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;
- [X] special extension (enter description) HURRICANE IRENE - SUFFOLK COUNTY,NY

Part II Basic Plan Information—enter all requested information

1a Name of plan
GOVERNMENT CONTRACTORS SAVINGS PLAN & MASTER TE SECURITY GROUP INC.

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 06/01/2004

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
ALANTE SECURITY GROUP, INC.

522 GRAND BLVD.
WESTBURY, NY 11590

2b Employer Identification Number (EIN) 11-3097920

2c Sponsor's telephone number 516-997-8118

2d Business code (see instructions) 561600

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.	10/20/2011	LUIS LOPEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
ALANTE SECURITY GROUP, INC.

522 GRAND BLVD.
WESTBURY, NY 11590

3b Administrator's EIN
11-3097920

3c Administrator's telephone number
516-997-8118

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**	249
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**	180
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	63
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	243
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	243
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	221
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 2G 2J 2K 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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)		Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
GOVERNMENT CONTRACTORS SAVINGS PLAN & MASTER TE SECURITY GROUP INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
ALANTE SECURITY GROUP, INC.

D Employer Identification Number (EIN)
11-3097920

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

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-711197	221	01/01/2010	12/31/2010

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
9501	1072

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HSBC SECURITIES USA INC
ATTN COMMISION ACCOUNTING
95 WASHINGTON
BUFFALO, NY 14203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9501			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
UNITED BENEFIT PENSIONS INC
35 PINELAWN ROAD, SUITE 103E
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1072	SUPPORT SERVICES	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	2590782

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add **b** and **c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service 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) ▶	
GOVERNMENT CONTRACTORS SAVINGS PLAN & MASTER TE SECURITY GROUP INC.		002

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
ALANTE SECURITY GROUP, INC.	11-3097920

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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(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)

HARTFORD LIFE INS. CO.

P.O. BOX 1583
HARTFORD, CT 06144-1583

06-0974148

(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?
62 64	RECORDKEEPER PROVIDER	10135	Yes [X] No [ ]	Yes [X] No [ ]	72	Yes [X] 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 ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
GOVERNMENT CONTRACTORS SAVINGS PLAN & MASTER TE SECURITY GROUP INC.

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ALANTE SECURITY GROUP, INC.

D Employer Identification Number (EIN)
11-3097920

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: HARTTFORD ADVANTAGE TK2

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	2212866

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 14

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	37158

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 401

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	118148

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 457

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	222611

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
GOVERNMENT CONTRACTORS SAVINGS PLAN & MASTER TE SECURITY GROUP INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ALANTE SECURITY GROUP, INC.

D Employer Identification Number (EIN)
11-3097920

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	220005	294122
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1993070	2590782
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	2213075	2884904
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	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2213075	2884904

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)	4555	
(B) Participants	2a(1)(B)	800592	
(C) Others (including rollovers)	2a(1)(C)	22712	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		827859
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	8963	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8963
(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)		0
(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)		104535
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		941357
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	255001	
(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)		255001
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		4392
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	10135	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10135
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		269528
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		671829
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: JOSEPH G. GONZAL, CPA **(2)** EIN: 11-2701202

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		185000
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
GOVERNMENT CONTRACTORS SAVINGS PLAN & MASTER TE SECURITY GROUP INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ALANTE SECURITY GROUP, INC.

D Employer Identification Number (EIN)
11-3097920

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):

GOVERNMENT CONTRACTORS SAVINGS PLAN & MASTER TRUST

AS ADOPTED BY ALANTE SECURITY GROUP INC

401[K] SAVINGS PLAN # 002

FINANCIAL STATEMENTS

AND SUPPLEMENTAL SCHEDULE
WITH
ACCOMPANYING INDEPENDENT AUDITOR'S REPORT
AND
NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2010
AND
FOR THE YEAR THEN ENDED

JOSEPH G. GONZAL, CPA

GOVERNMENT CONTRACTORS SAVINGS PLAN & MASTER TRUST

AS ADOPTED BY ALANTE SECURITY GROUP INC

401[K] SAVINGS PLAN # 002

AS OF DECEMBER 31, 2010 AND FOR THE YEAR THEN ENDED

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JOSEPH G. GONZAL, CPA

NYS CPA 031453
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E-MAIL: CPAGONZAL@OPTONLINE.NET

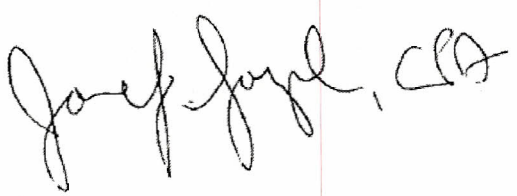
INDEPENDENT AUDITOR'S REPORT

TO THE PLAN TRUSTEE AND PARTICIPANTS OF
GOVERNMENT CONTRACTORS SAVINGS PLAN & MASTER TRUST 401 [K] PENSION PLAN
AS ADOPTED BY ALANTE SECURITY GROUP INC
WESTBURY, NEW YORK

I WAS ENGAGED TO AUDIT THE ACCOMPANYING STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS OF GOVERNMENT CONTRACTORS SAVINGS PLAN & MASTER TRUST 401 [K] PENSION PLAN #002 AS ADOPTED BY ALANTE SECURITY GROUP INC (THE "PLAN") AS OF DECEMBER 31, 2010, AND THE RELATED STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2010, AND THE SUPPLEMENTAL SCHEDULE [PAGE 11] OF PLAN'S ASSETS HELD FOR INVESTMENT PURPOSES. THESE FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE ARE THE RESPONSIBILITY OF THE PLAN'S TRUSTEE.

AS PERMITTED BY 29 CFR 2520.103-8 OF THE DEPARTMENT OF LABOR' S [DOL] RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 [ERISA], THE PLAN TRUSTEE INSTRUCTED ME NOT TO PERFORM, AND I DID NOT PERFORM, ANY AUDITING PROCEDURES WITH RESPECT TO THE INVESTMENT INFORMATION REPORTED IN THE FINANCIAL STATEMENTS, WHICH WAS CERTIFIED BY HARTFORD LIFE INSURANCE COMPANY, THE CUSTODIAN OF THE PLAN'S ASSETS HELD FOR INVESTMENT PURPOSES, EXCEPT FOR COMPARING SUCH INFORMATION WITH THE RELATED INFORMATION INCLUDED IN THE FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE.

BECAUSE OF THE SIGNIFICANCE OF THE INFORMATION THAT I DID NOT AUDIT, I AM UNABLE TO, AND DO NOT, EXPRESS AN OPINION ON THE ACCOMPANYING FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE TAKEN AS A WHOLE. THE FORM AND CONTENT OF THE INFORMATION INCLUDED IN THE FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE, OTHER THAN THAT DERIVED FROM THE INFORMATION CERTIFIED BY THE CUSTODIAN OF THE PLAN'S ASSETS HELD FOR INVESTMENT, HAVE BEEN AUDITED BY ME IN ACCORDANCE WITH AUDITING STANDARDS GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA AND, IN MY OPINION, ARE PRESENTED IN COMPLIANCE WITH THE DOL'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.



GARDEN CITY, NY
SEPTEMBER 24, 2011

GOVERNMENT CONTRACTORS SAVINGS PLAN & MASTER TRUST

AS ADOPTED BY ALANTE SECURITY GROUP INC

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

AS OF DECEMBER 31, 2010

ASSETS

TOTAL INVESTMENTS, AT FAIR MARKET VALUE, REPRESENTING		
PLAN'S ASSETS HELD FOR INVESTMENT PURPOSES	**PAGE 11**	**$ 2,884,904**

SEE ACCOMPANYING NOTES TO FINANCIAL STATEMENTS.

GOVERNMENT CONTRACTORS SAVINGS PLAN & MASTER TRUST
AS ADOPTED BY ALANTE SECURITY GROUP INC

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2010

INVESTMENT INCOME:		
INCREASE IN NET ASSETS ATTRIBUTED TO CHANGE IN FAIR MARKET VALUE OF INVESTMENTS	$	113,498
OTHER		22,712
		136,210
EMPLOYEE CONTRIBUTIONS		800,592
EMPLOYER CONTRIBUTIONS		4,555
		941,357
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
BENEFITS PAYMENTS TO PARTICIPANTS OR BENEFICIARIES		255,001
CONTRACT ADMINISTRATIVE FEES AND OTHER DEDUCTIONS		14,527
TOTAL DEDUCTIONS		269,528
NET INCREASE		671,829
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
BEGINNING OF YEAR, JANUARY 1, 2010		2,213,075
END OF YEAR, DECEMBER 31, 2010	$	2,884,904

SEE ACCOMPANYING NOTES TO FINANCIAL STATEMENTS.

1. DESCRIPTION OF PLAN

HISTORY AND PURPOSE / THE PLAN, AS ADOPTED BY ALANTE SECURITY GROUP INC ["THE COMPANY"] BECAME EFFECTIVE JUNE 1, 2004. THE PLAN'S PRINCIPAL PURPOSE IS TO ENHANCE THE RETIREMENT BENEFITS OF THE COMPANY'S ELIGIBLE EMPLOYEES. SUCH PLAN IS FUNDED BY THE PARTICIPANT'S CONTRIBUTION AND THE EMPLOYER'S CONTRIBUTIONS, IF ANY. IN ADDITION, THE PLAN IS FOR THE EXCLUSIVE BENEFIT OF ELIGIBLE EMPLOYEES OF THE COMPANY AND THEIR BENEFICIARIES.

PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT, WITH AMENDEMENTS, IF ANY, FOR MORE COMPLETE DESCRIPTION OF THE PLAN'S PROVISIONS.

GENERAL / THE PLAN IS A DEFINED CONTRIBUTION PLAN COVERING ALL EMPLOYEES OF THE COMPANY WHO ARE QUALIFIED, IN ACCORDANCE WITH PLAN'S REQUIREMENTS, AND HAVE SATISFIED SUCH ELIGIBILITY REQUIREMENTS. NON-RESIDENT ALIENS ARE NOT QUALIFIED. THE ADMINISTRATION OF THE PLAN IS THE RESPONSIBILITY OF THE PLAN'S TRUSTEE.

PLAN ADMINISTRATION / INVESTMENT FEES INCURRED BY THE PLAN ARE REFLECTED AS A REDUCTION OF THE RETURN ON EACH FUND. ADMINISTRATIVE COSTS ARE REFLECTED AS A NET ASSET DEDUCTION.

CONTRIBUTIONS / EACH YEAR, THE PARTICIPANTS AND EMPLOYER MAY CONTRIBUTE A CERTAIN AMOUNT OF PRETAX COMPENSATION, AS DEFINED IN THE PLAN AGREEMENT, AS LIMITED BY THE INTERNAL REVENUE SERVICE. FURTHER, PARTICIPANTS MAY ALSO CONTRIBUTE AMOUNTS REPRESENTING DISTRIBUTIONS FROM OTHER QUALIFIED DEFINED BENEFIT OR CONTRIBUTIONS PLANS [DIRECT ROLLOVER]. CONTRIBUTIONS ARE INVESTED IN THE PLAN FUNDS, FOLLOWING THE RESPECTIVE PARTICIPANTS' INSTRUCTIONS.

VESTING / PARTICIPANTS ARE IMMEDIATELY VESTED IN THEIR PRE-TAX CONTRIBUTIONS PLUS ACTUAL EARNINGS THEREON.

WITHDRAWALS /DURING EMPLOYMENT, A PARTICIPANT MAY WITHDRAW AMOUNTS APPLICABLE TO VESTED COMPANY AND EMPLOYEE CONTRIBUTIONS AND EARNINGS OR LOSSES THEREON, FOR ANY REASON UPON ATTAINING THE AGE OF 59 1/2. CERTAIN WITHDRAWALS PRECLUDE THE PARTICIPANT FROM MAKING FURTHER CONTRIBUTIONS OR FURTHER WITHDRAWALS UNDER THE PLAN FOR VARIOUS PERIODS OF TIME.

PAYMENT OF BENEFITS / PARTICIPANTS ARE ELIGIBLE FOR PAYMENT OF BENEFITS UPON RETIREMENT, DEATH, TERMINATION, OR PERMANENT DISABILITY. PARTICIPANTS ARE ENTITLED TO RECEIVE THEIR VESTED ACCOUNT BALANCE IN A SINGLE PAYMENT OR MAY ELECT TO DEFER PAYMENT OVER A PERIOD NOT TO EXCEED THE PARTICIPANT'S LIFE EXPECTANCY. HOWEVER, PARTICIPANTS WITH A VESTED BALANCE OF LESS THAN $5,000 ARE AUTOMATICALLY PAID A LUMP SUM DISTRIBUTION. THE PLAN ALLOWS FOR IN-SERVICE WITHDRAWALS DUE TO FINANCIAL HARDSHIP, AS DEFINED.

THE BENEFIT TO WHICH A PARTICIPANT IS ENTITLED IS LIMITED TO THE VESTED BALANCE OF THE PARTICIPANT'S ACCOUNT.

LOANS TO PARTICIPANTS / PARTICIPANTS MAY BORROW FROM THEIR ACCOUNTS A MINIMUM OF $1,000 UP TO A MAXIMUM EQUAL TO THE LESSER OF $50,000 OR 50% OF THEIR VESTED ACCOUNT BALANCE. LOAN TRANSACTIONS ARE TREATED AS A TRANSFER FROM THE PARTICIPANT INVESTMENT FUND TO THE PARTICIPANT LOAN RECEIVABLE CATEGORY. LOAN TERMS RANGE FROM ONE TO FIVE YEARS AND ARE SECURED BY THE BALANCE IN THE PARTICIPANT'S ACCOUNT. INTEREST RATES ARE BASED ON THE PRIME RATE ON THE FIRST BUSINESS DAY OF THE MONTH IN WHICH THE LOAN ORIGINATED. PRINCIPAL AND INTEREST ARE REPAID THROUGH PERIODIC PAYROLL DEDUCTIONS. ALL LOANS ARE REQUIRED TO BE PAID WITHIN (5) YEARS OF THE DATE OF THE LOAN.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF PRESENTATION / THE ACCOMPANYING FINANCIAL STATEMENTS HAVE BEEN PREPARED IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA.

INVESTMENTS AND INCOME RECOGNITION / INVESTMENTS ARE REPORTED AT FAIR VALUE. FAIR VALUE IS THE PRICE THAT WOULD BE RECEIVED TO SELL AN ASSET OR PAID TO TRANSFER A LIABILITY IN AN ORDERLY TRANSACTION BETWEEN MARKET PARTICIPANTS AT THE MEASUREMENT DATE. SEE NOTE 3 FOR A DISCUSSION OF FAIR VALUE MEASUREMENTS.

PURCHASES AND SALES OF SECURITIES ARE RECORDED ON A TRADE-DATE BASIS. INTEREST INCOME IS RECORDED WHEN RECEIVED. DIVIDENDS ARE RECORDED ON THE EX-DIVIDEND DATE. NET INCREASE OR DECREASE IN NET ASSETS CHANGE IN FAIR MARKET VALUE OF INVESTMENTS INCLUDES THE PLAN'S GAINS AND LOSSES ON INVESTMENTS BOUGHT AND SOLD AS WELL AS HELD DURING THE YEAR.

AS DESCRIBED IN FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 962, *PLAN ACCOUNTING - DEFINED CONTRIBUTION PENSION PLANS*, INVESTMENT CONTRACTS HELD BY A DEFINED CONTRIBUTION PLAN ARE REQUIRED TO BE REPORTED AT FAIR VALUE.

HOWEVER, CONTRACT VALUE IS THE RELEVANT MEASUREMENT ATTRIBUTE FOR THAT PORTION OF THE NET ASSETS AVAILABLE FOR BENEFITS OF A DEFINED CONTRIBUTION PLAN ATTRIBUTABLE TO FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS BECAUSE CONTRACT VALUE IS THE AMOUNT PARTICIPANTS WOULD RECEIVE IF THEY WERE TO INITIATE PERMITTED TRANSACTIONS UNDER THE TERMS OF THE PLAN. AS REQUIRED BY FASB ASC 962, THE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS PRESENTS THE FAIR VALUE OF THE SEI STABLE ASSET AS WELL AS THE ADJUSTMENT OF THE INVESTMENT IN THE COMMON COLLECTIVE TRUST FROM FAIR VALUE TO CONTRACT VALUE RELATED TO THE FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS. THE STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS IS PREPARED ON A CONTRACT VALUE BASIS.

PAYMENT OF BENEFITS / BENEFITS ARE RECORDED WHEN PAID.

ESTIMATES / THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES THE PLAN TRUSTEE TO MAKE ESTIMATES AND ASSUMPTIONS THAT AFFECT THE REPORTED AMOUNTS OF NET ASSETS AVAILABLE FOR BENEFITS AND DISCLOSURE OF CONTINGENT ASSETS AND LIABILITIES AT THE DATE OF THE FINANCIAL STATEMENTS AND THE REPORTED AMOUNTS OF CHANGES IN THOSE NET ASSETS DURING THE REPORTING PERIOD. ACTUAL RESULTS COULD DIFFER FROM THOSE ESTIMATES.

3.SUBSEQUENT EVENTS / THE PLAN HAS EVALUATED EVENTS AND TRANSACTIONS FOR POTENTIAL RECOGNITION OR DISCLOSURE THROUGH SEPTEMBER 29, 2011, THE DATE THE FINANCIAL STATEMENTS AS OF DECEMBER 31, 2011 AND FOR THE YEAR THEN ENDED WERE AVAILABLE TO BE ISSUED.

4. FAIR MARKET VALUE MEASUREMENTS

FASB ASC 820, *FAIR VALUE MEASUREMENTS AND DISCLOSURES*, ESTABLISHES A FRAMEWORK FOR MEASURING FAIR VALUE. THAT FRAMEWORK PROVIDES A FAIR VALUE HIERARCHY THAT PRIORITIZES THE INPUTS TO VALUATION TECHNIQUES USED TO MEASURE FAIR VALUE. THE HIERARCHY GIVES THE HIGHEST PRIORITY TO UNADJUSTED QUOTED PRICES IN ACTIVE MARKETS FOR IDENTICAL ASSETS OR LIABILITIES (LEVEL 1 MEASUREMENTS) AND THE LOWEST PRIORITY TO UNOBSERVABLE INPUTS (LEVEL 3 MEASUREMENTS). THE THREE LEVELS OF THE FAIR MARKET VALUE HIERARCHY UNDER FASB ASC 820-10 ARE DESCRIBED AS FOLLOWS:

LEVEL 1 INPUTS TO THE VALUATION METHODOLOGY ARE UNADJUSTED QUOTED PRICES FOR IDENTICAL ASSETS OR LIABILITIES IN ACTIVE MARKETS THAT THE PLAN HAS THE ABILITY TO ACCESS.

LEVEL 2 INPUTS TO THE VALUATION METHODOLOGY INCLUDE THE FOLLOWING:

- QUOTED PRICES FOR SIMILAR ASSETS OR LIABILITIES IN ACTIVE MARKETS
- QUOTED PRICES FOR IDENTICAL OR SIMILAR ASSETS OR LIABILITIES IN INACTIVE MARKETS
- INPUTS OTHER THAN QUOTED PRICES THAT ARE OBSERVABLE FOR THE ASSET OR LIABILITY.
- INPUTS THAT ARE DERIVED PRICIPALLY FROM, OR CORROBORATED BY, OBSERVABLE MARKET DATA BY CORRELATION OR OTHER MEANS.

IF THE ASSET OR LIABILITY HAS A SPECIFIED (CONTRACTUAL) TERM, THE LEVEL 2 INPUT MUST BE OBSERVABLE FOR SUBSTANTIALLY THE FULL TERM OF THE ASSET OR LIABILITY.

LEVEL 3 INPUTS TO THE VALUATION METHODOLOGY ARE UNOBSERVABLE AND SIGNIFICANT TO THE FAIR VALUE MEASUREMENT.

THE ASSET'S OR LIABILITY'S FAIR VALUE MEASUREMENT LEVEL WITHIN THE FAIR VALUE HIERARCHY IS BASED ON THE LOWEST LEVEL OF ANY INPUT THAT IS SIGNIFICANT TO THE FAIR VALUE MEASUREMENT. VALUATION TECHNIQUES USED NEED TO MAXIMIZE TO USE OF OBSERVABLE INPUTS AND MINIMIZE THE USE OF UNOBSERVABLE INPUTS.

FOLLOWING IS A DESCRIPTION OF THE VALUATION METHODOLOGIES USED FOR ASSETS MEASURED AT FAIR VALUE. THERE HAVE BEEN NO CHANGES IN THE METHODOLOGIES USED AT DECEMBER 31, 2010.

- COMMON STOCK, CORPORATE BONDS, AND U.S. GOVERNMENT SECURITIES. VALUED ATE THE CLOSING PRICE REPORTED ON THE ACTIVE MARKET ON WHICH THE INDIVIDUAL SECURITIES ARE TRADED.
- MUTUAL FUNDS. VALUED AT THE NET ASSET VALUE OF SHARES HELD BY THE PLAN AT YEAR-END.
- PARTICIPANT LOANS. VALUED AT AMORTIZED COST, WHICH APPROXIMATES FAIR VALUE.
- GUARANTEED INVESTEMENT CONTRACT. VALUED AT FAIR MARKET VALUE BY DISCOUNTING THE RELATED CHAS FLOWS BASED ON CURRENT YIELDS OF SIMILAR INSTRUMENTS WITH COMPARABLE DURATIONS, CONSIDERING THE CREDITWORTHINESS OF THE ISSUER.

THE PRECEDING METHODS DESCRIBED MAY PRODUCE A FAIR MARKET VALUE CALCULATION THAT MAY NOT BE INDICATIVE OF NET REALIZABLE VALUE OR REFELCTIVE OF FUTURE FAIR VALUES. FURTHERMORE, ALTHOUGH THE PLAN BELIEVS 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.

PLEASE REFER TO PAGE 11, "SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES" FOR THE PLAN'S ASSETS HIERARCHY AT FAIR VAULE AS OF DECEMBER 31, 2010.

5. FUND MANAGEMENT

PLAN ASSETS HELD FOR INVESTMENT PURPOSES AND MANAGED BY HARTFORD LIFE INSURANCE COMPANY SERVING AS CUSTODIAN; ACCORDINGLY, PLAN CONTRIBUTIONS ARE DEPOSITED WITH HARTFORD LIFE INSURANCE COMPANY AND INVESTED IN ONE OR MORE FUNDS, AS DIRECTED BY EACH PARTICIPANT.

THE CUSTODIAN HAS CERTIFIED THE PLAN'S ASSETS HELD FOR INVESTMENTS PURPOSES AS OF DECEMBER 31, 2010 AND THE INTEREST, DIVIDENDS, AND NET APPRECIATION OR DEPRECIATION IN FAIR MARKET VALUE OF INVESTMENTS AS COMPLETE AND ACCURATE.

THE INVESTMENT OPTIONS, AS OF DECEMBER 31, 2010, WERE AS FOLLOWS:

ALGER CAPITAL APPRECIATION INSTITUTIONAL R
AMERICAN CENTURY VISTA R
AMERICAN FUNDS CAPITAL INCOME BUILDER R1
AMERICAN FUNDS GROWTH FUND R1
AMERICAN FUNDS INCOME FUND R1
COLUMBIA MID CAP VALUE R
COLUMBIA SMALL CAP VALUE II R
COLUMBIA DIVERSIFIED EQUITY INCOME R
DAVIS NEW YORK VENTURE R
GOLDMAN SACHS GOVERNMENT INCOME SVC
IVY GLOBAL NATURAL RESOURCES R
EATON VANCE LARGE-CAP VALUE R
BLACKROCK LIFEPATH 2020 A
BLACKROCK LIFEPATH 2030 A
BLACKROCK LIFEPATH 2040 A
BLACKROCK LIFEPATH RETIREMENT
MUTUAL GLOBAL DISCOVERY R
OPPENHEIMER GOLD & SPECIAL MINERALS N
OPPENHEIMER INTERNATIONAL BOND N
PIMCO TOTAL RETURN
PIONEER EMERGING MARKETS R
THE HARTFORD CAPITAL APPRECIATION R4
THE HARTFORD SMALL COMPANY R4
THE HARTFORD GLOBAL HEALTH (HEALTHCARE R4)
THORNBURG INTERNATIONAL VALUE R3
FRANKLIN INCOME R
INVESCO REAL ESTATE R

THE PLAN INVESTS IN VARIOUS INVESTMENT SECURITIES. INVESTMENT SECURITIES ARE EXPOSED TO VARIOUS RISKS SUCH AS INTEREST RATE, MARKET, AND CREDIT RISKS. DUE TO THE LEVEL OF RISK ASSOCIATES WITH CERTAIN INVESTMENT SECURITIES, IT IS AT LEAST REASONABLY POSSIBLE THAT CHANGES IN THE VALUES OF INVESTMENT SECURITIES WILL OCCUR IN THE NEAR TERM AND THAT SUCH CHANGESCOULD MATERIALLY AFFECT PATICIPANT'S ACCOUNT BALANCES AND THE AMOUNTS REPORTED IN THE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS.

6. FORFEITURES

UPON TERMINATION OF A PARTICIPANT'S EMPLOYMENT, THE COMPANY'S NON-VESTED CONTRIBUTIONS ARE PLACED IN A SEPARATE ACCOUNT AND WILL BECOME A FORFEITURE WHEN THE PARTICIPANT INCURS A BREAK-IN-SERVICE, AS DEFINED. ALL FORFEITED AMOUNTS CAN BE USED TO REDUCE THE COMPANY'S DISCRETIONARY CONTRIBUTIONS OR PAY PLANS EXPENSES.

7. PLAN TERMINATION

THE PLAN HAS NO TERMINATION DATE, HOWEVER, THE COMPANY MAY TERMINATE, AMEND, MODIFY OR SUSPEND THE PLAN AT ANY TIME IT MAY DEEM ADVISABLE. UPON ANY FULL OR PARTIAL TERMINATION OF THE PLAN OR UPON COMPLETE DISCONTINUANCE OF CONTRIBUTIONS BY PARTICIPANTS AND THE EMPLOYER, ALL OF THE AMOUNTS CREDITED TO PARTICIPANT'S ACCOUNTS WILL IMMEDIATELY BECOME 100% VESTED.

8. TAX STATUS

THE PLAN ADMINISTRATOR BELIEVES THAT THE PLAN IS DESIGNED AND IS BEING OPERATED IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF ERISA AND THE INTERNAL REVENUE CODE AND THEREFORE FULFILLS THE CRITERIA FOR EXEMPTION FROM FEDERAL AND STATE INCOME TAXES.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FEDERAL FORM 5500

THERE ARE NO DIFFERENCES BETWEEN THE FINANCIAL STATEMENTS AND FEDERAL FORM 5500 AS OF DECEMBER 31, 2010.

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GOVERNMENT CONTRACTORS SAVINGS PLAN & MASTER TRUST
AS ADOPTED BY ALANTE SECURITY GROUP INC

SUPPLEMENTAL SCHEDULE OF PLAN'S ASSETS HELD FOR INVESTMENT PURPOSES
CERTIFIED AND HELD BY HARTFORD INSURANCE COMPANY, AS CUSTODIAN
AS OF DECEMBER 31, 2010

SEE ACCOMPANYING INDEPENDENT AUDITOR'S REPORT AND NOTES TO FINANCIAL STATEMENTS

DESCRIPTION OF INVESTMENT	FAIR MARKET VALUE	SHARES/UNITS [ROUNDED]
LEVEL 1 [MUTUAL FUNDS]		
ALGER CAPITAL APPRECIATION INSTITUTIONAL R	$ 41,990	2,107
AMERICAN CENTURY VISTA R	26,945	1,658
AMERICAN FUNDS:		
CAPITAL INCOME BUILDER R1	14,292	286
GROWTH FUND R1	78,181	2,644
INCOME FUND R1	10,673	648
COLUMBIA:		
MID CAP VALUE R	12,792	952
SMALL CAP VALUE II R	42,188	3,097
DIVERSIFIED EQUITY INCOME R	417	41
DAVIS NEW YORK VENTURE R	3,751	109
GOLDMAN SACHS GOVERNMENT INCOME SVC	75,960	5,081
IVY GLOBAL NATURAL RESOURCES R	12,766	595
EATON VANCE LARGE-CAP VALUE R	44,545	2,449
BLACKROCK LIFEPATH:		
2020 A	9,848	650
2030 A	2,349	164
2040 A	875	52
RETIREMENT	19,981	1,866
MUTUAL GLOBAL DISCOVERY R	96,545	3,337
OPPENHEIMER:		
GOLD & SPECIAL MINERALS N	26,972	557
INTERNATIONAL BOND N	22,866	3,496
PIMCO TOTAL RETURN	255,438	23,543
PIONEER EMERGING MARKETS R	7,037	236
THE HARTFORD:		
CAPITAL APPRECIATION R4	8,934	241
SMALL COMPANY R4	11,604	561
GLOBAL HEALTH (HEALTHCARE R4)	16,619	1,005
THORNBURG INTERNATIONAL VALUE R3	10,418	371
FRANKLIN INCOME R	15,696	7,267
INVESCO REAL ESTATE R	108,774	5,069
TOTAL LEVEL 1 [MUTUAL FUNDS]	**978,455**	
LEVEL 2 [COLLECTIVE INVESTMENT TRUST]		
SEI STABLE ASSET	**1,612,327**	1,612,327
LEVEL 3 [PARTICIPANTS' LOANS]		
PARTICIPANTS' LOANS	**294,122**	N/A
TOTAL INVESTMENTS, AT FAIR MARKET VALUE, REPRESENTING PLAN'S ASSETS HELD FOR INVESTMENT PURPOSES	**$ 2,884,904**	

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

Government Contractors Savings Plan & Master TE Security Group Inc.

Employer Identification Number

11-3097920

Three-digit plan number ► 002

(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
	Hartford Life Insurance Co.	THE HTFD S		5,138
	Hartford Life Insurance Co.	THE HTFD C		3,775
	Hartford Life Insurance Co.	THE HTFD G		7,414
	Hartford Life Insurance Co.	PIMCO TOTA		37,604
	Hartford Life Insurance Co.	AF CAP INC		10,607
	Hartford Life Insurance Co.	AF INCOME		8,886
	Hartford Life Insurance Co.	BLACKROCK		11,502
	Hartford Life Insurance Co.	BLACKROCK		1,723
	Hartford Life Insurance Co.	BLACKROCK		837
	Hartford Life Insurance Co.	BLACKROCK		9,633
	Hartford Life Insurance Co.	INV REAL E		20,903
	Hartford Life Insurance Co.	FRANKLIN I		13,470
	Hartford Life Insurance Co.	AMCENT VIS		5,444
	Hartford Life Insurance Co.	COLUMBIA M		2,863
	Hartford Life Insurance Co.	MUTUAL GLO		21,367
	Hartford Life Insurance Co.	ALGER CAPT		7,939
	Hartford Life Insurance Co.	COLUMBIA D		400
	Hartford Life Insurance Co.	OPPEN INTN		6,055
	Hartford Life Insurance Co.	THORNURG		5,020
	Hartford Life Insurance Co.	PIONEER EM		4,543
	Hartford Life Insurance Co.	OPPEN GLD		9,754
	Hartford Life Insurance Co.	IVY GLBL N		9,865
	Hartford Life Insurance Co.	AF GROWTH		11,636
	Hartford Life Insurance Co.	SEI STABLE		558,620
	Hartford Life Insurance Co.	DAVIS NY V		4,077
	Hartford Life Insurance Co.	EATON VANC		8,678
	Hartford Life Insurance Co.	SGSP500FLZ		4,946
	Hartford Life Insurance Co.	COLUMBIA S		12,401
	Hartford life Insurance Co.	GOLDMAN SA		22,758
	Hartford Life Insurance Co.	LOAN FUND		294,122