,798
Blend funds	570,095	-	-	570,095
Value funds	261,546	-	-	261,546
Fixed income funds	1,980,607	-	-	1,980,607
Total mutual funds	5,112,817	-	-	5,112,817
Common Stock:				
Basic materials	1,135	-	-	1,135
Consumer goods	247	-	-	247
Industrial goods	61	-	-	61
Technology	253	-	-	253
Total common stocks	1,696	-	-	1,696
Government Bonds	-	10,147	-	10,147
Cash and Cash Equivalents	3,170,843	-	-	3,170,843
Total assets at fair value	$ 8,285,356	$ 10,147	$ -	$ 8,295,503

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value (Continued)

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Growth funds	$ 1,498,065	$ -	$ -	$ 1,498,065
Target date funds	266,568	-	-	266,568
Blend funds	944,458	-	-	944,458
Value funds	124,749	-	-	124,749
Fixed income funds	1,752,311	-	-	1,752,311
Total mutual funds	4,586,151	-	-	4,586,151
Common Stock:				
Basic materials	12,578	-	-	12,578
Consumer goods	14,584	-	-	14,584
Financial	27,838	-	-	27,838
Healthcare	10,557	-	-	10,557
Industrial goods	18,088	-	-	18,088
Services	21,850	-	-	21,850
Technology	32,227	-	-	32,227
Total common stocks	137,722	-	-	137,722
Exchange-Traded Notes	13,014	-	-	13,014
Cash and Cash Equivalents	653,487	-	-	653,487
Total assets at fair value	$ 5,390,374	$ -	$ -	$ 5,390,374

NOTE 3. INVESTMENTS

Investment options are selected by the Plan Sponsor. See the attached Schedule of Assets (Held at End of Year) for a detail listing of investments.

The following presents investments at December 31, 2010 that represent five percent or more of the Plan's net assets.

California Bank & Trust Money Market Account	$ 3,150,039
Franklin Strategic Income Fund – R	$ 490,138
MFS Cash Reserve Fund – R2	$ 707,533
MFS Growth Fund – R2	$ 743,034
Massachusetts Investors Trust Fund – R2	$ 564,463

During the year ended December 31, 2010, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated in value by $426,192 as follows:

Common stocks	$ 10,976
Exchange-traded notes	(428)
Government bonds	41
Mutual funds	415,603
	$ 426,192

NOTE 4. NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	December 31, 2010	December 31, 2009
Net Assets:		
Investments:		
Cash and cash equivalents	$ 3,170,843	$ 653,487
Common stocks	1,696	137,722
Exchange-traded notes	-	13,014
Government bonds	10,147	-
Mutual funds	43,259	259,771
Company contributions receivable	337,947	400,000
Due from Plan Sponsor	-	1,649,000
Accrued interest due from Plan Sponsor	178,109	107,322
Due to Plan Sponsor	(12,679)	-
	$ 3,729,322	$ 3,220,316

	Year Ended December 31, 2010
Changes in Net Assets:	
Company contributions	$ 400,000
Interest and dividend income on investments	9,813
Interest on loans to Plan Sponsor	86,004
Administrative expenses	(5,282)
Net appreciation of investments	18,471
	$ 509,006

NOTE 5. PARTICIPANT LOANS

Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are stated at the unpaid principal amount, secured by the balance in the participant's account and bear interest at rates that range from 5.25 percent to 10.00 percent. Principal and interest is paid ratably through payroll deductions.

NOTE 6. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the Trustee. Transactions with the Trustee qualify as party-in-interest transactions for which exemptions exist. The Company utilizes a broker that received direct fees of $5,246 from the Plan. See Notes 11 and 12 regarding nonexempt transactions.

NOTE 7. FINANCIAL DATA CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified by the Trustee, and was not subjected to any auditing procedures performed by the independent public accountants:

a. Participant-directed investments and participant loans as shown in the accompanying statements of net assets available for plan benefits of $5,069,558 and $164,381, respectively, as of December 31, 2010 and $4,326,380 and $107,038, respectively, as of December 31, 2009.

b. Net appreciation of investments of $407,721 out of $426,192, interest and dividend income on investments of $99,137 out of $194,954, and interest income on participant loans of $8,076 as shown in the accompanying statement of changes in net assets available for plan benefits for the year ended December 31, 2010.

c. Total participant-directed assets as of December 31, 2010 as shown in the accompanying Schedule of Assets (Held at End of Year).

NOTE 8. TAX STATUS

The Company adopted a volume submitter plan which is the subject of a favorable Internal Revenue Service opinion letter dated March 31, 2008. The Company believes the Plan is currently being operated in compliance with the applicable sections of the IRC, and, therefore believes the Plan is exempt from income taxes. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

NOTE 9. PLAN TERMINATION

The Company 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 would become 100 percent vested in their Company contributions.

NOTE 10. RECONCILATION OF FINANCIAL STATEMENTS TO FORM 5500

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

Net assets available for plan benefits per Form 5500	$ 7,927,915
Participants' contributions receivable	11,085
Accounting differences	(219)
Net assets available for plan benefits per financial statements	$ 7,938,781

NOTE 11. DELINQUENT PARTICIPANT CONTRIBUTIONS

Certain contributions were not remitted to the Trustee within the maximum period permitted under the Department of Labor's regulations. These late remittances are detailed in the attached Schedule of Delinquent Participant Contributions.

NOTE 12. NONEXEMPT TRANSACTIONS

The Company and the owner have borrowed monies from the Plan (the loans). As of December 31, 2009, $1,649,000 was outstanding and due to the Plan. During 2010, an additional $950,000 was borrowed from the Plan. The loans are detailed in the attached supplemental schedule, Schedule of Nonexempt Transactions. On August 18, 2010, the Company and the owner repaid all the amounts that were borrowed from the Plan. Additionally, the Company with assistance from ERISA Counsel calculated interest due on the loans of $216,922 for the entire period the loans were outstanding and deposited $15,217 of the interest to the Plan on August 18, 2010 and $201,705 of interest to the Plan on April 27, 2011.

NOTE 13. SUBSEQUENT EVENTS

Effective July 15, 2011, the Company adopted an American United Life Insurance Company prototype plan, at which time the Plan was amended to remove the requirement that participants be employed on the last day of the Plan year in order to be eligible to receive Company matching contributions and to eliminate the option to receive distributions as an annuity. In addition, on July 18, 2011, the Company transferred the Plan's assets from Reliance Trust Company to American United Life Insurance Company.

The Company has evaluated subsequent events that have occurred from December 31, 2010 through October 13, 2011, which is the date that the financial statements were available to be issued, and determined that there were no other subsequent events or transactions that required recognition or disclosure in the financial statements.

POMS & ASSOCIATES INSURANCE BROKERS, INC.
401(k) PROFIT SHARING PLAN

EIN 95-4314381 PLAN #001
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010

Identity of issue, borrower, lessor or similar party	# of shares	Cost	Current value
Cash and Cash Equivalents:			
Merrill Lynch	2	$ 2	$ 2
BIF Money Fund	679	679	679
ISA Bank of America Money Fund	20,123	20,123	20,123
California Bank & Trust Money Market Account	-	3,150,039	3,150,039
Total Cash and Cash Equivalents		3,170,843	3,170,843
Government Bonds:			
Federal National Mortgage Association-Matures 1/5/15 @ 3.00%	10,000	9,960	10,147
Total Government Bonds		9,960	10,147
Common Stocks:			
General Electric Co.	1	23	23
H.J. Heinz Company	5	241	247
Petroleo Brasileiro	30	1,854	1,135
SAP AG	5	253	253
Waste Management, Inc.	1	36	38
Total Common Stocks		2,407	1,696
Mutual Funds:			
Health Care Select Sector SPDR	2	51	51
iShares MSCI Emerging Markets Index	36	1,499	1,692
iShares MSCI EAFE Index	60	3,367	3,493
iShares Barclays 1-3 Year Treasury Bond	61	5,121	5,157
Royce Value Trust Inc.	290	3,457	4,217
SPDR Barclays Capital Intermediate Term Treasury	51	2,939	2,991
SPDR Dow Jones International Real Estate	110	3,909	4,280
SPDR S&P 500	170	19,956	21,378
Total Mutual Funds		40,299	43,259
Total nonparticipant-directed investments		$ 3,223,509	3,225,945
Participant-Directed Mutual Funds:			
Columbia Mid Cap Value Fund - R	**	**	13,167
Columbia Small Cap Value Fund II - R	**	**	17,917
Franklin Strategic Income Fund - R	**	**	490,138
Thornburg Core Growth Fund - R3	**	**	173,734

Continued on next page

See notes to financial statements and accompanying independent auditors' report.

POMS & ASSOCIATES INSURANCE BROKERS, INC.
401(k) PROFIT SHARING PLAN

EIN 95-4314381 PLAN #001
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010
(CONTINUED)

Identity of issue, borrower, lessor or similar party	# of shares	Cost	Current value
Participant-Directed Mutual Funds (Continued):			
MFS Cash Reserve Fund - R2	**	**	707,533
MFS Global Equity Fund - R2	**	**	186,265
MFS Growth Fund - R2	**	**	743,034
Massachusetts Investors Trust Fund - R2	**	**	564,463
MFS Total Return Fund - R2	**	**	278,904
MFS Government Securities Fund - R2	**	**	378,586
MFS International New Discovery Fund - R2	**	**	112,797
MFS New Discovery Fund - R2	**	**	166,096
MFS Research International Fund - R2	**	**	102,656
MFS Lifetime Retirement Income Fund - R2	**	**	329
MFS Lifetime 2010 Fund - R2	**	**	96,365
MFS Lifetime 2020 Fund - R2	**	**	175,393
MFS Lifetime 2030 Fund - R2	**	**	103,046
MFS Lifetime 2040 Fund - R2	**	**	80,994
Invesco Mid Cap Core Equity Fund - R	**	**	8,862
BlackRock Equity Dividend Fund - R	**	**	239,349
BlackRock Small Cap Growth Fund II - R	**	**	10,850
PIMCO Total Return Fund - R	**	**	386,150
Hartford Inflation Plus Fund - R3	**	**	10,052
Ridgeworth Smal Cap Value Equity Fund - A	**	**	22,878
Total participant-directed investments		**	5,069,558
* Participant Loans (Interest from 5.25% to 10.00%)	**	**	164,381
		$ **	$ 8,459,884

* Indicates a party-in-interest to the Plan.
** Information is not required for participant-directed investments and, therefore, is not included.

See notes to financial statements and accompanying independent auditors' report.

POMS & ASSOCIATES INSURANCE BROKERS, INC.
401(k) PROFIT SHARING PLAN

EIN 95-4314381 PLAN #001

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

DECEMBER 31, 2010

Participant Contributions Transferred Late to Plan	Check here if Late Participant Loan Repayments are included?	Total that Constitutes Nonexempt Prohibited Transactions: Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	Total Fully Corrected Under VFCP and PTE 2002-51
$ 11,640 **	✓	$ -	$ 11,640 **	$ -	$ -

* Voluntary Fiduciary Correction Program

** Contributions and earnings restitution of $3,883 were deposited to the Plan during 2010.

See notes to financial statements and accompanying independent auditors' report.

POMS & ASSOCIATES INSURANCE BROKERS, INC.
401(k) PROFIT SHARING PLAN

EIN 95-4314381 PLAN #001

SCHEDULE H, LINE 4d, SCHEDULE OF NONEXEMPT TRANSACTIONS

DECEMBER 31, 2010

Identity of Party Involved	Relationship to Plan	Description of Transaction	Cost of Asset	Current Value of Asset	Net Gain on Transaction
Poms & Associates Insurance Brokers, Inc.	Plan Sponsor	Money was loaned to the Plan Sponsor on February 20, 2008 and corrected with interest on April 27, 2011.	$ 950,000	$ 1,077,221	$ 127,221
Poms & Associates Insurance Brokers, Inc.	Plan Sponsor	Money was loaned to the Plan Sponsor on April 23, 2008 and corrected with interest on April 27, 2011.	$ 500,000	$ 521,704	$ 21,704
Poms & Associates Insurance Brokers, Inc.	Plan Sponsor	Money was loaned to the Plan Sponsor on May 19, 2008 and corrected with interest on April 27, 2011.	$ 200,000	$ 223,256	$ 23,256
Poms & Associates Insurance Brokers, Inc.	Plan Sponsor	Money was loaned to the Plan Sponsor on May 5, 2009 and corrected with interest on April 27, 2011.	$ 499,000	$ 528,524	$ 29,524
Poms & Associates Insurance Brokers, Inc.	Plan Sponsor	Money was loaned to the Plan Sponsor on March 8, 2010 and corrected with interest on August 18, 2010.	$ 250,000	$ 254,506	$ 4,506
Poms & Associates Insurance Brokers, Inc.	Plan Sponsor	Money was loaned to the Plan Sponsor on March 25, 2010 and corrected with interest on August 18, 2010.	$ 500,000	$ 508,064	$ 8,064
Poms & Associates Insurance Brokers, Inc.	Plan Sponsor	Money was loaned to the Plan Sponsor on April 20, 2010 and corrected with interest on August 18, 2010.	$ 200,000	$ 202,647	$ 2,647

See notes to financial statements and accompanying independent auditors' report.

POMS & ASSOCIATES INSURANCE BROKERS, INC.
401(k) PROFIT SHARING PLAN

EIN 95-4314381 PLAN #001

SCHEDULE H, LINE 4j, SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2010

	Identity of party involved	Description of asset	Total number of purchases (sales)	Purchase price	Selling price	Cost of asset	Current value of asset, at transaction date	Net gain or (loss)
Single Transactions:								
	California Bank & Trust	Money Market Fund	1	$ 9,396,399	$ -	$ 9,396,399	$ 9,396,399	$ -
	California Bank & Trust	Money Market Fund	(1)	$ -	$ 9,396,399	$ 9,396,399	$ 9,396,399	$ -
	California Bank & Trust	Money Market Fund	1	$ 2,676,270	$ -	$ 2,676,270	$ 2,676,270	$ -
	California Bank & Trust	Money Market Fund	1	$ 400,000	$ -	$ 400,000	$ 400,000	$ -
*	Poms & Associates Insurance Brokers, Inc.	Due from Plan Sponsor	(1)	$ -	$ 500,000	$ 500,000	$ 500,000	$ -
*	Poms & Associates Insurance Brokers, Inc.	Due from Plan Sponsor	1	$ 2,676,270	$ -	$ 2,676,270	$ 2,676,270	$ -
Series Transactions:								
	California Bank & Trust	Money Market Fund	4	$ 12,485,348	$ -	$ 12,485,348	$ 12,485,348	$ -
	California Bank & Trust	Money Market Fund	(5)	$ -	$ 9,846,423	$ 9,846,423	$ 9,846,423	$ -
*	Poms & Associates Insurance Brokers, Inc.	Due from Plan Sponsor	(3)	$ -	$ 950,000	$ 950,000	$ 950,000	$ -

* Indicates a party-in-interest to the Plan.

See notes to financial statements and accompanying independent auditors' report.

POMS & ASSOCIATES INSURANCE BROKERS, INC.
401(k) PROFIT SHARING PLAN

EIN 95-4314381 PLAN #001

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

DECEMBER 31, 2010

Participant Contributions Transferred Late to Plan	Check here if Late Participant Loan Repayments are included?	Total that Constitutes Nonexempt Prohibited Transactions: Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	Total Fully Corrected Under VFCP and PTE 2002-51
$ 11,640 **	✓	$ -	$ 11,640 **	$ -	$ -

* Voluntary Fiduciary Correction Program

** Contributions and earnings restitution of $3,883 were deposited to the Plan during 2010.

See notes to financial statements and accompanying independent auditors' report.

POMS & ASSOCIATES INSURANCE BROKERS, INC.
401(k) PROFIT SHARING PLAN

EIN 95-4314381 PLAN #001
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010

Identity of issue, borrower, lessor or similar party	# of shares	Cost	Current value
Cash and Cash Equivalents:			
Merrill Lynch	2	$ 2	$ 2
BIF Money Fund	679	679	679
ISA Bank of America Money Fund	20,123	20,123	20,123
California Bank & Trust Money Market Account	-	3,150,039	3,150,039
Total Cash and Cash Equivalents		3,170,843	3,170,843
Government Bonds:			
Federal National Mortgage Association-Matures 1/5/15 @ 3.00%	10,000	9,960	10,147
Total Government Bonds		9,960	10,147
Common Stocks:			
General Electric Co.	1	23	23
H.J. Heinz Company	5	241	247
Petroleo Brasileiro	30	1,854	1,135
SAP AG	5	253	253
Waste Management, Inc.	1	36	38
Total Common Stocks		2,407	1,696
Mutual Funds:			
Health Care Select Sector SPDR	2	51	51
iShares MSCI Emerging Markets Index	36	1,499	1,692
iShares MSCI EAFE Index	60	3,367	3,493
iShares Barclays 1-3 Year Treasury Bond	61	5,121	5,157
Royce Value Trust Inc.	290	3,457	4,217
SPDR Barclays Capital Intermediate Term Treasury	51	2,939	2,991
SPDR Dow Jones International Real Estate	110	3,909	4,280
SPDR S&P 500	170	19,956	21,378
Total Mutual Funds		40,299	43,259
Total nonparticipant-directed investments		$ 3,223,509	3,225,945
Participant-Directed Mutual Funds:			
Columbia Mid Cap Value Fund - R	**	**	13,167
Columbia Small Cap Value Fund II - R	**	**	17,917
Franklin Strategic Income Fund - R	**	**	490,138
Thornburg Core Growth Fund - R3	**	**	173,734

Continued on next page

See notes to financial statements and accompanying independent auditors' report.

POMS & ASSOCIATES INSURANCE BROKERS, INC.
401(k) PROFIT SHARING PLAN

EIN 95-4314381 PLAN #001
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010
(CONTINUED)

Identity of issue, borrower, lessor or similar party	# of shares	Cost	Current value
Participant-Directed Mutual Funds (Continued):			
MFS Cash Reserve Fund - R2	**	**	707,533
MFS Global Equity Fund - R2	**	**	186,265
MFS Growth Fund - R2	**	**	743,034
Massachusetts Investors Trust Fund - R2	**	**	564,463
MFS Total Return Fund - R2	**	**	278,904
MFS Government Securities Fund - R2	**	**	378,586
MFS International New Discovery Fund - R2	**	**	112,797
MFS New Discovery Fund - R2	**	**	166,096
MFS Research International Fund - R2	**	**	102,656
MFS Lifetime Retirement Income Fund - R2	**	**	329
MFS Lifetime 2010 Fund - R2	**	**	96,365
MFS Lifetime 2020 Fund - R2	**	**	175,393
MFS Lifetime 2030 Fund - R2	**	**	103,046
MFS Lifetime 2040 Fund - R2	**	**	80,994
Invesco Mid Cap Core Equity Fund - R	**	**	8,862
BlackRock Equity Dividend Fund - R	**	**	239,349
BlackRock Small Cap Growth Fund II - R	**	**	10,850
PIMCO Total Return Fund - R	**	**	386,150
Hartford Inflation Plus Fund - R3	**	**	10,052
Ridgeworth Smal Cap Value Equity Fund - A	**	**	22,878
Total participant-directed investments		**	5,069,558
* Participant Loans (Interest from 5.25% to 10.00%)	**	**	164,381
		$ **	$ 8,459,884

* Indicates a party-in-interest to the Plan.
** Information is not required for participant-directed investments and, therefore, is not included.

See notes to financial statements and accompanying independent auditors' report.

POMS & ASSOCIATES INSURANCE BROKERS, INC.
401(k) PROFIT SHARING PLAN

EIN 95-4314381 PLAN #001

SCHEDULE H, LINE 4j, SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2010

	Identity of party involved	Description of asset	Total number of purchases (sales)	Purchase price	Selling price	Cost of asset	Current value of asset, at transaction date	Net gain or (loss)
Single Transactions:								
	California Bank & Trust	Money Market Fund	1	$ 9,396,399	$ -	$ 9,396,399	$ 9,396,399	$ -
	California Bank & Trust	Money Market Fund	(1)	$ -	$ 9,396,399	$ 9,396,399	$ 9,396,399	$ -
	California Bank & Trust	Money Market Fund	1	$ 2,676,270	$ -	$ 2,676,270	$ 2,676,270	$ -
	California Bank & Trust	Money Market Fund	1	$ 400,000	$ -	$ 400,000	$ 400,000	$ -
*	Poms & Associates Insurance Brokers, Inc.	Due from Plan Sponsor	(1)	$ -	$ 500,000	$ 500,000	$ 500,000	$ -
*	Poms & Associates Insurance Brokers, Inc.	Due from Plan Sponsor	1	$ 2,676,270	$ -	$ 2,676,270	$ 2,676,270	$ -
Series Transactions:								
	California Bank & Trust	Money Market Fund	4	$ 12,485,348	$ -	$ 12,485,348	$ 12,485,348	$ -
	California Bank & Trust	Money Market Fund	(5)	$ -	$ 9,846,423	$ 9,846,423	$ 9,846,423	$ -
*	Poms & Associates Insurance Brokers, Inc.	Due from Plan Sponsor	(3)	$ -	$ 950,000	$ 950,000	$ 950,000	$ -

* Indicates a party-in-interest to the Plan.

See notes to financial statements and accompanying independent auditors' report.

POMS & ASSOCIATES INSURANCE BROKERS, INC.
401(k) PROFIT SHARING PLAN

EIN 95-4314381 PLAN #001

SCHEDULE H, LINE 4d, SCHEDULE OF NONEXEMPT TRANSACTIONS

DECEMBER 31, 2010

Identity of Party Involved	Relationship to Plan	Description of Transaction	Cost of Asset	Current Value of Asset	Net Gain on Transaction
Poms & Associates Insurance Brokers, Inc.	Plan Sponsor	Money was loaned to the Plan Sponsor on February 20, 2008 and corrected with interest on April 27, 2011.	$ 950,000	$ 1,077,221	$ 127,221
Poms & Associates Insurance Brokers, Inc.	Plan Sponsor	Money was loaned to the Plan Sponsor on April 23, 2008 and corrected with interest on April 27, 2011.	$ 500,000	$ 521,704	$ 21,704
Poms & Associates Insurance Brokers, Inc.	Plan Sponsor	Money was loaned to the Plan Sponsor on May 19, 2008 and corrected with interest on April 27, 2011.	$ 200,000	$ 223,256	$ 23,256
Poms & Associates Insurance Brokers, Inc.	Plan Sponsor	Money was loaned to the Plan Sponsor on May 5, 2009 and corrected with interest on April 27, 2011.	$ 499,000	$ 528,524	$ 29,524
Poms & Associates Insurance Brokers, Inc.	Plan Sponsor	Money was loaned to the Plan Sponsor on March 8, 2010 and corrected with interest on August 18, 2010.	$ 250,000	$ 254,506	$ 4,506
Poms & Associates Insurance Brokers, Inc.	Plan Sponsor	Money was loaned to the Plan Sponsor on March 25, 2010 and corrected with interest on August 18, 2010.	$ 500,000	$ 508,064	$ 8,064
Poms & Associates Insurance Brokers, Inc.	Plan Sponsor	Money was loaned to the Plan Sponsor on April 20, 2010 and corrected with interest on August 18, 2010.	$ 200,000	$ 202,647	$ 2,647

See notes to financial statements and accompanying independent auditors' report.