

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 <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>JI SPECIALTY SERVICES, INC. 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>01/01/1993</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>JI SPECIALTY SERVICES, INC.</u> <u>10535 BOYER BLVD., SUITE 100</u> <u>AUSTIN, TX 78758</u>	2b Employer Identification Number (EIN) <u>74-2445066</u> 2c Sponsor's telephone number <u>512-346-5314</u> 2d Business code (see instructions) <u>524290</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2012</u>	<u>FRANCIS FEY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") JI SPECIALTY SERVICES, INC. 10535 BOYER BLVD., SUITE 100 AUSTIN, TX 78758	3b Administrator's EIN 74-2445066 3c Administrator's telephone number 512-346-5314
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name THE JOSEPH IVY COMPANY	4b EIN 74-2385309 4c PN 001
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5 Total number of participants at the beginning of the plan year	5	129
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	122
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	26
d Subtotal. Add lines 6a , 6b , and 6c	6d	148
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	148
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	137
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	12

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 3H 3D

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>JI SPECIALTY SERVICES, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JI SPECIALTY SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>74-2445066</u>	

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.
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1 Coverage Information:

(a) Name of insurance carrier

NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>31-4156830</u>	<u>66869</u>	<u>GAP42/44/9901/2</u>	<u>137</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

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
<u>11688</u>	<u>2089</u>

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

ROBERT CECIL JR
14881 QUORUM DRIVE, SUITE 340
DALLAS, TX 75254

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>11688</u>	<u>2089</u>	<u>ADMINISTRATIVE SERVICES</u>	<u>3</u>

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

ROBERT CECIL
14881 QUORUM DRIVE, SUITE 340
DALLAS, TX 75254

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			<u>3</u>

(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	

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(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	71407
5 Current value of plan's interest under this contract in separate accounts at year end	5	4078447

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	71407
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	1607	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	1607
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d Total of balance and additions (add b and c(6))	7d	73014
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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)	
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f Balance at the end of the current year (subtract e(5) from d)	7f	73014
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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 organizations(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>JI SPECIALTY SERVICES, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JI SPECIALTY SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>74-2445066</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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?
15 19	RECORDKEEPER	61937	Yes ☒ No ☐	Yes ☐ No ☒	14735	Yes ☐ No ☒

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

CECILCO

14881 QUORUM DRIVE, SUITE 340
DALLAS, TX 75254-6725

(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?
13 17	ADMINISTRATOR	3255	Yes ☒ No ☐	Yes ☐ No ☒	10581	Yes ☐ No ☒

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

PROSPERA FINANCIAL

5429 LBJ FREEWAY
SUITE 400
DALLAS, TX 75240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 27	BROKER DEALER		Yes ☒ No ☐	Yes ☐ No ☒	13756	Yes ☐ No ☒

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CECILCO	13	10581
(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	THIRD PARTY ADMINISTRATOR	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
PROSPERA	27 52	13756
(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	INVESTMENT ADVISORY FEE	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
NATIONWIDE	15	1167
(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.
CECILCO 14881 QUORUM DRIVE, SUITE 340 DALLAS, TX 75254	RECORD KEEPING	

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>JI SPECIALTY SERVICES, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JI SPECIALTY SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>74-2445066</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: NATIONWIDE QUALIFIED PLANS VARIABLE

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

c EIN-PN <u>31-4156830-009</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4078447</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 JI SPECIALTY SERVICES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 JI SPECIALTY SERVICES, INC.	D Employer Identification Number (EIN) 74-2445066	

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)	140531	195067
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	133102	131681
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	3836827	4078447
(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)	71407	73014
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4181867	4478209

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4181867	4478209
---	-----------	---------	---------

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)	195067	
(B) Participants	2a(1)(B)	475830	
(C) Others (including rollovers)	2a(1)(C)	10404	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		681301
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1607	
(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)	6505	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8112
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-56602
(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		632811

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	331078	
(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)		331078
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		5391
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)		
(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		336469

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		296342
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ALEXANDER & LIEVENS, PC

(2) EIN: 74-2943125

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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)

THE JOSEPH IVY COMPANY 401(K) PROFIT SHARING PLAN

ANNUAL FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

THE JOSEPH IVY COMPANY 401(K) PROFIT SHARING PLAN

DECEMBER 31, 2011 AND 2010

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INDEPENDENT AUDITORS' REPORT

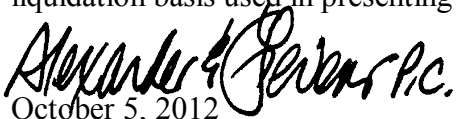
To the Plan Administrator and Participants of the
The Joseph Ivy Company 401(k) Profit Sharing Plan

We were engaged to audit the financial statements of The Joseph Ivy Company 401(k) Profit Sharing Plan as of December 31, 2011 and 2010 and for the year ended December 31, 2011, and the supplemental schedules as of and for the year ended December 31, 2011 as listed in the accompanying index. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note H, which was certified by Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB, the Plan custodian, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the Plan custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2011 and 2010 that the information provided to the plan administrator is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the custodian have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security of 1974.

As described in Note K to the financial statements, the Company was acquired in December 2011 and the assets of this Plan were transferred in a proposed plan merger into the plan of a related entity in 2012. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting from the ongoing plan basis to the liquidation basis used in presenting the 2011 financial statements.


October 5, 2012

THE JOSEPH IVY COMPANY 401(K) PROFIT SHARING PLAN

STATEMENT OF NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS AND STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
ASSETS		
Investments, at liquidation value for 2011 and fair value for 2010		
Participant-directed investments:		
Pooled separate account (Note D)	\$ 4,078,447	\$ 3,836,827
Guaranteed investment contract (Note D)	73,014	67,478
Total investments	<u>4,151,461</u>	<u>3,904,305</u>
Receivables		
Notes receivable from participants	131,681	133,102
Employer contributions receivable	195,067	140,531
Total receivables	<u>326,748</u>	<u>273,633</u>
TOTAL ASSETS	<u>4,478,209</u>	<u>4,177,938</u>
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS, at liquidation value for 2011 and at fair value for 2010	4,478,209	4,177,938
Adjustment from liquidation value or fair value to contract value for fully benefit-responsive investment contract	-	3,929
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,478,209</u>	<u>\$ 4,181,867</u>

The accompanying notes are an integral part of these financial statements.

THE JOSEPH IVY COMPANY 401(K) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2011

ADDITIONS:

Investment income	\$ 1,607
Interest from notes receivable from participants	6,505
Net realized and unrealized appreciation or (depreciation) in liquidation value of investments	(15,245)
Contributions	
Employer contributions	195,067
Participant contributions	475,830
Participant rollover contributions	10,404
TOTAL ADDITIONS	<u>674,168</u>

DEDUCTIONS:

Benefits paid to participants	336,469
Administration fees	41,357
TOTAL DEDUCTIONS	<u>377,826</u>

NET INCREASE 296,342

NET ASSETS AVAILABLE FOR BENEFITS,

Beginning of year 4,181,867

NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS,

End of year \$ 4,478,209

The accompanying notes are an integral part of these financial statements.

THE JOSEPH IVY COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

NOTE A - DESCRIPTION OF THE PLAN:

The following description of The Joseph Ivy Company 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan that was established January 1, 1993, and is maintained for the benefit of employees of The Joseph Ivy Company, JI Communications Group, Inc., Joseph Ivy Financial Group, Inc., JI Specialty Risks Insurance Agency, Inc., and JI Specialty Services, Inc. (collectively referred to as the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Francis Fey, Samuel Francis and Herman Juarez serve as the Plan Trustees.

Eligibility. All employees of the Company are eligible to participate in the Plan except for employees covered by a collective bargaining agreement, employees who are nonresident aliens with no U.S.-source compensation, and individuals who are not employees of the Company. Eligible employees become participants in the Plan upon hire.

Participant Elective Deferrals. Participants may contribute to the Plan through payroll deductions from 1% to 85% of annual compensation, as defined by the Plan. Highly Compensated Employees may contribute up to 15% of annual compensation. Participant salary deferrals are limited by the Internal Revenue Code to \$16,500 for 2011 and \$16,500 for 2010. Participants who have attained age 50 are permitted to contribute additional "catch-up" salary deferrals, as permitted by tax law.

New employees who becomes eligible for the Plan and do not elect a salary deferral percentage are deemed to make an automatic 6% salary deferral election.

Participant Rollover Contributions. Participants are allowed to make rollover contributions of amounts received from other tax-qualified employer-sponsored retirement plans.

Employer Contributions. At the discretion of the Company, the Company may declare matching contributions. The Company's matching contribution for the year, if any, is allocated to eligible participants. To be eligible for this discretionary Employer Matching Contribution, a participant must either be employed on the last day of the plan year and have completed 1,000 Hours of Service during the plan year, or have terminated employment during the plan year on or after attainment of age 65 or on account of death or total and permanent disability. For 2011, the Company declared an Employer Matching Contribution rate equal to 65% of the first 6% of each

THE JOSEPH IVY COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

eligible participant's Elective Deferral. The Company contributed Employer Matching Contributions of \$176,549 for 2011.

In addition to the Employer Matching Contributions, the Company may, in its discretion, make a Profit Sharing Contribution on behalf of eligible participants. The Profit Sharing Contribution, if any, will be allocated based on each eligible participant's compensation. To be eligible for the Profit Sharing Contribution, a participant must either be employed on the last day of the Plan year and have completed more than 1,000 Hours of Service in the Plan year, or have terminated employment during the plan year after attainment of age 65 or on account of death or total and permanent disability. The Company did not declare or fund a Profit Sharing Contribution for 2011.

Vesting. Participants are immediately and fully vested in their Participant Elective Deferrals and Participant Rollover Contributions and earnings thereon. Vesting in the Employer Matching Contribution and Profit Sharing Contribution, if any, and earnings thereon, is based on years of vesting service completed, in accordance with the following schedule:

<u>Years of Vesting Service Completed</u>	<u>Percentage Vested</u>
Fewer than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or more	100%

A Year of Service is a plan year in which a participant completes at least 1,000 Hours of Service. Amounts not vested at the time a participant terminates service are forfeited and allocated to remaining eligible participants in the same manner as the Employer Matching Contribution for the year. Forfeitures allocated to participants for 2011 were \$18,533.

Participant Accounts. Individual accounts are maintained for each participant. Each participant's account is credited with contributions in accordance with the participant's investment instructions. Interest and dividends earned by the investments are credited to the accounts based on unit shares held in the account, and the accounts are adjusted daily for appreciation or depreciation in the market value of the mutual fund shares. Participants may direct the investment of their account balances among investment options offered by the Plan.

THE JOSEPH IVY COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

Payment of Benefits. Upon termination of employment, the participant or beneficiary will receive the value of the vested interest in his or her account in a lump-sum distribution as soon as administratively feasible upon written consent to the distribution. For a participant whose account balance does not exceed \$1,000, the Plan may distribute the account balance without the participant's written consent. The Plan does not permit distributions prior to termination of service except for participants who have attained age 65, at any time for amounts in the participant's rollover account, or for hardship withdrawals for the purchase of a principal residence, the payment of medical expenses, payment of post-secondary education, or payment for the cost of preventing eviction from or foreclosure on the mortgage of a principal residence. The amount of the hardship withdrawal may not exceed the amount of the financial need.

Notes Receivable from Participants. Participants may borrow from their fund accounts the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Principal and interest are repaid ratably through payroll deductions over a period not to exceed five years. Interest earnings on loans are allocated to the participant's account.

Expenses of the Plan. The Company pays most expenses incurred in the administration and operation of the Plan. However, transaction fees for loan origination and benefit payments are charged to the Plan and allocated directly to the accounts of the participants incurring them. In addition, a third-party offers optional investment management services to Participants for a fee. Participants electing to use these investment advisory services are charged an annual fee equal to 1.35% of their account balances. Refer to Note E for additional information on investment management services and fees.

Amendment and Termination. As more fully discussed in Note K, the Company was acquired in December 2011 and the Plan was merged with a related entity during 2012.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting. The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment contracts held by a defined-contribution plan are required to be reported at liquidation value as of December 31, 2011 and fair value as of December 31, 2010. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because

THE JOSEPH IVY COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

contract value is the amount participants would receive if they were to initiate permitted transactions under the term of the Plan. The Statement of Net Assets Available for Benefits presents the liquidation value of the investment contract as well as in liquidation adjustment of the fully benefit-responsive investment contracts from liquidation value to contract value as of December 31, 2011. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value as of December 31, 2010. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value. See Note D for a description of the investment contract held by the Plan. As of December 31, 2011, the investment contracts are required to be reported at liquidation value.

Investment Valuation and Income Recognition. Investments are reported at liquidation value as of December 31, 2011 and fair value as of December 31, 2010. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note G for discussion of fair value measurements. Liquidation value is the likely price of an asset when it is allowed insufficient time to sell on the open market.

The net realized and unrealized gains on investments include realized gains and losses on sales of investments during the year and unrealized increases or decreases in the market and liquidation value of investments held at year-end

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits. Benefits are recorded when paid.

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.

Risks and Uncertainties. The Plan provides for various investment options in any combination of mutual funds offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets in liquidation available for benefits as of December 31, 2011, the statement of changes in

THE JOSEPH IVY COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

net assets available for benefits as of December 31, 2010, and the statement of changes in net assets in liquidation available for benefits for the year ended December 31, 2011.

Recent Accounting Pronouncements. In January 2010, ASC Topic 820, *Fair Value Measurement*, was amended to require expanded disclosures related to 1) transfers in and out of Levels 1 and 2 fair value measurements, and 2) presentation of gross versus net information in the roll forward activity for Level 3 fair value measurements. In addition, the amendment clarified disclosures regarding disaggregation, inputs and valuation techniques. The amendment was adopted in the Plan's 2010 financial statements, except for the change in the roll forward activity for Level 3 fair value measurements, which was adopted in the Plan's 2011 financial statements. The adoption of this standard did not have a material impact on the Plan's financial statements.

The FASB updated ASC Topic 820 to improve the comparability of fair value measurements presented and disclosed in financial statements, by changing the wording used to describe many of the requirements in accounting principles generally accepted in the United States of America for measuring fair value and disclosing information about fair value measurements. The amendment is effective for annual periods beginning after December 15, 2011. We do not expect this pronouncement to have a material effect on the Plan's financial statements.

NOTE C - FEDERAL INCOME TAXES:

The Plan obtained its latest opinion letter dated March 31, 2008 in which the Internal Revenue Service stated the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

THE JOSEPH IVY COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

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NOTE D - INVESTMENT CONTRACTS WITH INSURANCE COMPANY:

The Plan invests in a group annuity contract with Nationwide Life Insurance Company (Nationwide). Nationwide maintains the Plan assets in a pooled separate account invested in mutual fund investment subaccounts. The subaccounts are credited with actual earnings on the underlying investments and charged for Plan withdrawals and administration expenses. The pooled separate account is included in the financial statements at fair market value, which represents contributions made under the account, plus earnings and appreciation or depreciation, less Plan withdrawals and administrative expenses paid by the Plan. The liquidation value of the pooled separate account at December 31, 2011 was \$4,099,877 and the fair value at December 31, 2010 was at \$3,836,827.

The Plan also invests in a guaranteed investment contract with Nationwide. This contract is a fully benefit-responsive investment invested in a guaranteed fund. Nationwide maintains the guaranteed fund in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at liquidation value as of December 31, 2011 and fair value as of December 31, 2010 and then adjusted to contract value as reported by Nationwide. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contracts have certain restrictions that impact the ability to collect the full contract value. The liquidation value of the guaranteed investment contract at December 31, 2011 was \$73,014 and the fair value at December 31, 2010 was \$67,478.

Nationwide is contractually obligated to pay the principal and specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer.

Average Yields:	2011	2010
Based on annualized earnings	2.25%	3.00%
Based on interest rate credited to participants	2.25%	3.00%

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NOTE E – PARTICIPANT-DIRECTED INVESTMENTS:

The Plan permits participants to invest their account balance and contributions in investment accounts offered by Nationwide. Allocations may be made in any percentage and may be changed by the participant at any time by directly contacting Nationwide.

Nationwide Investment Advisors, LLC (NIA) offers professional investment management services to participants through the Managed Account for Participants (MAP) program. Based on information provided by the participant, NIA establishes the participant's investment criteria and risk tolerance. The firm then monitors the participant's portfolio and adjusts the fund allocation when warranted. NIA charges a 1.35% annual fee for these services, deducted directly from the participant's account on a quarterly basis.

NOTE F – RELATED PARTY TRANSACTIONS:

Certain Plan investments are invested in a pooled separate account and guaranteed investment contract managed by Nationwide Trust Company, FSB (Nationwide Trust). Nationwide Trust is the custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Transactions in such investments are exempt from the prohibited transaction rules.

NOTE G – LIQUIDATION VALUE AND FAIR VALUE MEASUREMENTS:

The Plan's investments are reported at liquidation value in the accompanying statement of net assets available for benefits as of December 31, 2011. The methods used to measure liquidation value may produce an amount that may not be indicative of net realizable value or reflective of future 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 liquidation value of certain financial instruments could result in a different liquidation value measurement at the reporting date.

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NOTE G – LIQUIDATION VALUE AND FAIR VALUE MEASUREMENTS (continued):

Liquidation Value Measurements Using:				
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Liquidation Value</u>			
<u>December 31, 2011</u>				
Pooled separate account	\$ 4,078,447	\$ -	\$ 4,078,447	\$ -
Guaranteed invest contract	73,014	-	-	73,014
Total	<u>\$ 4,151,461</u>	<u>\$ -</u>	<u>\$ 4,078,447</u>	<u>\$ 73,014</u>

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits as of December 31, 2010. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the liquidation value of certain financial instruments could result in a different liquidation value measurement at the reporting date.

Fair Value Measurements Using:				
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Fair Value</u>			
<u>December 31, 2010</u>				
Pooled separate account	\$ 3,836,827	\$ -	\$ 3,836,827	\$ -
Guaranteed invest contract	67,478	-	-	67,478
Total	<u>\$ 3,904,305</u>	<u>\$ -</u>	<u>\$ 3,836,827</u>	<u>\$ 67,478</u>

THE JOSEPH IVY COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

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NOTE G – LIQUIDATION VALUE AND FAIR VALUE MEASUREMENTS (continued):

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 2 Fair Value Measurements

Pooled separate accounts are stated at fair value as determined by observable Level 1 quoted pricing inputs or by quoted prices for similar assets in active or non-active markets. While some pooled separate accounts may have publicly quoted pricing inputs (Level 1), the account values of separate accounts are not publicly quoted and are therefore classified as Level 2 investments.

Level 3 Fair Value Measurements

Guaranteed investment contracts are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer and are therefore classified as Level 3 investments.

The following table provides further details of the Level 3 fair value measurements:

	Guaranteed Investment Contracts	Total
Balance, beginning of year	\$ 67,478	\$ 67,478
Purchases, sales, issuances, and settlements (net)	5,536	5,536
Balance, end of year	<u>\$ 73,014</u>	<u>\$ 73,014</u>

THE JOSEPH IVY COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

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NOTE H – INFORMATION PREPARED AND CERTIFIED BY PLAN CUSTODIAN:

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that was prepared and certified as complete and accurate by Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB.

Investments at Liquidation Value as of December 31, 2011
and Fair Value as of December 31, 2010:

	2011	2010
AllianceBernstein International Value Fund K	\$ 3,350	\$ 190,886
American Century Growth Fund	181,794	228,565
American Century Inflation Protection Fund	236,669	349,411
American Century Inflation Adjusted Bond Fund Inc	889	428
American Funds Fundamental Investments World Bond R3	-	90,754
American Funds Fundamental Investments R3	50,639	49,002
American Funds Growth Fund of America Fund R3	16,454	12,453
JP Morgan SmallCap Value A	141,946	83,203
Blackrock SmallMidCap Growth Inv A	-	123
Delaware Value Fund A	-	83,005
Dodge Cox Stock Fund	186,591	-
Dreyfus S&P 500 Index Fund	43,282	40,786
Wells Fargo Advantage Emerging Market Equity Fund	92,997	-
Mainstay Epoch Global Equity Yield A	90,239	117,602
Eaton Vance Floating Rate A	66,402	-
Fidelity Puritan Fund	51,206	51,404
Aberdeen International Equity Fund	208,955	121,409
Nationwide Money Market Institutional CI Fund	458,804	95,268
Goldman Sachs SmallCap Value Fund A	3,098	2,909
Goldman Sachs Growth Opportunities Fund A	5,559	11,145
Goldman Sachs LargeCap Value Fund A	3,476	97,980
Heartland Value Plus Inv	12,295	15,231
JPMorgan Dynamic SmallCap Growth A	2,376	2,339
Janus Twenty Fund	42,055	60,630
Lord Abbots Short Duration Income Fund A	28,358	-
Lazard Emerging Market Equity Open	869	1,064
Blackrock LargeCap Value Fund A	4,886	116,021

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NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

NOTE H – INFORMATION PREPARED AND CERTIFIED BY PLAN CUSTODIAN (continued):

Investments at Liquidation Value as of December 31, 2011
and Fair Value as of December 31, 2010:

	2011	2010
Blackrock LargeCap Growth Fund A	4,021	7,060
MFS Value Fund	201,830	488,541
Nationwide MidCap Market Index A	56,940	58,499
Nationwide SmallCap Index A	3,957	1,079
PIMCO Total Return Fund Class A	376,086	287,080
PIMCO Commdity Real Transtar	26,875	-
Pioneer Emerging Markets Fund A	1,694	2,139
Principal Investments LargeCap Gr Inst	-	25,128
Oppenheimer Global Fund A	22,309	19,336
Oppenheimer International Bond Fund A	98,887	54,926
Pioneer Equity Inc A	139,255	83,003
Oppenheimer International Growth A	159,138	233,771
Prudential Jennison Growth A	195,240	-
PIMCO Real Return Fund Instl	94,193	90,250
Principal Inv.Large Cap Gr A	3,206	3,190
PIMCO Total Return Fund Inst	123,442	91,121
American Funds Capital World Bond R6	55,577	-
Legg Mason Clearbridge Small Cap Growth A	4,801	7,565
DWS RREEF Global Real Estate Sec CL A	115,503	-
Franklin Templeton Foreign Fund	37,232	62,063
TCW Total Return Bond N	316	166
T.Rowe Price MidCap Value Fund	11,359	15,479
Turner Small Cap Growth Fund	89,376	-
Nationwide Fixed Fund	73,014	67,478
Vanguard SmallCap Value Index IS	-	175,409
Van Kampen Growth & Income Fund A	12,954	12,140
Western Asset Corporate Bond Inst	141,484	-
Western Asset Non-US Opportunity Bond Portfolio IC	406	213
Western Asset Inflation Index Plus Bond Inst	178,507	202,274

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NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

NOTE H – INFORMATION PREPARED AND CERTIFIED BY PLAN CUSTODIAN (continued):

Investments at Liquidation Value as of December 31, 2011
and Fair Value as of December 31, 2010:

	<u>2011</u>	<u>2010</u>
Wells Fargo Advantage Asia Pacific Inv Fund	2,773	3,006
Wells Fargo Advantage Endvr Sel A Fund	2,307	50,506
Janus Overseas S	7,019	19,834

	<u>Year Ended December 31, 2011</u>
Investment income	\$ 1,607
Net realized and unrealized appreciation (depreciation) in liquidation value of investments	(15,245)
Benefits paid to participants	336,469
Administrative expenses	41,357

NOTE I – INVESTMENTS:

The following schedule presents investments as of December 31, 2011 and 2010 that represent 5% or more of the Plan's net assets available for benefits. Each of the investment funds reported below is participant-directed, as discussed at Note E.

Investments at Liquidation Value as of December 31, 2011
and Fair Value as of December 31, 2010:

	<u>2011</u>	<u>2010</u>
American Century Growth Fund	\$ n/a	\$ 228,565
American Century Inflation Protection Fund	236,669	349,411
MFS Value Fund	n/a	488,541
Nationwide Money Market Institutional Class Fund	437,374	n/a
PIMCO Total Return Fund Class A	376,086	287,080
Oppenheimer International Growth Fund Class A	n/a	233,771

THE JOSEPH IVY COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

NOTE J – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The net assets in liquidation available for benefit per the financial statements at December 31, 2011, and the statement of net assets available for benefits at December 31, 2010 agree to the amounts reported in the Form 5500 filed for the year. There are no reconciling items.

NOTE K – PLAN MERGER AND TRANSFER OF PLAN ASSETS:

In December 2011, the Company was acquired by York Risk Services Group (York). As of January 1, 2012, all employees of the Company became eligible for the York Retirement Savings Plan (the York Plan), a qualified plan maintained by York for the benefit of its employees and the employees of its subsidiary companies. The employees of the Company ceased to be actively covered by this Plan as of that date. In December 2011, the Company was informed by the administrator of this Plan and the administrator of the York Plan that, given the nature of the acquisition (stock purchase) and terms of the York Plan, the existing Plan assets would eventually be transferred into the York Plan in a proposed plan merger during 2012.

NOTE L – SUBSEQUENT EVENTS:

As noted above in Note K, the Company was acquired in December 2011 and the Company's new ownership structure approved the merger of this Plan into the York Plan. The Plan completed the transfer of all Plan assets to the York Plan in July 2012.

The Plan's management evaluated for subsequent events occurring after December 31, 2011 (the financial statement date) through October 5, 2012, the date the financial statements were available to be issued. Management determined there were no other subsequent events requiring disclosures.

THE JOSEPH IVY COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

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NOTE M – UNCERTAIN TAX POSITIONS:

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service.

The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

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DECEMBER 31, 2011 AND 2010

The Joseph Ivy Company 401(k) Profit Sharing Plan
 Taxpayer Identification Number 74-2385309
 Plan Number 001

(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	(e) Current Value
	AllianceBernstein International Value Fund K	pooled separate account	\$ 3,350
	American Century Growth Fund	pooled separate account	181,794
	American Century Inflation Protection Fund	pooled separate account	236,669
	American Century Inflation Adjusted Bond Fund Inc	pooled separate account	889
	American Funds Fundamental Investments R3	pooled separate account	50,639
	American Funds Growth Fund of America Fund R3	pooled separate account	16,454
	JP Morgan SmallCap Value A	pooled separate account	141,946
	Dodge Cox Stock Fund	pooled separate account	186,591
	Dreyfus S&P 500 Index Fund	pooled separate account	43,282
	Wells Fargo Advantage Emerging Market Equity Fund	pooled separate account	92,997
	Mainstay Epoch Global Equity Yield A	pooled separate account	90,239
	Eaton Vance Floating Rate A	pooled separate account	66,402
	Fidelity Puritan Fund	pooled separate account	51,206
	Aberdeen International Equity Fund	pooled separate account	208,955
	Nationwide Money Market Institutional CI Fund	pooled separate account	437,374
	Goldman Sachs SmallCap Value Fund A	pooled separate account	3,098
	Goldman Sachs Growth Opportunities Fund A	pooled separate account	5,559
	Goldman Sachs LargeCap Value Fund A	pooled separate account	3,476
	Heartland Value Plus Inv	pooled separate account	12,295
	JPMorgan Dynamic SmallCap Growth A	pooled separate account	2,376
	Janus Twenty Fund	pooled separate account	42,055
	Lord Abbots Short Duration Income Fund A	pooled separate account	28,358
	Lazard Emerging Market Equity Open	pooled separate account	869
	Blackrock LargeCap Value Fund A	pooled separate account	4,886
	Blackrock LargeCap Growth Fund A	pooled separate account	4,021
	MFS Value Fund	pooled separate account	201,830
	Nationwide MidCap Market Index A	pooled separate account	56,940

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Plan Number 001

(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	(e) Current Value
	Nationwide SmallCap Index A	pooled separate account	3,957
	PIMCO Total Return Fund Class A	pooled separate account	376,086
	PIMCO Commdity Real Transtar	pooled separate account	26,875
	Pioneer Emerging Markets Fund A	pooled separate account	1,694
	Oppenheimer Global Fund A	pooled separate account	22,309
	Oppenheimer International Bond Fund A	pooled separate account	98,887
	Pioneer Equity Inc A	pooled separate account	139,255
	Oppenheimer International Growth A	pooled separate account	159,138
	Prudential Jennison Growth A	pooled separate account	195,240
	PIMCO Real Return Fund Instl	pooled separate account	94,193
	Principal Inv.Large Cap Gr A	pooled separate account	3,206
	PIMCO Total Return Fund Inst	pooled separate account	123,442
	American Funds Capital World Bond R6	pooled separate account	55,577
	Legg Mason Clearbridge Small Cap Growth A	pooled separate account	4,801
	DWS RREEF Global Real Estate Sec CL A	pooled separate account	115,503
	Franklin Templeton Foreign Fund	pooled separate account	37,232
	TCW Total Return Bond N	pooled separate account	316
	T.Rowe Price MidCap Value Fund	pooled separate account	11,359
	Turner Small Cap Growth Fund	pooled separate account	89,376
	Van Kampen Growth & Income Fund A	pooled separate account	12,954
	Western Asset Corporate Bond Inst	pooled separate account	141,484
	Western Asset Non-US Opportunity Bond Portfolio IC	pooled separate account	406
	Western Asset Inflation Index Plus Bond Inst	pooled separate account	178,507
	Wells Fargo Advantage Asia Pacific Inv Fund	pooled separate account	2,773
	Wells Fargo Advantage Endvr Sel A Fund	pooled separate account	2,307
	Janus Overseas S	pooled separate account	7,019

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The Joseph Ivy Company 401(k) Profit Sharing Plan

Taxpayer Identification Number 74-2385309

Plan Number 001

(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	(e) Current Value
*	Nationwide Fixed Fund	guaranteed investment contract	73,014
*	Participant loans	interest rates 4.25% to 6.25%	131,681
TOTAL			<u>\$ 4,283,141</u>

* denotes party-in-interest to the Plan as defined by ERISA.

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