

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
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☒ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☐ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>YORK INSURANCE SERVICES GROUP INC RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ►	<u>001</u>	
	1c Effective date of plan	<u>01/21/2002</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>FOX HILL HOLDINGS, INC FORMERLY YORK INSURANCE SERVICES GROUP, INC</u> <u>99 CHERRY HILL ROAD SUITE 230</u> <u>PARSIPPANY, NJ 07054</u>	2b Employer Identification Number (EIN) <u>13-4198394</u>	2c Sponsor's telephone number <u>973-541-1330</u>	2d Business code (see instructions) <u>524290</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/03/2012</u>	<u>DAVID PANICO</u>
	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

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") FOX HILL HOLDINGS INC FORMERLY YORK INSURANCE SERVICES GROUP INC 99 CHERRY HILL ROAD SUITE 230 PARSIPPANY, NJ 07054	3b Administrator's EIN 13-4198394 3c Administrator's telephone number 973-541-1330
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	1334
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1185
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits.....	6c	168
d Subtotal. Add lines 6a , 6b , and 6c	6d	1353
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	1353
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1075
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	32

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

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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan YORK INSURANCE SERVICES GROUP INC RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FOX HILL HOLDINGS, INC FORMERLY YORK INSURANCE SERVICES GROUP, INC	D Employer Identification Number (EIN) 13-4198394	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

VANGUARD GROUP INC.

PO BOX 2900
VALLEY FORGE, PA 19482

23-1945930

(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?
52 37 25 15	NONE	7100	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 ☐

(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: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

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
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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
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 YORK INSURANCE SERVICES GROUP INC RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 FOX HILL HOLDINGS, INC FORMERLY YORK INSURANCE SERVICES GROUP, INC		D Employer Identification Number (EIN) 13-4198394

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)	8250	111393
(2) Participant contributions	1b(2)		211457
(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)	846663	1122045
(9) Value of interest in common/collective trusts	1c(9)	2592945	3189042
(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)	30565816	38347653
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	34013674	42981590

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	34013674	42981590
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1980654	
(B) Participants	2a(1)(B)	4136219	
(C) Others (including rollovers)	2a(1)(C)	558222	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6675095
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	37170	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		37170
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		80693
(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)		4253810
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		11046768

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2075113	
(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)		2075113
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)	3739	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3739
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2078852

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8967916
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: GILBERT & CALABRESE, LLC

(2) EIN: 27-0249502

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....	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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan YORK INSURANCE SERVICES GROUP INC RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 FOX HILL HOLDINGS, INC FORMERLY YORK INSURANCE SERVICES GROUP, INC		D Employer Identification Number (EIN) 13-4198394
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): _____ 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 92
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2010 v.092308.1		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

York Insurance Services Group, Inc.
Retirement Savings Plan
Financial Statements
December 31, 2010

**York Insurance Services Group, Inc. Retirement Savings Plan
Financial Statements
December 31, 2010**

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Gilbert & Calabrese, LLC

Certified Public Accountants

Independent Auditors' Report

To the Plan Administrator of
The York Insurance Services Group, Inc. Retirement Savings Plan
Parsippany, NJ

We were engaged to audit the statements of net assets available for benefits of York Insurance Services Group, Inc. Retirement Savings Plan as of December 31, 2010 and 2009 and the related statement of changes in net assets available for benefits for the year ended December 31, 2010 and the supplemental schedule of assets held for investments and schedule of reportable transactions as of December 31, 2010. These financial statements and 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 12, which was certified by Vanguard Fiduciary Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2010 that the information provided to the plan administrator by the custodian 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with generally accepted auditing standards 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.



Gilbert & Calabrese, LLC
Certified Public Accountants

Flanders, New Jersey
July 13, 2011

York Insurance Services Group, Inc. Retirement Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

	Assets	2010	2009
Investments (at fair value)			
Registered investment companies		\$38,347,653	\$30,565,817
Vanguard Retirement Savings Trust		<u>3,189,042</u>	<u>2,592,944</u>
		41,536,695	33,158,761
Contribution receivable		322,850	8,250
Notes receivable from participants		<u>1,122,045</u>	<u>846,663</u>
Total assets		<u>42,981,590</u>	<u>34,013,674</u>
Net assets available for benefits		<u>\$42,981,590</u>	<u>\$34,013,674</u>

See independent auditors' report and notes to financial statements.

York Insurance Services Group, Inc. Retirement Savings Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2010

Additions

Additions to net assets attributed to:

Net appreciation in fair value	\$ 3,548,585
Interest / dividend income	823,088

Contributions

Participants'	4,136,219
Rollover	558,222
Employer's	<u>1,980,654</u>

Total additions	<u>11,046,768</u>
-----------------	-------------------

Deductions

Deductions from net assets attributed to:

Participant withdrawals	2,075,113
Administrative expenses	<u>3,739</u>

Total deductions	<u>2,078,852</u>
------------------	------------------

Net increase	8,967,916
--------------	-----------

Net assets available for benefits:

Beginning of year	<u>34,013,674</u>
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End of year	<u>\$42,981,590</u>
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See independent auditors' report and notes to financial statements.

York Insurance Services Group, Inc. Retirement Savings Plan
Notes to Financial Statements
December 31, 2010

Note 1- Description of Plan

The following description of the York Insurance Services Group, Inc. Retirement Savings Plan provides only general information pertaining to the Plan. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

a. General

The Plan is a defined contribution plan covering all full-time employees of Fox Hill Holdings, Inc. (formerly York Risk Services Group, Inc.) and its subsidiaries (the Company), who are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Contributions

Each year, Participants are permitted to make elective deferrals in any amount from 1% up to 25% of their compensation. Newly hired employees are automatically enrolled in the Plan with an initial deferral amount of 2% which increases annually by 1%. Participants may opt-out or make changes to the deferral rate at any time. The employer contributes and allocates to an account for each Participant who has completed less than five years of service an amount equal to 50% of the first 6% of the Participant's Compensation, to the extent deferred. For each Participant who has completed five or more years of service an amount equal to 100% of the first 6% of the Participant's Compensation, to the extent deferred.

c. Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contributions and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

d. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. There is no vesting for the first three years of service, a participant is 100 percent vested after three years of credited service or upon reaching normal retirement age, or in the event of death or disability.

York Insurance Services Group, Inc. Retirement Savings Plan
Notes to Financial Statements
December 31, 2010

Note 1- Description of Plan (Cont'd)

e. Investment Options

Upon enrolling in the Plan, a participant may direct contributions in one percent increments in any of the investment options offered through Vanguard under a pooled separate account arrangement. Thereafter the participant may change investment options or allocation of invested balance directly with Vanguard.

f. Participant Loans

Participants may borrow from their fund accounts up to 50 percent of their vested balances to a maximum of \$50,000. Loan terms range from 6 months to 15 years and are secured by the balance in the participant's account and bear interest at a rate of prime plus 1% in effect at the time the loan is processed. Principal and interest is paid ratably through participant's payroll deductions.

g. Payment of Benefits

As soon as administratively feasible, following the date on which a distribution is requested or is otherwise payable the participant will receive the value of the vested interest in their account as a lump-sum distribution. If the participant is still active in the Plan upon reaching normal retirement age of 65, the participant may elect to receive the value of the vested interest in their account as a lump-sum distribution. Active participants are permitted to withdraw elective deferrals upon attaining age 59½ or on account of certain qualifying hardships.

h. Forfeited Account Balances

Forfeited account balances may be used to reduce future employer contributions. Forfeitures shall be allocated to Participants in the same manner as the Employer's contribution.

York Insurance Services Group, Inc. Retirement Savings Plan
Notes to Financial Statements
December 31, 2010

Note 2- Summary of Significant Accounting Policies

a. Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

b. Use of Estimates

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

c. Investment Valuation

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Units of the Vanguard Retirement Savings Trust are valued at net asset value at year-end. Notes receivable from participants are valued at cost, which approximates fair value. See note 5 for discussion of fair value measurement.

Purchases and sales of investments are recorded on a trade date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

d. Benefit Payments

Benefits are recorded when paid.

e. Subsequent Events

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

f. Administrative Expenses

At its discretion, the plan sponsor pays most of the administrative expenses of the Plan.

Note 3- Related Party Transactions

The Plan invests in shares of mutual fund managed by an affiliate of Vanguard Fiduciary Trust Company (VFTC). VFTC acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

See independent auditors' report.

York Insurance Services Group, Inc. Retirement Savings Plan
Notes to Financial Statements
December 31, 2010

Note 4- Investments

At December 31, 2010 the Plan's assets were allocated among the investment options as selected by the participants. The investment funds are administered by independent investment managers. The investment information and related investment income was prepared and certified as complete and accurate by the Trustee.

	2010	2009
Variable investment options with Vanguard:		
Vanguard 500 Index Fund Investor Shares	* \$ 4,135,435	* \$ 3,400,691
Vanguard Capital Opportunity Fund	2,052,121	* 1,882,559
Vanguard Emerging Markets Stock Index Fund	1,062,037	825,290
Vanguard Explorer Fund Investor Shares	1,312,785	845,896
Vanguard Extended Market Index Fund Investor Shares	39,070	33,402
Vanguard Intermediate-Term Investment Grade Investor Share	1,870,997	1,512,921
Vanguard International Growth Fund Investor Shares	1,655,494	1,328,604
Vanguard LifeStrategy Conservative Growth Fund	1,094,293	814,444
Vanguard LifeStrategy Growth Fund	1,966,657	1,596,114
Vanguard LifeStrategy Income Fund	803,727	582,888
Vanguard LifeStrategy Moderate Growth Fund	1,376,767	1,054,043
Vanguard Mid-Cap Index Fund Investor Shares	1,200,977	815,687
Vanguard PRIMECAP Fund Investor Shares	* 3,000,723	* 2,515,357
Vanguard Prime Money Market Fund	* 4,119,250	* 3,421,967
Vanguard Small-Cap Index Fund Investor Shares	1,926,446	1,460,371
Vanguard Target Retirement 2005 Fund	296,391	254,165
Vanguard Target Retirement 2010 Fund	25,638	122,383
Vanguard Target Retirement 2015 Fund	528,486	420,615
Vanguard Target Retirement 2020 Fund	193,911	21,122
Vanguard Target Retirement 2025 Fund	1,338,590	889,235
Vanguard Target Retirement 2030 Fund	248,979	51,678
Vanguard Target Retirement 2035 Fund	395,388	290,273
Vanguard Target Retirement 2040 Fund	116,786	34,614
Vanguard Target Retirement 2045 Fund	152,474	112,209
Vanguard Target Retirement 2050 Fund	54,004	13,137
Vanguard Target Retirement Income	44,752	49,827

See independent auditors' report.

York Insurance Services Group, Inc. Retirement Savings Plan
Notes to Financial Statements
December 31, 2010

Note 4- Investments (Continued)

	2010		2009
Variable investment options with Vanguard:			
Vanguard Total Bond Market Index Fund	1,466,039		1,234,905
Vanguard Wellington Fund Investor Shares *	3,660,882	*	3,095,455
Vanguard Windsor Fund Investor Shares	2,080,643	*	1,768,261
Vanguard Windsor II Fund Investor Shares	<u>127,911</u>		<u>117,704</u>
	38,347,653		30,565,817
Vanguard Retirement Savings Trust *	<u>3,189,042</u>	*	<u>2,592,944</u>
Total fair value of investments	<u>\$41,536,695</u>		<u>\$33,158,761</u>

* Denotes investments greater than 5% of net plan assets

Note 5- Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of the mutual funds and the Retirement Savings Trust held by the Plan is based on quoted net asset values of the shares held by the Plan at year-end.

See independent auditors' report.

York Insurance Services Group, Inc. Retirement Savings Plan
Notes to Financial Statements
December 31, 2010

Note 6- Contributions

During the plan year ended December 31, 2010 the Company's share of contributions were \$1,980,654 as a 401(k) matching contribution. Employee participant contributions were \$4,694,441 including rollover account balances.

Note 7- Forfeitures

During the plan year ended December 31, 2010 non-vested account balances forfeited by participants amounted to \$110,153. The Company used \$122,050 of the forfeitures to fund matching contributions. A balance of \$45,030 was held to offset future sponsor contributions.

Note 8- Risks and Uncertainties

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 associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits. The Plan held substantially all its assets with one institution. In the event of failure of the institution, the Plan could be subject to losses.

Note 9- Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

Note 10-Plan Amendment

Certain Plan amendments were adopted during 2010 to bring the Plan into compliance with current laws and regulations. The Plan was previously amended and restated during the year ended December 31, 2006. None of the changes in the Plan amendments effected existing participant benefits.

York Insurance Services Group, Inc. Retirement Savings Plan
Notes to Financial Statements
December 31, 2010

Note 11- Tax Status

Council for the Plan administrator is in the process of submitting the plan to the Internal Revenue Service for a favorable determination letter. The administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the plan's financial statements.

Note 12- Information Prepared and Certified by the Trustee of the Plan

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified as complete and accurate by the Trustee, Vanguard in accordance with 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.

	2010
Investments, at fair value:	
Mutual funds	\$38,347,653
Retirement Savings Trust	\$ 3,189,042
Investment income and net appreciation in fair values	\$ 4,371,673
Schedule of assets held for investment purposes	See supplementary schedule
Schedule of reportable transactions	See supplementary schedule

York Insurance Services Group, Inc. Retirement Savings Plan.
EIN #13-4198394 – Three digit Plan #001
December 31, 2010

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

(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
*	Vanguard 500 Index Inv	Registered Investment Company	115.82	\$3,556,134
*	Vanguard Capital Opportunity	Registered Investment Company	35,706 units @	\$ 4,135,435
*	Vanguard Emerging Mkt Stk Index	Registered Investment Company	61,736 units @	2,052,121
*	Vanguard Explorer Fund	Registered Investment Company	35,005 units @	1,062,037
*	Vanguard Extend Mkt Index Inv	Registered Investment Company	18,008 units @	1,312,785
*	Vanguard IT Inv Grade	Registered Investment Company	947 units @	39,070
*	Vanguard Int'l Growth Fund	Registered Investment Company	41.26	27,557
*	Vanguard LifeSt Conserv Growth	Registered Investment Company	188,609 units @	1,802,766
*	Vanguard LifeSt Growth Fund	Registered Investment Company	85,599 units @	1,416,431
*	Vanguard LifeSt Income Fund	Registered Investment Company	66,888 units @	1,655,494
*	Vanguard LifeSt Moderate Growth	Registered Investment Company	89,150 units @	1,094,293
*	Vanguard Mid-Cap Index Fund Inv	Registered Investment Company	22.06	1,792,756
*	Vanguard PRIMECAP Fund	Registered Investment Company	57,164 units @	756,196
*	Vanguard Prime Money Mkt	Registered Investment Company	70,351 units @	1,266,721
*	Vanguard Sm-Cap Index Inv	Registered Investment Company	19.57	1,376,767
*	Vanguard Target Retirement 2005 Fund	Registered Investment Company	59,132 units @	833,996
*	Vanguard Target Retirement 2010 Fund	Registered Investment Company	20.31	1,200,977
*	Vanguard Target Retirement 2015 Fund	Registered Investment Company	45,604 units @	2,645,076
*	Vanguard Target Retirement 2020 Fund	Registered Investment Company	65.80	3,000,723
*	Vanguard Target Retirement 2025 Fund	Registered Investment Company	1.00	4,119,250
*	Vanguard Target Retirement 2030 Fund	Registered Investment Company	4,119,250 units @	1,926,446
*	Vanguard Target Retirement 2035 Fund	Registered Investment Company	55,437 units @	1,436,132
*	Vanguard Target Retirement 2040 Fund	Registered Investment Company	25,268 units @	229,829
*	Vanguard Target Retirement 2045 Fund	Registered Investment Company	1,149 units @	23,951
		Registered Investment Company	42,551 units @	25,638
		Registered Investment Company	8,774 units @	528,486
		Registered Investment Company	106,069 units @	193,911
		Registered Investment Company	11,484 units @	1,338,590
		Registered Investment Company	30,205 units @	248,979
		Registered Investment Company	5,432 units @	395,388
		Registered Investment Company	11,294 units @	116,786
		Registered Investment Company	13.50	152,474

See independent auditors' report

York Insurance Services Group, Inc. Retirement Savings Plan.
EIN #13-4198394 – Three digit Plan #001
December 31, 2010

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

(Continued)

(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
*	Vanguard Target Retirement 2050 Fund	Registered Investment Company	21.40	54,004
*	Vanguard Target Retirement Income	Registered Investment Company	11.28	44,752
*	Vanguard Total Bond Mkt Index Fd	Registered Investment Company	10.60	1,466,039
*	Vanguard Wellington Inv	Registered Investment Company	31.10	3,660,882
*	Vanguard Windsor Fund	Registered Investment Company	13.51	2,080,643
*	Vanguard Windsor II Fund Inv	Registered Investment Company	25.67	127,911
*	Vanguard Retire Savings Trust	Common/Collective Trust	3,189,042	3,189,042
*	Loan Fund	3,189,042 units @	1,122,045	<u>1,122,045</u>
Total fair value of investment				<u>\$42,658,740</u>

See independent auditors' report.

York Insurance Services Group, Inc. Retirement Savings Plan.

EIN #13-4198394 – Three digit Plan #001

December 31, 2010

Schedule H, Line 4j – Schedule of Reportable Transactions

(a) Identity of, Party Involved	(b) Description of investment, (including interest rate and maturity incase of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain of (loss)
Vanguard	Prime Money Market	1,503,404	807,970			807,970	1,503,404	\$ -

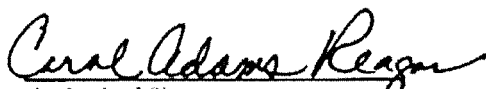
See independent auditors' report

Vanguard Fiduciary Trust Company

Certification Statement For York Insurance Services Group, Inc. Retirement Savings Plan

April 5, 2011

Vanguard Fiduciary Trust Company hereby certifies that, with respect to all assets for which it serves as trustee, the accompanying Annual Plan-level Financial Reporting Package for York Insurance Services Group, Inc. Retirement Savings Plan for the years ended December 31, 2010 and 2009, furnished pursuant to 29-CFR 2520.103-5(c), is complete and accurate.


Authorized Signer

Plan 093872

2010

Federal Statements

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Client 25900-00

Fox Hill Holdings, Inc. (formerly
York Insurance Services Group, Inc)

13-4198394
Plan No. 001

7/20/11

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Statement 3
Schedule H, Page 4, Line 4j
Schedule Of Reportable Transactions
York Insurance Services Group, Inc. 13-4198394 001

<u>Identity Of Party</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost Of Asset</u>	<u>Current Value</u>	<u>Net Gain (Loss)</u>
Vanguard	Prime Money Market	\$ 1,503,404.	\$ 807,970.			\$ 807,970.	\$ 1,503,404.	

2010

Federal Statements

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Client 25900-00

Fox Hill Holdings, Inc. (formerly
York Insurance Services Group, Inc)13-4198394
Plan No. 001

7/20/11

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Statement 2

Schedule H, Page 4, Line 4i

Schedule Of Assets (Held At End Of Year)

York Insurance Services Group, Inc. 13-4198394 001

Party In Interest	Identification	Description	Cost	Current Amount
X	Participant Loans	4.25% - 10.25%		\$ 1,122,045.
X	Vanguard Retire Savi	Common/Collective Tr	\$ 3,189,042.	3,189,042.
X	Vanguard 500 Index	Reg Investment Co	3,556,134.	4,135,435.
X	Vanguard Capital Opp	Reg Investment Co	1,763,666.	2,052,121.
X	Vanguard Emerg Mkts	Reg Investment Co	826,164.	1,062,037.
X	Vanguard Explorer Fu	Reg Investment Co	1,129,975.	1,312,785.
X	Vanguard Extend Mkt.	Reg Investment Co	27,557.	39,070.
X	Vanguard Int'l Grwth	Reg Investment Co	1,416,431.	1,655,494.
X	Vanguard IT Inv Grad	Reg Investment Co	1,802,766.	1,870,997.
X	Vanguard LifeSt Cons	Reg Investment Co	1,007,593.	1,094,293.
X	Vanguard LifeSt Grwt	Reg Investment Co	1,792,756.	1,966,657.
X	Vanguard LifeSt Inco	Reg Investment Co	756,196.	803,727.
X	Vanguard LifeSt Mode	Reg Investment Co	1,266,721.	1,376,767.
X	Vanguard Mid-Cap Ind	Reg Investment Co	833,996.	1,200,977.
X	Vanguard Prime Money	Reg Investment Co	4,119,250.	4,119,250.
X	Vanguard PRIMECAP Fu	Reg Investment Co	2,645,076.	3,000,723.
X	Vanguard Sm-Cap Inde	Reg Investment Co	1,436,132.	1,926,446.
X	Vanguard Total Bond	Reg Investment Co	1,418,440.	1,466,039.
X	Vanguard Trgt 2005	Reg Investment Co	229,829.	296,391.
X	Vanguard Trgt 2010	Reg Investment Co	23,951.	25,638.
X	Vanguard Trgt 2015	Reg Investment Co	437,121.	528,486.
X	Vanguard Trgt 2020	Reg Investment Co	182,282.	193,911.
X	Vanguard Trgt 2025	Reg Investment Co	955,550.	1,338,590.
X	Vanguard Trgt 2030	Reg Investment Co	224,670.	248,979.
X	Vanguard Trgt 2035	Reg Investment Co	288,430.	395,388.
X	Vanguard Trgt 2040	Reg Investment Co	98,243.	116,786.
X	Vanguard Trgt 2045	Reg Investment Co	105,268.	152,474.
X	Vanguard Trgt 2050	Reg Investment Co	47,798.	54,004.
X	Vanguard Trgt Retire	Reg Investment Co	41,911.	44,752.
X	Vanguard Wellington	Reg Investment Co	3,382,897.	3,660,882.
X	Vanguard Windsor II	Reg Investment Co	128,864.	127,911.
X	Vanguard Windsor Inv	Reg Investment Co	2,099,926.	2,080,643.