# 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), 6057(b), 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

**2011**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**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
COX & COMPANY, INC. EMPLOYEE STOCK OWNERSHIP PLAN

**1b** Three-digit plan number (PN) ▶ 004

**1c** Effective date of plan 01/01/2003

**2a** Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

COX & COMPANY, INC.

1664 OLD COUNTRY ROAD
PLAINVIEW, NY 11803

**2b** Employer Identification Number (EIN) 13-5618975

**2c** Sponsor's telephone number 212-366-0200

**2d** Business code (see instructions) 339900

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/12/2012 | JAMES JAFFE |
| | **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")
COX & COMPANY, INC.

1664 OLD COUNTRY ROAD
PLAINVIEW, NY 11803

**3b** Administrator's EIN
13-5618975

**3c** Administrator's telephone number
212-366-0200

**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** | 232 |
| **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** | 174 |
| **b** | Retired or separated participants receiving benefits | **6b** | 4 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 58 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 236 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 2 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 238 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 238 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 1 |
| **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:
2P 2I 2Q 3I

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

# 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

**2011**

**This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
COX & COMPANY, INC. EMPLOYEE STOCK OWNERSHIP PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
COX & COMPANY, INC.

**D** Employer Identification Number (EIN)
13-5618975

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 24 | 23 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(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) | 8746437 | 11493939 |
| **(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 | 8746461 | 11493962 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | 4902610 | 4427361 |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 4902610 | 4427361 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 3843851 | 7066601 |

## 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) | 708341 | |
| **(B)** Participants | 2a(1)(B) | | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 708341 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| 2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | 2836728 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 2836728 |
| (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 | | 3545069 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 89227 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 89227 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | 233092 |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 0 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 322319 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 3222750 |
| 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: DDK & COMPANY, LLP (2) EIN: 13-2738625

**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 | | 1000000 |
| **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** | | | |
| **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

**2011**

**This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
COX & COMPANY, INC. EMPLOYEE STOCK OWNERSHIP PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
COX & COMPANY, INC.

**D** Employer Identification Number (EIN)
13-5618975

## 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): 20-1179923

**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 (include any prior year accumulated funding deficiency not waived) ..... 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 or other authority 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. 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): _____

**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):

# Cox & Company, Inc.
# Employee Stock Ownership Plan
## Financial Statements and Supplementary Schedule
## Years Ended December 31, 2011 and 2010

# Cox & Company, Inc.
# Employee Stock Ownership Plan

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# R GRABER CPA, PLLC

**Independent Auditors' Report**

The Plan Administrator and Participants
Cox & Company, Inc. Employee Stock
Ownership Plan

We have audited the accompanying statements of net assets available for plan benefits of Cox & Company, Inc. Employee Stock Ownership Plan ("Plan") as of December 31, 2011, and the related statements of changes in net assets available for plan benefits for the year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit. The financial statements of Cox & Company, Inc. Employee Stock Ownership Plan as of December 31, 2010, were audited by other auditors whose report dated October 13, 2011, expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States. Those standards require that we 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. We believe that our audit provides a reasonable basis for our opinion.

In our opinion the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2011 and the changes in its net assets available for benefits for the year then ended in conformity with accounting principles generally accepted in the United States.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held for investment purposes at December 31, 2011, is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

R Graber CPA, PLLC

R Graber CPA, PLLC
New York, New York
October 3, 2012

**Cox & Company, Inc.**
**Employee Stock Ownership Plan**
**Statements of Net Assets Available for Plan Benefits**

| | December 31, | |
|---|---|---|
| | 2011 | 2010 |
| **ASSETS** | | |
| Investment in Cox & Company Common Stock, at fair value | $ 11,493,939 | $ 8,746,437 |
| Cash and cash equivalents | 23 | 24 |
| Total assets | 11,493,962 | 8,746,461 |
| **LIABILITY** | | |
| Loans payable | 4,427,362 | 4,902,610 |
| Net assets available for plan benefits | $ 7,066,600 | $ 3,843,851 |

*See accompanying notes to financial statements.*

**Cox & Company, Inc.**
**Employee Stock Ownership Plan**
**Statements of Changes in Net Assets Available for Plan Benefits**

| | Year ended December 31, | |
|---|---|---|
| | 2011 | 2010 |
| **ADDITIONS :** | | |
| Investment income: | | |
| Net appreciation in fair value of investment in Cox & Company Common Stock | $ 2,836,728 | $ 2,254,326 |
| Employer contribution | 708,341 | 729,082 |
| Total additions | 3,545,069 | 2,983,408 |
| **DEDUCTIONS :** | | |
| Interest expense | 233,093 | 256,292 |
| Distributions to participants | 89,227 | 68,547 |
| Total deductions | 322,320 | 324,839 |
| Increase in net assets available for plan benefits | 3,222,749 | 2,658,569 |
| Net assets available for plan benefits, beginning of year | 3,843,851 | 1,185,282 |
| Net assets available for plan benefits, end of year | $ 7,066,600 | $ 3,843,851 |

*See accompanying notes to financial statements.*

## Note 1- Description of Plan

The following description of the Cox & Company, Inc. Employee Stock Ownership Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

### General

Cox & Company, Inc. ("Company") originally established the Cox & Company, Inc. Employee Stock Ownership Plan ("Plan"), effective as of January 1, 2003. Effective January 1, 2008, the Company amended and restated the Plan.

The Plan is set up for the benefit of the Company's employees and invests primarily in the stock of the Company ("Company Stock").

On December 29, 2003, the Company purchased 655,000 shares of the Company common stock from stockholders for $6,222,500 using the proceeds of a loan from the Company, which had obtained financing from a third party ("Share Acquisition 1").

On November 26, 2008, 250,000 shares of the Company common stock were purchased from the Company for $1,697,500 using the proceeds of a loan from the Company, which had obtained financing from a third party ("Share Acquisition 2").

The Company common stock acquired and the Company loans related to their acquisitions are referred to as ESOP Shares and Acquisition Loan 1 and Acquisition Loan 2, respectively.

Initially the ESOP Shares owned by the Plan are not allocated to Plan participants and collateralize the Acquisition Loans. As of December 31 of each year the trustee of the Plan calculates the number of shares to be allocated to eligible employees ("Released Shares"). The annual calculation for shares to be released is as follows:

Share Acquisition 1 - The ratio of principal and interest paid during the year by the Plan to the total remaining principal and interest payments to be made by the Plan on Acquisition Loan 1 as of the beginning of the year

Share Acquisition 2 - On a straight line basis over the 20 year term of Acquisition Loan 2

### Eligibility

All employees who were participants in the Plan on January 1, 2008 were automatically eligible to participate in the Plan. All other employees of the Company who (1) are not covered by a collective bargaining agreement excluding participation or (2) are not leased employees are eligible to participate in the Plan as of the Plan entry date coinciding with their date of hire or if their hire date is not an entry date then on the next entry date ("Enrollment Date"). The Plan entry dates are January 1 and July 1.

**Note 1- Description of Plan (Continued)**

**Contributions and Other Plan Funding**

The Company, under the Plan, is required annually to make contributions to the Plan equal to the debt service for that year due under the Acquisition Loans less any dividends the Plan received in that year on ESOP Shares it owns. These contributions can be made in cash or forgiveness of indebtedness. In addition, the Company can make discretionary contributions in cash, Company Stock or forgiveness of indebtedness.

Employees cannot make contributions to the Plan.

Any dividends paid by the Company on cumulative Released Shares, at the discretion of the Plan trustee, can be used to repay Acquisition Loans; be added to the Participant Account balances or distributed to the participants. Dividends paid by the Company on unreleased shares are to be used to pay down the Acquisition Loans.

**Participation and Allocations**

Under the Plan, a participant if employed on the last day of the Plan year (1) participates in the allocation of any contributions to the Plan by the Company (2) in the allocation of any forfeitures of any unvested participant balances and (3) in any dividends on unreleased Company shares. However, a participant meeting the Year of Service requirement that retires after the Plan's normal retirement age of 62, dies or is disabled during the Plan Year, while employed by the Company, does not have to be employed on the last day of the Plan Year to receive the contribution and forfeiture allocations. Hours of service include hours the participant is paid for by the Company during the Plan Year or entitled to be paid for directly or indirectly for vacation, holidays, illness, disability, lay-off, jury duty and temporary military duty, union-authorized lost time or leave of absence.

The allocations of Company contributions, dividends on unallocated shares used to pay down Acquisition Loans and forfeitures of unvested participant balances are made to participants eligible to receive allocations based on each participant's compensation, as defined, subject to annual limitations under the Internal Revenue Code ("Eligible Compensation"), to the Eligible Compensation of all Plan participants receiving allocations. In the year of enrollment into the Plan, Eligible Compensation for allocation purposes is determined using the Participant's compensation for the entire year.

Company dividends on ESOP Shares previously allocated to participants are allocated to participants based on the proportion of Company Stock in each participants account to the total of all Company Stock owned by the Plan at the beginning of the year that the dividend is paid.

**Note 1- Description of Plan (Continued)**

**Participant Accounts**

The Plan is a defined contribution plan under which a separate account is established for each participant. Each participant's account is credited or charged annually with (1) the participant's allocation of the Company's contribution; dividends on unreleased shares and forfeitures (2) a proportional share of any gains or losses from the change in value of Company shares on released shares; dividends received on released shares of Company Stock and other investment income or expense.

**Vesting**

For vesting purposes, a participant receiving credit for 1,000 hours of service in a Plan year earns a year of service ("Year of Service").

Vesting of Company contributions made through the Plan year in which the Acquisition Loan 1 is paid in full is as follows:

| Completed Years of Service | Percentage Vested |
|---|---|
| Fewer than 3 | 0% |
| 3 | 20% |
| 4 | 40% |
| 5 | 60% |
| 6 | 80% |
| 7 | 100% |

Vesting of Company contributions made after the Acquisition Loan 1 is paid in full is as follows:

| Years of Service | Percentage Vested |
|---|---|
| Fewer than 2 | 0% |
| 2 | 20% |
| 3 | 40% |
| 4 | 60% |
| 5 | 80% |
| 6 | 100% |

A participant shall become fully vested in their participant account balance, if while the participant is employed by the Company, the participant attains normal retirement age, dies or becomes disabled.

**Note 1- Description of Plan (Continued)**

**Re-employment**

If an individual is re-employed prior to a five year break in service the individuals vesting status immediately before termination will be reinstated.

**Forfeited Accounts**

After a five year break in service the non-vested balance in a participant's account is forfeited. A break in service occurs when a participant receives credit for less than 501 hours of service in a Plan Year. Forfeited amounts are considered Company contributions for allocation purposes.

**Distributions**

Under the Plan, the distribution policy for the Plan may be amended from time to time by the Company. The distribution policy in effect during 2011 and 2010 ("Current Distribution Policy") is described below.

*Eligibility and form of payment:*

After termination of service due to death, disability or normal retirement (62) or as otherwise provided in the Plan, a participant shall be entitled to receive distributions, in cash, of their vested account balance.

To enable cash payment by the Plan to a participant, the Company is required to purchase the vested Company Stock in the participant's account at its fair market value.

*Timing of distributions:*

Distributions due to retirement, under the Plan, are to begin no later than one year after close of the Plan year in which termination of service occurs except for distributions to participants who retire at normal retirement age with 10 years of participation. Distributions to those participants are to begin within 60 days of the Plan year end in which they retire. The timing of the distributions depends on the Plan's distribution policy. Under the Current Distribution Policy, unless the retiree requests to delay payment of distributions, distributions to participants retiring before November 1 will begin in the year of retirement. Payments to participants retiring November or later will begin in the next Plan year.

Distributions due to disability, unless the participant requests to delay payment of distributions, will be made no later than one year after close of the Plan year in which the disability occurs with the full benefit being paid within five years from the date of the disability.

**Distributions (Continued)**

*Timing of distributions (Concluded):*

Distributions due to death will be made no later than one year after close of the Plan year in which death occurs, unless (1) payments have already begun or (2) the beneficiary elects to defer payments. If payments to the participant have started, the payment schedule in place at the time of death will be used.

If a participant terminates employment other than for retirement, death or disability and the value of the participant's vested account balance is less than $5,000 the participant can elect to receive this balance in a lump sum by the end of the Plan year following termination or in any year thereafter. The Plan will automatically distribute any participant balance under $1,000. If the terminated participant's balance is greater than $5,000 the participant may elect to begin receiving distributions by the close of the sixth Plan year after close of the Plan year in which termination of service occurs. If this election is not made the participant may then elect to begin to receive distributions any time prior to the participant's normal retirement date.

Generally, a participant that is not employed by the Company must begin to receive distributions no later than April 1$^{st}$ of the calendar year following the year that they reached the age of 70-1/2 years.

The Plan, at the plan administrator's discretion, may make lump-sum distributions in the event of participant conflicts of interest, as defined.

*Calculation of the amount of distributions:*

Under the current distribution policy adopted by the Plan, if at the date that an initial distribution is made to a terminated participant and the fair market value of that participant's account is $10,000 or less a lump sum payment will be paid to the participant. If the fair market value of the participant's account at the date of the initial distribution is greater than $10,000 an initial installment equal to the greater of $10,000 or 1/5$^{th}$ of the participant's account fair market value will be made with the remaining account balance to be paid in 4 annual installments, with the amount of each of the remaining installments to be determined based on the fair market value of the participant's account as of the date of the installment divided by the number of remaining installments.

*Fair market value for distributions:*

Fair market value of a participant's account is determined, at each distribution date, using the fair market value of the Company Stock and other investments in the participant's account as of the end of the previous Plan Year End.

The fair market value of Company Stock is determined by an independent appraiser, as of the December 31 year end of the Company.

**Plan Diversification**

Participants who are 55 years old or older and have completed 10 years of service in the Plan can elect to diversify a portion of the balance in their Participant's Account attributable to Company stock ("Company Stock Portion") over a period of 6 years. In years 1-5 the participant can diversify up to an aggregate of 25% of the Company Stock Portion and up to an aggregate of 50% of the Company Stock Portion in the sixth year.

**Plan Administration**

The Plan is administered by an administrative committee that is comprised in part by officers and employees of the Company.

First Bankers Trust Company Services, Inc. is the trustee and custodian of the Plan ("Trustee").

**Administrative Expenses**

The Company may but is not obligated to pay the administrative expenses of the Plan. For the years ended December 31, 2011 and 2010, all expenses of the Plan were paid for by the Company.

**Forfeited Accounts**

After a five year break in service the non-vested balance in a participant's account is forfeited. A break in service occurs when a participant receives credit for less than 501 hours of service in a Plan Year. Forfeited amounts are considered Company contributions.

Forfeitures were $19,933 in 2011 and $14,103 in 2010.

**Income Taxes**

The Plan is a qualified benefit plan under Section 401(a) of the Internal Revenue Code ("Code"), and therefore is not subject to taxation under present income tax laws. The Plan received a favorable Internal Revenue Service determination letter dated September 30, 2005.

The Plan has been amended from time to time since receiving the determination letter. However the plan's administrator believes that the Plan is currently designed and operating in compliance with the applicable provisions of the Code, and therefore remains tax exempt.

### Voting Rights

The Plan's Trustee, using its discretion as to what is in the best collective interest of the Plan participants, generally votes all shares of the Company Stock held by the Plan with respect to all corporate matters which Company shareholders are entitled to vote. However, each participant is entitled to direct the Trustee as to the voting of shares in his or her account with respect to approval or disapproval of any corporate merger or consolidation, recapitalization, reclassification, liquidation, dissolution and sale of substantially all assets of the Company.

### Plan Termination and Amendment

Although it has not expressed any intent to do so, the Company has the right to amend or terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their participant account balances. Upon termination, the Plan at the discretion of the Company, may distribute the participant account balances to the participants or distribute the participant account balances in accordance with the distribution section of the Plan.

## Note 2- Summary of Significant Accounting Policies and Other Matters

### Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

### Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein. Accordingly, actual results may differ from those estimates.

### Investment Valuation

Substantially all of the Plan's investments are in the form of Company Stock. Since the Company is closely held, and there is no public market for its ownership interests, an appraisal is performed by an independent appraiser, chosen by the Trustee. The appraisal is performed in accordance with guidelines established by the Department of Labor and in conformity with appraisal practices promulgated by the American Society of Appraisers and the Appraisal Foundation. The appraisal is performed as of the close of business on December 31 of each Plan year or other valuation date determined by the Trustee. The appraisals for 2011 and 2010 reflect fair market values of each share of Company Stock of $13.29 and $10.01, respectively.

### Note 3- Risk and Uncertainties

The Plan's investments are in Company Stock. Due to the level of uncertainty related to changes in value of the Company Stock, it is reasonably possible that changes in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

### Note 4- Investment in Company Stock

The Plan's investment in Company Stock is as follows:

| | Number of Shares | Original Cost | Fair Value |
|---|---|---|---|
| December 31, 2011 | | | |
| Allocated shares | 390,627 | $3,610,885 | $ 5,191,433 |
| Unallocated shares | 474,229 | 3,930,779 | 6,302,506 |
| | 864,856 | $7,541,664 | $ |
| 11,493,939 | | | |
| December 31, 2010 | | | |
| Allocated shares | 343,366 | $3,193,327 | $ 3,437,093 |
| Unallocated shares | 530,404 | 4,430,671 | 5,309,344 |
| | 873,770 | $7,623,998 | $ 8,746,437 |

During 2011 and 2010, in connection with participant distributions, the Company purchased and retired 8,914 and 9,226 shares, respectively.

### Note 5- Fair Value Measurements

The Plan has implemented ASC Topic 820-10, Fair Value Measurements and disclosures, for its financial assets and liabilities. ASC 820-10 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs of valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1- measurements) and the lowest priority to inputs that are unobservable to third parties (level 3- measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

- Level 1-Quoted prices in active markets for identical assets or liabilities.
- Level 2- Quoted prices for similar assets or liabilities in active markets: quoted prices for identical or similar assets or liabilities in inactive markets and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**Note 5- Fair Value Measurements (Concluded)**

- Level 3- Inputs to the valuation methodology are unobservable to third parties and are significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

All of the Plan's investments, at December 31, 2011, consisted of Company Stock which had a fair market value as of that date of $11,493,939 and are classified within level 3.

The fair value of the Company Stock is determined by an annual appraisal. The appraisal was based on a combination of market and income calculation methods consistent with prior years. The appraiser used in its appraisal historical and prospective financial information provided by the Company.

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investment in Company Stock during the year ended December 31, 2011.

| | |
|---|---|
| Beginning balance | $ 8,746,437 |
| Sales in connection with distributions | ( 89,226) |
| Unrealized gain | 2,836,728 |
| Ending balance | $11,493,939 |

**Note 6- Acquisition Indebtedness**

Acquisition indebtedness consists of the following term loans ("Term Loans") payable to the Company:

| | |
|---|---|
| December 29, 2003, payable $414,833 annually plus interest at 5% to 12/29/18 | $2,903,834 |
| November 26, 2008, payable $127,574 annually including interest at 4.24% to 11/26/28 | 1,523,528 |
| | $4,427,362 |

**Note 6- Acquisition Indebtedness (Concluded)**

The aggregate amortization of the term loans is as follows:

| | |
|---|---|
| 2012 | $ 477,633 |
| 2013 | 480,472 |
| 2014 | 483,255 |
| 2015 | 486,156 |
| 2016 | 489,035 |
| Thereafter | 2,010,811 |
| | $4,427,362 |

The outstanding balance under the term loans is secured by unallocated Company Shares owned by the Plan.

**Note 7- Party-In-Interest Transactions**

Certain employees and officers of the Company perform administrative services to the Plan at no cost to the Plan.

The Plan's investments in Company Stock are managed by First Bankers Trust Services, Inc., the Plan's custodian. Fees paid by the Company on behalf of the Plan for investment management services were $10,062 in 2011 and $9,613 in 2010.

The Plan uses the services of an independent appraiser to value the Company Stock; an ESOP consultant to perform the allocation of shares to Plan participants, and a law firm. Fees paid by the Company on behalf of the Plan for these services were $9,458, $7,660 and $13,882 respectively in 2011, and $9,250, $6,911 and $5,250 respectively in 2010.

**Note 8- Subsequent Events**

The Plan has evaluated subsequent events from the statement of net assets available for benefits through October 3, 2012 and has determined that there were no events to disclose.

SUPPLEMENTARY INFORMATION

**Cox & Company, Inc.**
**Employee Stock Ownership Plan**
**Schedule H, Line 4 i- Schedule of Assets (Held at End of Year)**
**December 31, 2011**

**EIN: 13-5618975** **Plan No. 003**

| (a) | (b) | (c) | | (d) | (e) |
|---|---|---|---|---|---|
| | Identity of issuef, borrower, lessor or similar party | Description of Investment, including maturity date, rate of interest, collateral, par or maturity value | | Cost | Current value |
| * | Cox & Company, Inc. | 864,856 | Common shares, par value $.01 | $ 7,541,664 | $ 11,493,939 |

* Denotes party-in-interest

**Attachment to 2011 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** Cox & Company, Inc. Employee Stock Ownership Plan **EIN:** 13-5618975
**Plan Sponsor's Name** Cox & Company, Inc. **PN:** 004

| (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 |
|---|---|---|---|---|
| * | Cox & Company, Inc. | 864,856 Common Shares | 7,541,664 | 11,493,939 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |