Form 5500-SF		Short Form Annual R	OMB Nos. 1210-0110 1210-0089								
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).			2010						
Er	Department of Labor nployee Benefits Security Administration					This Form is Open to Public					
Pension Benefit Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. 											
	Part I Annual Report Identification Information										
	calendar plan year 2010 or fisca	x1			2/31/2						
	This return/report is for:			mployer plan (not multiemployer)	one-participant plan						
В	This return/report is for:	first return/report	final return	•	• 4h• • \						
•		an amended return/report		year return/report (less than 12 mor	ntns)						
C	Check box if filing under: Form 5558 automatic extension DFVC program										
De			,								
	ITT II Basic Plan Inform Name of plan	nation—enter all requested informa	ation		1h	Three-digit					
	-	NCE, INC. PROFIT SHARING PLAN				plan number 001					
						(PN)					
					1c	Effective date of plan 01/01/1992					
	Plan sponsor's name and addr VESTERN INSURANCE ALLIA	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 61-1033238					
	BOX 436909				2c	Plan sponsor's telephone number 502-429-9990					
	SVILLE, KY 40253-6909				2d	Business code (see instructions)					
3a MIDV	Plan administrator's name and VESTERN INSURANCE ALLIA	address (if same as Plan sponsor, er		3")	3b	Administrator's EIN 61-1033238					
LOUISVILLE, KY 40253-6909						3c Administrator's telephone number 502-429-9990					
	f the name and/or EIN of the pla	port filed for this plan, enter the	4b EIN								
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN					
5a	Total number of participants at	the beginning of the plan year				73					
b	Total number of participants at	5b	74								
c	Total number of participants w	th account balances as of the end of		5c	62						
6a	complete this item)										
	b Are you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA)										
		• •				Yes No					
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information										
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets		7a	1321430)	2196856					
b	Total plan liabilities		7b								
C	Net plan assets (subtract line 7	'b from line 7a)	7c	1321430)	2196856					
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or received (1) Employers	vable from:	8a(1)	65845							
			8a(2)	170419							
)	8a(3)								
b		·		688997	·						
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			925261					
d	Benefits paid (including direct	ollovers and insurance premiums	. 8d	49835							
е	, ,	ive distributions (see instructions)	8e								
f	Administrative service provider	s (salaries, fees, commissions)	8f								
g	Other expenses		8g								
h	Total expenses (add lines 8d,	3e, 8f, and 8g)	8h			49835					
i		e 8h from line 8c)				875426					
j	Transfers to (from) the plan (se	e instructions)	8j								

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

Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2K 2T 3D
 - 2F 2G 2J
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No	Ar	nount		
а								
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
С	Was the plan covered by a fidelity bond?	10c	Х			1(000000	
d								
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)				7274			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Yes	No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes 🛽 No							
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
a 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 letter ruling granting the waiver								
lf y	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year							
С	Enter the amount contributed by the employer to the plan for this plan year							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left c negative amount)		🗋	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?							
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	I			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
C 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.)								
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) Pl						PN(s)		
Caut	on. A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ise is i	establi	ished.			

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	05/31/2012	MARC H. RISEN					
HERE	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					

Deprivation Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	Form 5500-SF	Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089		
Degeneration Description This Form is Open to Public Internal Record Code (the COde), or the support of the tail entropy to tail entropy to the tail entropy to the tail entropy to the tail		Benefit Plan				2010			
Part I Accepted ail entries in accordance with the instructions to the Form 3500-SF. Part I Annual Report Ideomation 10/03/2010 and ending 12/33/2010 For calendar plan year 2010 or faced plan year beginning 01/03/2010 and ending 12/33/2010 B This return/report Is for: Bising term/approximation Indir deturn/report Indir deturn/report Indir deturn/report Indir deturn/report B This return/report I Segme attrains (return desorption) DFVC program Part II Said Term and address (remployer, If for single-employer plan) ID Three-digit plan (normation - sense and address (remployer, If for single-employer plan) 01 C Effective deals of plan (normation - sense and address (remployer, If for single-employer plan) 01 C Effective deals of plan (normation - sense and address (remployer, If for single-employer plan) 01 C Effective deals of plan (normation - sense and address (remployer, If for single-employer plan) 02 D Enployer destination number of plan (normation - sense and address (remployer, If for single-employer plan) 02 Enployer destination number of plan (normation - sense and address (remployer, If for single-employer plan) 02 Enployer destination number of plan (normation - sense and address (remployer, If for single-employer plan) 02 Enployer destin		This Form is Open to Public							
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A This return/sport is for: B this return/sport Image: Image						/			
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C Check box if filing under: an amended return/report ishort plan year return/report (less than 12 months) C Check box if filing under: Form 5565 ishort plan year return/report (less than 12 months) Part III Easie Plan (Information—enter all requested information 1a Name of plan ID Three-digit plan number Picture of the postal actention (enter description) Dt Three-digit plan number Victure of the plan sponsor's name and address (employer, If or single-employer plan) Victure of the information Number Victure of the plan administrator's name and address (frame as Plan sponsor, enter "Samo") 2b Employer Identification Number No. Soc 436809 Identification is the set of the plan agenose the last return/report filed for this plan, enter the name, Elik, and the plan number for the last threefort. Sponsor's name Soc 4200 3a Plan administrator's form the last threefort. Sponsor's name Identification is the plan sponsor tas changed ince the last return/report filed for this plan, enter the name, Elik, and the plan number for the last threefort. Sponsor's name Identification is the plan year. 5a Total number of participants at the edit of the plan year. So Soc 5a Total number of participants at the edit of the plan year. Soc Soc 5a Total number of participants at the edi	A This return/report is for:		-		1	one-participa	nt plan		
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h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service provide	ers (salaries, fees, commissions)	8f						
i Net income (loss) (subtract line 8h from line 8c)	g Other expenses		8g						
j Transfers to (from) the plan (see instructions)	h Total expenses (add lines 8d,	8e, 8f, and 8g)	<u>8h</u>				49835		
•		•		}			875426		
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Form 5500-SF 2010

Page **2-**

Pa	rt IV Plan Characteristics						
9a	2E 2F 2G 2J 2K 2T 3D						
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char-	acteris	tic Co	des in t	he instruction	is:	
Par	t V Compliance Questions			, ,			
10	During the plan year:		Yes	No	A	mount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х			
c	Was the plan covered by a fidelity bond?	10c	Х			100	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x			<u>,</u>
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	x				7274
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Par	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))	nplete	Sche	dule SB	(Form	Yes	∏ No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					—	_
	a 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 letter ruling granting the waiver						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		Г	1			
b	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)	•••••		12d			7
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Par	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		,			Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?	unde	r the c			Yes	X No
с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	an(s) ti	D		·····	
	13c(1) Name of plan(s):		13	8c(2) El	N(s)	13c(3)	PN(s)
		1				1	

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Mar F K	5/29/12	Marc H. Risen
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Mitte	Spelie	Marc H. Risen
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor