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 10/01/2010 and ending 09/30/2011

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WINTON IRELAND INSURANCE AGENCY INC, 401K PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1985

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

R BERGER AND ASSOCIATES INC

701 EAST CANAL DRIVE
TURLOCK, CA 95380

701 EAST CANAL DRIVE
TURLOCK, CA 95380

2b Employer Identification Number (EIN) 94-2667917

2c Sponsor's telephone number 209-667-0995

2d Business code (see instructions) 524210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/16/2012	GER ON BEHALF OF PLAN ADMINISTRATOR
	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")

WINTON IRELAND INSURANCE AGENCY INC
R BERGER AND ASSOCIATES INC
701 EAST CANAL DRIVE
TURLOCK, CA 95380

3b Administrator's EIN: 94-2667917

3c Administrator's telephone number: 209-667-0995

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**	142
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**	110
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	23
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	136
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	136
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	136
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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 2J 2K

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)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 4 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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 10/01/2010 and ending 09/30/2011

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC, 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
WINTON IRELAND INSURANCE AGENCY INC

D Employer Identification Number (EIN)
94-2667917

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
PRINCIPAL LIFE INSURANCE CO

(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
42-0127290	61271	3806504	1	10/01/2010	09/30/2011

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
0	0

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

RONALD E MUNIZ LUTCF
1101 SYLVAN AVENUE SUITE C105
MODESTO, CA 95350

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
0	0		3

(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 (c) Amount	(d) Purpose	(e) Organization code

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ STANDARD UNDERWRITING RISK

b	Premiums paid to carrier	6b	1159
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. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] 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	
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	
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	

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 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 10/01/2010 and ending 09/30/2011

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC, 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
WINTON IRELAND INSURANCE AGENCY INC

D Employer Identification Number (EIN)
94-2667917

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
GENWORTH LIFE & ANNUITY CO

(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	Policy or contract year (g) To
54-0596414	63401	2825526	1	10/01/2010	09/30/2011

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
0	0

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

WINTON IRELAND INSURANCE AGENCY
627 EAST CANAL DRIVE
TURLOCK, CA 95380

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
0	0		3

(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 (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ STANDARD UNDERWRITING RISK

b	Premiums paid to carrier	6b	2358
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. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] 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	
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	
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	

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 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 10/01/2010 and ending 09/30/2011

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC, 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
WINTON IRELAND INSURANCE AGENCY INC

D Employer Identification Number (EIN)
94-2667917

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
REASSURE AMERICA

(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
38-0779740	65765	IN0191231	1	10/01/2010	09/30/2011

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
0	0

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
WINTON IRELAND INSURANCE AGENCY
627 EAST CANAL DRIVE
TURLOCK, CA 95380

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
0			3

(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 (c) Amount	(d) Purpose	(e) Organization code

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ STANDARD UNDERWRITING RISK

b	Premiums paid to carrier	6b	763
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) [X] 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	
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	
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	

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 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 10/01/2010 and ending 09/30/2011

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC, 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
WINTON IRELAND INSURANCE AGENCY INC

D Employer Identification Number (EIN)
94-2667917

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
REASSURE AMERICA

(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
38-0779740	65765	GC0261976	1	10/01/2010	09/30/2011

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
0	0

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
WINTON IRELAND INSURANCE AGENCY
701 EAST CANAL DRIVE
TURLOCK, CA 95380

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
0			3

(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 (c) Amount	(d) Purpose	(e) Organization code

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ STANDARD UNDERWRITING RISK

b	Premiums paid to carrier	6b	1356
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. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] 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	
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	
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	

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 10/01/2010 and ending 09/30/2011

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC, 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WINTON IRELAND INSURANCE AGENCY INC

D Employer Identification Number (EIN)
94-2667917

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

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

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

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

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

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

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

CONTRACT ADMINISTRATOR

(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?
12		0	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

BERGER ASSET MANAGEMENT INC

701 EAST CANAL DRIVE
TURLOCK, CA 95380

77-0408038

(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?
21	INVESTMENT MANAGER	18984	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

MARK SHEPPARD

1020 10TH STREET SUITE 200
MODESTO, CA 95354

36-3145972

(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?
21	INVESTMENT MANAGER	10373	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

BROOKS MAY FINANCIAL GROUP

801 10TH STREET SUITE A
MODESTO, CA 95354

(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?
21	INVESTMENT MANAGER	9204	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

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

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 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 10/01/2010 and ending 09/30/2011

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC, 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WINTON IRELAND INSURANCE AGENCY INC

D Employer Identification Number (EIN)
94-2667917

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	262195	221599
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	270000	360000
(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)	4806267	5224723
(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)	1791556	3069449
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3074245	2001843
(5) Partnership/joint venture interests	1c(5)	449091	449091
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	529136	359137
(8) Participant loans	1c(8)	496931	626603
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(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	11679421	12312445
	Liabilities			
g	Benefit claims payable	1g		229515
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		229515
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11679421	12082930

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)	360000	
	(B) Participants	2a(1)(B)	352625	
	(C) Others (including rollovers)	2a(1)(C)	1063	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		713688
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	90835	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)	10500	
	(E) Participant loans	2b(1)(E)	24000	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		125335
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	165290	
	(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)		165290
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	19952	
	(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)		19952

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-124470	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-124470
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		899795
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	445929	
	(2) To insurance carriers for the provision of benefits	2e(2)	5691	
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		451620
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		6089
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)	38561	
	(4) Other	2i(4)	16	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		38577
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		496286
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		403509
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) [X] 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 [X] No

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

(1) Name: DOLORES MIKA LAVELLE **(2)** EIN: 44-9083826

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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan
WINTON IRELAND INSURANCE AGENCY INC, 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WINTON IRELAND INSURANCE AGENCY INC

D Employer Identification Number (EIN)
94-2667917

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** 0

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**

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):

WINTON IRELAND INSURANCE AGENCY INC.

401(K) Profit Sharing Plan and Trust

Audited Financial Statements

September 30, 2011 and 2010

Winton Ireland Insurance Agency, Inc.
401(K) Profit Sharing Plan and Trust
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September 30, 2011 and 2010

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Dolores Mika LaVelle, CPA
400 12th Street, Suite 13
Modesto, CA 95354-2410
Tel: (209) 578-3845
Fax: (209) 578-4665

July 13, 2011

Report of Independent Public Accountants

Winton Ireland Insurance Agency, Inc.
401(K) Profit Sharing Plan and Trust
Turlock, CA

I have audited the accompanying statement of net assets available for benefits of Winton Ireland Insurance Agency, Inc. 401(K) Profit Sharing Plan and Trust as of September 30, 2011, and 2010, and the related statement of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the plan's trustee. My responsibility is to express an opinion on these financial statements based on my audits.

I conducted my audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audits provide a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Winton Ireland Insurance Agency, Inc. 401(K) Profit Sharing Plan and Trust as of September 30, 2011 and 2010, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Dolores Mika LaVelle, CPA

Winton Ireland Insurance Agency Inc.
401(k) Profit Sharing Plan and Trust
Statement of Net Assets Available for Benefits
September 30, 2011 and 2010

	2011	2010
ASSETS		
Investments, at Fair Value		
Cash, Interest Bearing	$ 5,224,723	$ 4,806,267
Common Stock	2,001,843	2,015,647
Mutual Funds	1,788,526	1,694,596
Corporate Bonds	1,165,316	1,155,558
Municipal Bonds	115,607	
Limited Partnerships	449,091	449,091
First Deeds of Trust	359,137	529,136
Total Investments	11,104,242	10,650,295
Receivables:		
Employer Contribution	360,000	270,000
Notes Receivables from Participants	626,603	496,931
Cash	221,600	262,195
TOTAL ASSETS	$ 12,312,445	$ 11,679,421
LIABILITIES		
Accrued Benefits Payable	229,515	
TOTAL LIABILITIES	229,515	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 12,082,930	$ 11,679,421

See Accompanying Notes

Winton Ireland Insurance Agency Inc.
401(k) Profit Sharing Plan and Trust
Statement of Changes in Net Assets Available for Benefits
September 30, 2011 and 2010

	2011	2010
ADDITIONS		
Contributions		
Participants	$ 353,688	$ 340,118
Employer	360,000	270,000
Interest and Dividend Income	290,625	244,090
Total Additions	1,004,313	854,208
DEDUCTIONS		
Benefits Paid Directly to Participants	452,019	117,245
Insurance Premiums	5,691	5,637
Administrative Expenses	38,577	35,280
Total Deductions	496,286	158,162
Excess Additions over Deductions (Deductions over Additions)	508,027	696,046
Net Realized and Unrealized Appreciation (Depreciation) In Fair Value of Investments	(104,518)	265,831
Net Increase	403,509	961,877
Net Assets Available for Benefits at Beginning of Year	11,679,421	10,717,544
Net Assets Available for Benefits at End of Year	$ 12,082,930	$ 11,679,421

See Accompanying Notes

Winton Ireland Insurance Agency, Inc.
401(K) Profit Sharing Plan and Trust
Notes to Financial Statements
September 30, 2011 and 2010

Note 1 – Description of the Plan

The following description of the Winton Ireland Insurance Agency, Inc. 401(K) Profit Sharing Plan and Trust provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. *General.* The effective date of the Winton Ireland Insurance Agency, Inc. 401(K) Profit Sharing Plan and Trust was January 1, 1989. The Plan's year-end is September 30th. The Plan is a defined contribution plan covering all full-time employees of the company who have at least one year of service. The company's appointed profit sharing committee administers the plan. The company makes contributions to the Trust Fund as determined by the Board of Directors. Participants may also contribute based upon Internal Revenue Code section 401(k). The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA)

2. *Contributions.* Each year, participants may contribute an amount up to the maximum amount as stated by law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Additional profit sharing amounts may be contributed at the option of the Company's board of directors and are invested in a portfolio of investments as directed by the Company. Contributions are limited to certain limitations.

3. *Participant Accounts.* Each participant's account is credited with his contribution, an allocation of the company's contribution, plan earnings, and forfeitures of nonvested accounts of terminated participants. Allocations are based on participant's earnings or account balances, as defined. The benefits to which a participant is entitled are the benefits that can be provided from his account.

4. *Vesting.* Participants are immediately vested in their voluntary contributions plus their contribution's earnings and safe harbor contributions. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service.

5. *Notes Receivable from Participants.* Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.5% to 13%, which are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through regular payroll deductions.

6. *Payment of Benefits.* Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or annual installment payments over the assumed life expectancy at the time of distribution. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Note 2 – Summary of Accounting Policies

Basis of Accounting

The plan records are maintained on an accrual basis, an accounting system wherein recognition is given to revenues and expenses in the period to which they relate.

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 certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an assets or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

All expenses of maintaining the Plan are paid by the Company.

Subsequent Events

The plan has evaluated subsequent events through July 13, 2011, the date the financial statements were available to be issued.

Note 3 – Investments

The following presents investments that represent 5 percent or more of the plan's net assets.

	September 30	
	2011	2010
Cash, interest bearing	$ 5,224,723	$ 4,806,267

Note 4 – Nonparticipant-Directed Investments

All investments are nonparticipant-directed.

Note 5 – Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures,* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuations 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 level of the fair value hierarchy und FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2: Inputs to the valuation methodology include
- 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 principally from or corroborated by observable market data by correlation or other means.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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 the 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 September 30, 2011 and 2010.

Common stocks, corporate bonds, municipal bonds: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Participant loans and first deeds of trust: Valued at amortized cost, which approximates fair value.

Limited Partnerships: Valued based on cost.

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

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of September 30, 2011 and 2010.

	Assets at Fair Value as of September 30, 2011		
	Level 1	Level 3	Total
Mutual funds:			
Fixed funds	$ 1,085,191		$ 1,085,191
Financial Funds	200		200
Foreign funds	177,088		177,088
Growth funds	423,571		423,571
Index Funds	53,111		53,111
Real Estate Funds	6,978		6,978
Value Funds	42,388		42,388
Total mutual funds	$ 1,788,527		$ 1,788,527
Common stocks:			
Industrials	$ 596,503		$ 596,503
Financial	99,942		99,942
Healthcare	252,660		252,660
Utilities	34,739		34,739
Telecommunications	125,418		125,418
Consumer Goods & Services	568,979		568,979
Technology	241,762		241,762
Other	81,842		81,842
Total common stocks	$ 2,001,844		$ 2,001,844
Corporate bonds	$ 1,165,316		$ 1,165,316
Limited partnerships		$ 449,091	449,091
Municipal Bonds	115,607		115,607
First deeds of trust		359,137	359,137
Total assets at fair value	$ 5,071,294	$ 808,228	$ 5,879,522

	Assets at Fair Value as of September 30, 2010		
	Level 1	Level 3	Total
Mutual funds:			
Fixed funds	$ 834,201		$ 834,201
Foreign funds	205,515		205,515
Growth funds	648,481		648,481
Other funds	103,359		103,359
Total mutual funds	$ 1,791,556		$ 1,791,556
Common stocks:			
Industrials	$ 526,066		$ 526,066
Financial	102,233		102,233
Healthcare	237,960		237,960
Utilities	30,257		30,257
Telecommunications	114,312		114,312
Consumer Goods & Services	555,669		555,669
Technology	257,323		257,323
Other	94,867		94,867
Total common stocks	1,918,687		$ 1,918,687
Corporate bonds	$ 1,155,558		$ 1,155,558
Limited partnerships		$ 449,091	449,091
First deeds of trust		529,136	529,136
Total assets at fair value	$ 4,865,801	$ 978,227	$ 5,844,028

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended September 30, 2011.

	Limited Partnerships	First Deeds of Trust	Total
Balance, beginning of year	$ 449,091	$ 529,136	$ 978,227
Realized gains/(losses)	-	-	-
Unrealized gains/(losses) relating to instruments still held at the reporting date	-	-	-
Purchases, sales, issuances, and settlements (net)	-	(169,999)	(169,999)
Balance, end of year	$ 449,091	$ 359,137	$ 808,228

Note 6 – Money Market Accounts

The interest bearing cash account at September 30, 2011 and 2010 consists of amounts on deposit at banks or savings and loan associations with interest rates ranging from .5 percent to 1.0 percent. These accounts have balances of $5,224,723 and $4,806,267 which are in excess of federally insured limits at December 30, 2011 and 2010, respectively.

Note 7 – Plan Termination

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the plan, subject to provisions of ERISA. In the event of plan termination, participants become 100 percent vested in their accounts.

Note 8 – Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated July 12, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

Note 9 – 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.

Note 10 – Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statement at September 30, 2011 and 2010 to Form 5500.

	2011	2010
Net assets available for benefits per financial statements	$12,082,930	$11,679,421
Reconciling differences:	-	-
Net assets available for benefits per Form 5500	$12,082,930	$11,679,421

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended September 30, 2011, to Form 5500:

Benefits paid to participants per the financial statements	$ 452,019
Reconciling differences:	-
Benefits paid to participants per Form 5500	$ 452,019

Form **5558**
(Rev. June 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
Winton Ireland Ins. Agency, Inc.
Number, street, and room or suite no. (If a P.O. box, see instructions)
627 E Canal Drive
City or town, state, and ZIP code
Turlock CA 95380

B Filer's identifying number (see instructions)
X Employer identification number (EIN)
94-2667917
Social security number (SSN) (see instructions)

C	Plan name	Plan number	Plan year ending - MM	DD	YYYY
1	401k Profit Sharing Plan and Trust	001	09	30	2011
2	Money Purchase Pension Plan and Trust	002	09	30	2011
3					

Part II Extension of Time to File Form 5500 Series, and/or Form 8955-SSA

1 I request an extension of time until 07 15 2012 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

2 I request an extension of time until _____ to file Form 8955-SSA (see instructions).
Note. A signature IS required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 1 and/or line 2 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 1 and/or line 2 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time to File Form 5330 *(see instructions)*

3 I request an extension of time until ___/___/___ to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ a

b Enter the payment amount attached . . . . . ▶ b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . . . ▶ c

4 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ Date ▶ 4/26/12

VY 74 201109 201221 7745 A 2 2689 216

29077-126-10695-2 TE 942667917

Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0073

Date of this notice: JUNE 4, 2012
Taxpayer Identifying Number:
94-2667917
Form: 5500/8955-SSA
Tax Period: SEP. 30, 2011
Plan Number: 001
For assistance you may call us at:
1-877-829-5500
Or you may write to us at the address shown at the left.

002576.973006.0005.001 1 MB 0.404 373

WINTON IRELAND INSURANCE AGENCY INC
%R BERGER AND ASSOCIATES INC
701 E CANAL DR
TURLOCK CA 95380-4023

002576

APPLICATION FOR EXTENSION OF TIME TO FILE CERTAIN EMPLOYEE PLAN RETURNS

We received your Form 5558, Application for Extension of Time to File Certain Employee Plan Returns, for the return (form), plan number, and tax period identified above. The due date to file your return is extended to JULY 16, 2012.

Do not attach a copy of this notice to your return. This notice should be kept with your records.

Additional Information

- If a tax practitioner or someone else prepared your form, you may want to give them a copy of this notice. (A copy was automatically sent to representatives authorized with a Power-of-Attorney for this form.)
- For tax forms, call 1-800-TAX-FORM (1-800-829-3676).
- For general information, tax forms, and publications, visit www.irs.gov. Employee Plan information is on the "Retirement Plans Community" tab.
- If you have questions about employee plans, call TEGE Customer Account Services at 1-877-829-5500.

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 10/01/2010 and ending 09/30/2011

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
WINTON IRELAND INSURANCE AGENCY INC, 401K PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1985

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

R BERGER AND ASSOCIATES INC

701 EAST CANAL DRIVE
TURLOCK, CA 95380

701 EAST CANAL DRIVE
TURLOCK, CA 95380

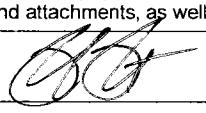
2b Employer Identification Number (EIN) 94-2667917

2c Sponsor's telephone number 209-667-0995

2d Business code (see instructions) 524210

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

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

SIGN HERE		07-06-2012	PAUL PORTER
	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")
WINTON IRELAND INSURANCE AGENCY INC
R BERGER AND ASSOCIATES INC
701 EAST CANAL DRIVE
TURLOCK, CA 95380

3b Administrator's EIN
94-2667917

3c Administrator's telephone number
209-667-0995

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**	142
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**	110
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	23
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	136
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	136
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	136
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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 2J 2K

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)	[X]	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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2011

(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
	PARTICIPANT LOANS:			
	Adams, Rick	9.25% 5 Yr Loan Secured by Vested Interest		2,515.57
	Arnold, Mindy	4.25% 5 Yr Loan Secured by Vested Interest		947.29
	Avila, Noemia	4.25% 20 Yr Loan Secured by Vested Interest		19,406.62
	Bolser, Liz	4.25% 5 Yr Loan Secured by Vested Interest		4,396.56
	Bolser, Liz	4.25% 5 Yr Loan Secured by Vested Interest		3,728.94
	Coupland, Sheri	4.25% 4 Yr Loan Secured by Vested Interest		3,140.77
	DeCosta, Monica	4.25% 5 Yr Loan Secured by Vested Interest		15,110.30
	Erickson, Katelyn	4.25% 5 Yr Loan Secured by Vested Interest		12,464.87
	Freeberg, Christopher	4.25% 5 Yr Loan Secured by Vested Interest		24,169.40
	Garcia, Erika	6.00% 5 Yr Loan Secured by Vested Interest		8,879.98
	Green, Rodger	4.25% 30 Yr Loan Secured by Vested Interest		49,407.04
	Green, Ted	7.50% 5 Yr Loan Secured by Vested Interest		222.26
	Green, Ted	4.25% 5 Yr Loan Secured by Vested Interest		402.49
	Green, Ted	4.25% 5 Yr Loan Secured by Vested Interest		46,607.09
	Hernandez, Brenda	4.25% 5 Yr Loan Secured by Vested Interest		7,396.98
	Hernandez, Brenda	4.25% 5 Yr Loan Secured by Vested Interest		9,925.13
	Hogan, Linda	4.25% 2 Yr Loan Secured by Vested Interest		1,167.24
	Ireland, Michael Jr	4.25% 5 Yr Loan Secured by Vested Interest		6,311.45
	Jespersen, Judith	4.25% 3 Yr Loan Secured by Vested Interest		1,921.66
	Jones, Amy	4.25% 5 Yr Loan Secured by Vested Interest		9,006.13
	Koch, Karen	4.25% 5 Yr Loan Secured by Vested Interest		1,269.07
	Machado, Leslie	4.25% 5 Yr Loan Secured by Vested Interest		11,897.10
	Martinez, Yolanda	4.25% 5 Yr Loan Secured by Vested Interest		20,384.87
	McFarland, Carol	4.25% 5 Yr Loan Secured by Vested Interest		16.16
	McFarland, Carol	4.25% 5 Yr Loan Secured by Vested Interest		19,843.52
	Messer, Marcia	4.25% 5 Yr Loan		

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2011

(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
	Moen, Richard	Secured by Vested Interest 4.25% 5 Yr Loan		21,346.54
	Munson, Rosa	Secured by Vested Interest 4.25% 5 Yr Loan		34,104.99
	Nevarez, Dee	Secured by Vested Interest 4.25% 5 Yr Loan		3,808.11
	Nevarez, Dee	Secured by Vested Interest 4.25% 5 Yr Loan		8,709.16
	Olesen, Brandon	Secured by Vested Interest 4.25% 5 Yr Loan		4,508.13
	Oliveira, Jo Ann	Secured by Vested Interest 4.25% 5 Yr Loan		3,789.25
	Pascoe, Kydaran	Secured by Vested Interest 4.25% 5 Yr Loan		30,039.10
	Pascoe, Michelle	Secured by Vested Interest 7.50% 5 Yr Loan		31,557.16
	Petersen, Jeff	Secured by Vested Interest 4.25% 5 Yr Loan		10,000.00
	Petersen, Jeff	Secured by Vested Interest 4.25% 5 Yr Loan		7,774.34
	Porter, Paul	Secured by Vested Interest 4.25% 5 Yr Loan		15,624.86
	Porter, Paul	Secured by Vested Interest 4.25% 5 Yr Loan		18,028.22
	Raymond, Edith	Secured by Vested Interest 9.25% 5 Yr Loan		9,423.39
	Rogers, Marguerite	Secured by Vested Interest 4.25% 5 Yr Loan		248.75
	Schuller, Jenny	Secured by Vested Interest 4.25% 5 Yr Loan		14,693.93
	Stinson, Rita	Secured by Vested Interest 4.25% 5 Yr Loan		1,270.76
	Teixeira, Emanuel	Secured by Vested Interest 4.25% 5 Yr Loan		16,240.79
	Teixeira, Emanuel	Secured by Vested Interest 4.25% 4 Yr Loan		16,233.38
	Toste, Sharon	Secured by Vested Interest 4.25% 5 Yr Loan		8,219.66
	Thomas, Viginia	Secured by Vested Interest 4.25% 5 Yr Loan		48,129.28
	Valeriano, Guadalupe	Secured by Vested Interest 4.25% 5 Yr Loan		3,965.61
	Walker, Kimber Lee	Secured by Vested Interest 4.25% 5 Yr Loan		5,552.04
	Walker, Teresa	Secured by Vested Interest 4.25% 5 Yr Loan		22,403.28
	Weller, Karin	Secured by Vested Interest 4.25% 5 Yr Loan		7,209.29
		Secured by Vested Interest		3,184.87
	TOTAL PARTICIPANT LOANS		$ -	626,603.38

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2011

(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
	INVESTMENTS:			
	CASH FUNDS:			
		DREYFUS LIQUID DEPOSIT PROGRAM	301,981.73	301,981.73
		F & M BANK MONEY MARKET	4,842,416.36	4,842,416.36
		FEDERATED CAPITAL RESERVES	2,452.35	2,452.35
		MERRILL LYNCH READY ASSETS	47,373.19	47,373.19
		MORGAN STANLEY LIQUID ASSET FUND	10,063.53	10,063.53
		UMPQUA BANK MONEY MARKET	20,435.62	20,435.62
		TOTALS:	5,224,722.78	5,224,722.78
	COMMON STOCK:			
91	shs	A A R CORPORATION	1,389.77	1,516.97
500	shs	ABB LTD SPONS ADR	13,610.00	8,540.00
52	shs	AMC NETWORKS INC CL A	707.12	1,661.40
2,544	shs	AT & T INC COM	64,671.91	72,554.88
105	shs	ACE LIMITED	6,701.69	6,363.00
1,000	shs	ADOBE SYSTEMS INC	25,539.86	24,170.00
28	shs	AFLAC INC	1,297.65	978.60
104	shs	ALCOA INC	1,145.66	995.28
50	shs	ALLSTATE CORP	1,483.92	1,184.50
27	shs	ALPHA NATURAL RESOURCES INC	1,072.98	477.63
1,067	shs	ALTRIA GROUP INC	22,131.01	28,606.27
58	shs	AMERICAN EQ INVT LIFE HLDG CO	728.08	507.50
270	shs	AMERICAN EXPRESS CO	13,349.94	12,123.00
332	shs	AMERICAN WATER WORKS CO INC	7,640.08	10,019.76
53	shs	AMERIPRISE FINCL INC	2,010.31	2,086.08
66	shs	AMGEN INC	3,633.10	3,627.36
85	shs	ANADARKO PETE	2,379.15	5,359.25
34	shs	ANNALY CAPITAL MNGMT INC	614.34	565.42
21	shs	AON CORP	1,010.02	881.58
43	shs	ARCHER DANIELS MIDLAND	1,212.11	1,066.83
129	shs	AUTODESK INC DELAWARE	2,649.95	3,584.91
204	shs	AUTOMATIC DATA PROC	9,604.74	9,618.60
26	shs	AVNET INC	612.15	678.08
88	shs	BIOGEN IDEC INC	3,613.81	8,197.20
79	shs	BROADCOM CORP CL A	1,307.29	2,629.91
500	shs	BANK AMERICA CORP COM	22,665.00	3,060.00
2,000	shs	BANCO SANTANDER SA ADR	31,379.06	15,360.00
209	shs	CABLEVISION SYSTEMS CORP	3,164.78	3,287.57
318	shs	CARDINAL HEALTH INC OHIO	10,000.66	13,317.84
553	shs	CATERPILLAR INC DEL	20,781.57	40,833.52
195	shs	CBIZ INC	1,159.43	1,285.05
500	shs	CENTURYTEL INC COM	17,566.05	16,560.00
72	shs	CENTURYLINK INC	2,673.26	2,384.64
1,000	shs	CHESAPEAKE ENERGY CORP	23,528.30	25,550.00
31	shs	CHEVRON CORP	2,015.32	2,870.29
1,000	shs	CHINA MOBILE LTD SPONS ADR	45,718.48	48,710.00
14	shs	CIGNA CP	695.35	587.16
4,085	shs	CITIGROUP INC	33,039.55	12,423.21

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2011

(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
33	shs	CITRIX SYSTEMS INC	2,374.17	1,799.49
35	shs	COEUR D'ALENE MINES COR IDAHO	776.68	750.40
341	shs	COMCAST CORP CL A SPECIAL NEW	4,535.85	7,065.52
1,049	shs	CONOCOPHILLIPS	79,641.94	66,422.68
148	shs	CORNING INC	2,800.05	1,829.28
667	shs	COSTCO WHSL CORP NEW	32,438.10	54,775.71
296	shs	COVIDIEN PLC SHS	14,117.42	13,053.60
56	shs	CREE RESEARCH INC	1,268.10	1,454.88
365	shs	CVS CAREMARK CORP	12,950.20	12,260.35
1,000	shs	DEERE & CO	79,156.00	64,570.00
26	shs	DELTA AIRLINES INC COM NEW	-	195.00
226	shs	DIGITAL REALTY TR INC	11,565.51	12,466.16
44	shs	DISCOVER FINCL SVCS	550.11	1,009.36
35	shs	DISH NETWORK CORP CL A	986.70	876.75
72	shs	DOLBY CLA A COM STK	2,210.74	1,975.68
108	shs	DOW CHEMICAL CO	2,716.35	2,425.68
349	shs	DR PEPPER SNAPPLE GROUP	14,497.44	13,534.22
500	shs	DU PONT E I DE NEMOURS & CO	23,025.00	19,985.00
17	shs	EATON CORP	589.53	603.50
31	shs	EDISON INT'L	1,020.99	1,185.75
53	shs	ENSCO PLC SPON ADR	2,804.88	2,142.79
29	shs	EXELON CORP	1,229.10	1,235.69
1,000	shs	EXXON MOBIL CORP COM	33,540.00	72,630.00
90	shs	FEDERAL SIGNAL CORP	542.24	397.80
50	shs	FIRSTENERGY CORP	1,927.51	2,245.50
54	shs	FLOUR CORP NEW	1,815.14	2,513.70
18	shs	FOOT LOCKER INC	340.20	361.62
167	shs	FOREST LABORATORIES	3,815.71	5,141.93
500	shs	FOSTER WHEELER AG	28,280.00	8,895.00
250	shs	FRANCE TELECOM SPONS ADR	7,174.98	4,092.50
40	shs	FREEPORT MCMORAN CP & GLD	763.89	1,218.00
240	shs	FRONTIER COMMUNICATIONS CORP	1,799.11	1,466.40
522	shs	GENERAL DYNAMICS CORP COM	41,609.14	29,696.58
1,248	shs	GENERAL ELECTRIC CO	33,096.63	18,994.56
17	shs	GOLDMAN SACHS GRP INC	2,765.46	1,607.35
28	shs	GREENBRIER COS INC	497.62	326.20
1,000	shs	HALLIBURTON CO COM	30,790.00	30,520.00
29	shs	HEALTH CARE REIT INC	1,298.28	1,357.20
21	shs	HELIX ENERGY SOLUTIONS GRP INC	342.94	275.10
1,000	shs	HEWLETT PACKARD CO COM	43,680.00	22,450.00
95	shs	HOLOGIC INC	1,462.11	1,444.95
150	shs	HUMAN GENOME SCIENCES INC	3,053.34	1,903.50
292	shs	HONEYWELL INTL INC DEL	8,708.19	12,821.72
140	shs	IMMUNOGEN INC	1,119.45	1,534.40
74	shs	INTEL CORP	1,698.91	1,578.78
79	shs	INTL BUSINESS MACHINES	6,628.00	13,814.73
1,128	shs	ISHARES MSCI EAFE FUND	43,610.09	53,895.84
94	shs	ISIS PHARM INC	867.80	637.32
1,024	shs	JOHNSON & JOHNSON COM	62,499.80	65,218.56
98	shs	JP MORGAN CHASE & CO	4,078.64	2,951.76
1,000	shs	KBR INC COM	18,817.39	23,630.00
300	shs	KELLOGG CO	8,670.00	15,957.00
230	shs	KEYCORP NEW	1,711.35	1,363.90
60	shs	KRAFT FOODS INC	1,796.65	2,014.80

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2011

(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
38	shs	L-3 COMMUNICATIONS HOLDING INC	2,858.74	2,354.86
70	shs	LEGG MASON INC	1,479.20	1,799.70
36	shs	LIBERTY MEDIA HLDG CAP SER A	278.59	2,380.32
149	shs	LIBERTY MEDIA HLDG SR A INTER	1,130.13	2,199.24
529	shs	MARATHON OIL CORP	12,517.41	11,351.08
13	shs	MARTEN TRANSPORT LTD	293.55	224.12
34	shs	MATTEL INC	439.96	880.26
1,112	shs	MCDONALDS CORP	56,877.45	97,606.81
164	shs	MEADOWBROOK INS GP INC	1,256.35	1,461.24
500	shs	MERCK & CO INC NEW COM	24,725.00	16,350.00
500	shs	METLIFE INC COM	33,135.00	14,005.00
738	shs	MICROSOFT CORP	18,861.17	18,368.82
543	shs	NABORS INDS LTD SHS	18,379.01	6,657.18
36	shs	NASDAQ OMX GROUP INC	911.85	833.04
57	shs	NATIONAL OILWELL VARCO INC	1,734.90	2,919.54
73	shs	NAVIGANT CONSULTING INC	812.68	676.71
62	shs	NEUTRAL TANDEM INC	802.77	600.16
23	shs	NEXTERA ENERGY INC COM	1,068.24	1,242.46
78	shs	NIKE INC CL B	6,402.65	6,669.78
181	shs	NO AMER ENERGY PARTNERS INC	1,455.34	1,053.42
46	shs	NOBLE CORP NEW	2,018.61	1,350.10
37	shs	NUCOR CORPORATION	1,509.67	1,170.68
1,000	shs	NUTRI SYS INC NEW COM	33,100.00	12,110.00
27	shs	NYSE EURONEXT	750.45	627.48
120	shs	OCCIDENTAL PETE CORP CAL	12,181.11	8,580.00
89	shs	OFFICEMAX INC	881.19	431.65
138	shs	OLD NATL BANCORP IND	1,513.00	1,286.16
21	shs	OMNICARE INC	521.00	534.03
1,000	shs	OLIN CORP NEW COM	17,818.86	18,010.00
95	shs	PALL CORPORATION	2,198.30	4,028.00
1,000	shs	PATRIOT COAL CORP	14,710.00	8,460.00
39	shs	PEPCO HLDGS INC	721.89	737.88
1,100	shs	PEPSICO INC	64,414.64	68,090.00
52	shs	PETROQUEST ENERGY INC	372.98	286.00
25	shs	PG&E CORPORATION	945.62	1,057.50
1,000	shs	PHILIP MORRIS INTL INC	47,875.07	62,380.00
79	shs	PHOTRONICS INC	871.63	393.42

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2011

(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
68	shs	PRAXAIR INC	5,235.14	6,356.64
21	shs	PRESTIGE BRANDS HLDGS INC	216.53	190.05
199	shs	PRICE T ROWE GROUP	9,985.15	9,506.23
500	shs	PROCTOR & GAMBLE CO COM	30,011.15	31,590.00
92	shs	PROGRESSIVE CORP OHIO	1,876.42	1,633.92
32	shs	PRUDENTIAL FINANCIAL INC	1,092.80	1,499.52
500	shs	PUDA COAL INC	7,457.00	300.00
500	shs	RAYTHEON CO COM NEW	26,386.05	20,435.00
20	shs	REINSURANCE GROUP OF AMERICA	841.31	919.00
25	shs	ROYAL DUTCH SHELL PLC CL B	1,837.04	1,551.25
128	shs	SANDISK CORP	1,614.16	5,165.44
257	shs	SAP AG SHS	11,341.40	13,009.34
133	shs	SCHLUMBERGER LTD	8,272.50	7,944.09
1,357	shs	SEAGATE TECHNOLOGY	27,296.95	13,948.17
1,000	shs	SKECHERS USA INC CL A	20,710.00	14,030.00
1,000	shs	SOUTHWESTERN ENERGY CO COM	37,442.86	33,330.00
29	shs	SPARTAN STORES INC	535.06	448.92
61	shs	SPIRIT AEROSYSTEMS HLD CLA A	1,199.94	972.95
1,500	shs	STARBUCKS CORP COM	44,915.00	55,935.00
68	shs	SYMMETRY MEDICAL INC	672.13	524.96
1,000	shs	TATA MTRS LTD SPON	17,000.00	15,380.00
1,000	shs	TEREX CORP NEW	21,638.00	10,260.00
165	shs	TE CONNECTIVITY LTD NEW	2,876.45	4,643.10
70	shs	TEVA PHARMACEUTICALS	3,582.73	2,605.40
49	shs	THE DIRECTTV GROUP CL A	761.97	2,071.23
129	shs	TIFFANY & CO NEW	9,682.03	7,845.78
71	shs	TIME WARNER	2,083.11	2,127.87
84	shs	TSAKOS ENERGY NAVIGATION LTD	888.13	468.72
211	shs	TYCO INTERNATIONAL LTD NEW	5,441.99	8,598.25
13	shs	UMB FINANCIAL CORP	516.22	417.04
2,256	shs	UNITEDHEALTH GP INC	89,100.12	104,046.72
451	shs	UNITED PARCEL SVC INC	29,990.74	28,480.65
185	shs	UNITED TECHS CORP COM	9,122.78	13,016.60
83	shs	U S BANCORP COM NEW	2,254.43	1,953.82
500	shs	VALERO ENERGY CORP	28,435.00	8,890.00
1,080	shs	VERIZON COMMUNICATIONS	29,499.97	39,744.00
60	shs	VERTEX PHARMACEUTICALS	1,618.35	2,667.60
8	shs	VF CORPORATION	420.75	972.16
233	shs	VIACOM INC NEW CLASS B	10,332.07	9,026.42
378	shs	VODAFONE GROP PLC SP ADR	9,922.50	9,699.48
2,282	shs	WEATHERFORD INTL LTD	38,123.62	27,843.22
145	shs	WELLPOINT INC	9,757.44	9,465.60
89	shs	WELLS FARGO & CO NEW	2,517.59	2,146.68
157	shs	WINN DIXIE STORES INC	1,115.41	929.44
316	shs	WISCONSIN ENERGY CORP	7,621.75	9,887.64
201	shs	XEROX CORP	2,013.40	1,400.97
			2,057,638.03	2,001,842.99

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2011

(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
		CORPORATE BONDS		
45,000	shs	DELTA AIR LINES INC 9.480% 6/5/06	20,080.36	-
23,000	shs	DUPONT EI DE NEMOURS 4.125% 3/6/13	24,201.96	23,968.99
10,000	shs	COMMONWEALTH EDISON CO 5.950% 8/15/16	9,532.11	11,570.60
10,000	shs	K MART FUNDING CORP 9.440% 7/1/18	6,340.19	-
50,000	shs	CENTERPOINT ENERGY HOUSTON 5.60% 7/01/23	45,901.89	57,040.00
5,000	shs	UNITED TELEPHONE CO FLA 1ST MTG SER GG 7.125%, 7/1	5,477.93	5,118.10
15,000	shs	PACIFICORP SECD 7.260% 7/21/23	15,683.48	19,115.85
10,000	shs	LEHMAN BROS HLDGS INC 5.75% 9/16/23	9,357.03	2,362.50
25,000	shs	WEYERHAEUSER CO 7.950% 3/15/25	28,451.72	28,756.50
22,000	shs	GEN ELEC CAPTL CORP MTN 5.250% 4/11/25	21,441.83	21,724.34
15,000	shs	UNION CARBIDE CORP 7.500% 6/1/25	15,942.50	17,728.50
5,000	shs	PHILIP MORRIS COS INC 7.75% 1/15/27	5,754.43	6,235.15
25,000	shs	JOHN HANCOCK LIFE INS CO 6.000% 11/15/27	26,446.67	29,260.00
42,000	shs	PUGET SOUND ENERGY INC 7.02% 12/01/27	48,997.64	55,206.48
5,000	shs	ANHEUSER BUSCH COS INC DEB 6.75%, 12/15/27	5,545.70	6,406.50
10,000	shs	GTE NORTH INCNC DEB SER G 6.73%, 02/15/28	10,421.08	8,221.10
7,000	shs	CINCINNATI FINL CORP 6.900% 5/15/28	7,661.83	7,773.71
27,000	shs	PUGET SOUND ENERGY INC 7% 3/9/29	31,670.72	34,332.93
8,000	shs	LACLEDE GAS CO 1ST MTG BD 7%, 6/1/29	9,115.22	9,702.00
12,000	shs	GENERAL ELEC CAP CORP MED 6.125% 08/15/30	12,134.62	12,001.20
15,000	shs	GENERAL MTRS ACCEP CORP 8.000% 11/1/31	16,129.58	13,684.95
29,000	shs	KRAFT FOODS INC 6.50% 11/01/31	29,390.60	36,389.49
30,000	shs	DETROIT EDISON CO 6.350% 10/15/32	32,317.09	38,212.20
13,000	shs	SARA LEE CORP 6.125% 11/01/32	12,806.43	13,037.57
9,000	shs	COMMONWLTH EDISON NOTES 5.875% 2/01/33	9,164.83	10,684.62
40,000	shs	OHIO PWR CO SR 6.600% 2/15/33	40,697.80	51,125.60
67,000	shs	FLORIDA POWER CORP 1MTG 5.9% 3/01/33	68,289.52	81,898.79
50,000	shs	MICHIGAN CONS GAS CO 5.700% 3/15/33	52,346.30	59,740.50
40,000	shs	SOUTH CAROLINA ELEC & GAS 5.3% 5/15/33	38,961.80	45,591.20
40,000	shs	ENTERGY GULF STS INC 1STM BD 6.200% 7/01/33	42,416.91	39,905.60
50,000	shs	CAROLINA PWR & LT 6.125% 9/15/33	52,269.61	63,291.50
6,000	shs	ENERGY EAST CORP NT 6.750% 9/15/33	5,252.89	6,506.22
50,000	shs	SOUTHERN CALIF EDISON 6.000% 1/15/34	52,570.47	64,302.50
15,000	shs	GOLDMAN SACHS CAP 6.345% 2/15/34	15,533.74	13,583.40
48,000	shs	PACIFIC GAS & ELEC CO 6.05% 3/1/34	51,280.30	57,289.44
20,000	shs	ENTERGY MISS INC 6.25% 4/1/34	20,803.80	20,721.40
35,000	shs	FLORIDA PWR & LT 5.625% 4/1/34	36,458.49	42,211.75
35,000	shs	POTOMAC ELEC PWR CO 5.750% 4/15/34	34,210.95	40,880.00
8,000	shs	METLIFE INC SR NT 6.375% 06/15/34	7,903.83	9,385.36
16,000	shs	IDAHO PWR CO 1ST MTG 5.875% 8/15/34	16,885.69	19,217.60
10,000	shs	MBIA INC SR NOTES 5.700% 12/01/34	10,390.88	5,911.20
9,000	shs	LOEWS CORP SR NT 6.00% 2/1/35	8,405.44	9,773.46
8,000	shs	SAN DIEGO GAS & ELEC 5.35% 5/15/35	8,418.14	9,626.00
24,000	shs	TARGET CORP 7.000% 1/15/38	25,898.15	32,866.56
20,000	shs	GENERAL ELEC CAP CORP 6.875% 1/10/39	19,153.38	22,954.80
			1,068,115.53	1,165,316.16

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2011

(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
		MUNICIPAL BONDS		
10,000	shs	WEST KERN CALIF WTR REC CTFS 5.36%, 6/1/20	10,368.12	10,758.80
5,000	shs	LUCIA MAR UNI SCH DIST CALIF CTFS	5,833.36	5,383.00
5,000	shs	CALIF CMNTY COLLEGE FING AUTH REV WEST	5,836.61	5,702.85
10,000	shs	FRESNO CALIF WTR SYS REV TAXABLE-SER 6.5%, 06/01/3	10,096.11	11,488.50
10,000	shs	TUOLUMNE WIND PROJ AUTH CALIF REV TUOLUMNE CO (	11,033.91	11,583.00
5,000	shs	JURUPA CALIF CMNTHY SVCS DIST CTFS	5,439.81	5,839.25
5,000	shs	CONTRA COSTA CNTY PUB FING AUTH LEASE	5,288.00	5,319.15
15,000	shs	WEST VY MISSION CMNTY COLLEGE DISTR	15,538.30	16,053.00
10,000	shs	MOULTON-NIGUEL CALIF WTR DISTR CTFS PARTN	11,040.34	11,172.90
5,000	shs	BRENTWOOD CALIF INFRASTRUCTURE FING AUTH LEASE	5,939.93	5,393.15
20,000	shs	LODI CALIF PUB FING AUTH WTR REV 6.637%, 6/1/40	19,680.11	21,286.60
5,000	shs	HAYWARD CALIF UNI SCH DIST TAXABLE ELECTION 7.35%	5,549.35	5,626.55
			111,643.95	115,606.75
		LIMITED PARTNERSHIPS:		
		HEALTH & WELLNESS CENTER	240,000.00	240,000.00
		PEABODY SELF STORAGE	209,091.00	209,091.00
			449,091.00	449,091.00
		MUTUAL FUNDS:		
761.89	shs	ALLIANCEBER INTL GRWTH A	7,489.38	9,127.44
552.131	shs	ALLIANZ NFJ INTL VALUE A	7,481.37	9,319.97
5178	shs	AMERICAN EURO PACIFIC	250,148.04	177,087.60
16.29	shs	AMERICAN INTL GROUP INC	11,303.76	200.08
3977	shs	AMERICAN SMALL CAP WORLD	166,000.00	125,076.65
2015.084	shs	BLACKROCK EQUITY DIV A	26,961.83	33,067.53
793.367	shs	BLACKROCK INFLAT PROT BOND A	7,489.38	9,028.52
197.322	shs	BLACKROCK US OPPORTUNITIES	4,493.03	6,399.15
130.29	shs	COHEN & STEERS REALTY SHRS INC	4,433.29	6,978.33
4008.773	shs	COLUMBIA SELECT LG CP GRWTH A	27,771.08	45,098.70
19237	shs	DELAWARE CORP BOND	112,356.62	113,499.71
10429.93	shs	INVESCO PREMIER PTF INSTL	10,429.93	10,429.93
3309.306	shs	PIMCO TOTAL RETURN A	34,449.88	35,707.41
33904	shs	PIMCO TOTAL RETURN FD CL A	353,500.30	365,829.50
10333	shs	PIONEER STRATEGIC	112,631.25	109,945.55
1550.996	shs	PRINCIPAL PREFERRED SEC A	10,484.73	14,610.38
513.157	shs	PRUDENTIAL SMALL CAP VALUE A	4,493.03	5,926.96
370	shs	SCHRODER EMERGING MKT EQI ADV	4,548.12	3,996.27
3719	shs	SPDR BARCLAY CAPITAL INTR	218,285.42	227,945.86
28634	shs	TCW TOTAL RETURN BOND	272,711.96	282,627.39
509.802	shs	VANGUARD 500 INDEX FUND	60,912.73	53,111.17
1565	shs	VANGUARD TOTAL BOND MARKET	119,116.77	131,053.17
2667.87	shs	VIRTUS MULTI SECTOR S/T BD A	10,484.73	12,458.95
			1,837,976.63	1,788,526.22
		TOTAL INVESTMENTS	10,749,187.92	10,745,105.90

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR)

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2011

	(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisitions	(d) Proceeds of dispositions
	COMMON STOCK:			
4 shs	ACE LIMITED		255.30	245.55
18 shs	AMERICAN EXPRESS CO		889.99	860.49
11 shs	AUTOMATIC DATA PROC		500.50	566.27
78 shs	CARNIVAL CORP PAIRED SHS		3,593.46	2,980.72
7 shs	COSTCO WHOLESALE CORP DEL		560.09	543.40
49 shs	ENBRIDGE INC COM		2,860.13	1,571.79
144 shs	MARATHON OIL CORP		3,344.67	6,001.62
7 shs	NIKE INC CL B		575.26	578.61
21 shs	SCHLUMBERGER LTD		1,295.81	1,714.41
21 shs	VODAFONE GROP PLC SP ADR		551.25	539.06
38 shs	WALGREEN COMPANY		1,588.40	1,331.71