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 10/01/2011 and ending 09/30/2012

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

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1985

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

WINTON IRELAND INSURANCE AGENCY INC

R BERGER AND ASSOCIATES INC

701 EAST CANAL DRIVE
TURLOCK, CA 95380

701 EAST CANAL DRIVE
TURLOCK, CA 95380

2b Employer Identification Number (EIN)
94-2667917

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

2d Business code (see instructions)
524210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2013	GER ON BEHALF OF PLAN ADMINISTRATOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
WINTON IRELAND INSURANCE AGENCY INC
R BERGER AND ASSOCIATES INC
701 EAST CANAL DRIVE
TURLOCK, CA 95380

3b Administrator's EIN
94-2667917

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

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	144
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**	115
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	22
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	141
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	141
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	141
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2J 2K

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2667917

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	3806504	1	10/01/2011	09/30/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ STANDARD UNDERWRITING RISK

b	Premiums paid to carrier	6b	1159
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2667917

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
REASSURE AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-0779740	65765	IN0191231	1	10/01/2011	09/30/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ STANDARD UNDERWRITING RISK

b	Premiums paid to carrier	6b	763
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2667917

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GENWORTH LIFE & ANNUITY CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
54-0596414	63401	2825526	1	10/01/2011	09/30/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WINTON IRELAND INSURANCE AGENCY
627 E CANAL DRIVE
TURLOCK, CA 95380

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ STANDARD UNDERWRITING RISK

b	Premiums paid to carrier	6b	2500
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2667917

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
REASSURE AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-0779740	65765	GC0261976	1	10/01/2011	09/30/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ STANDARD UNDERWRITING RISK

b	Premiums paid to carrier	6b	1720
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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 10/01/2011 and ending 09/30/2012

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2667917

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

CONTRACT ADMINISTRATOR

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12		0	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

BERGER ASSET MANAGEMENT

701 EAST CANAL DRIVE
TURLOCK, CA 95380

77-0408038

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	INVESTMENT MANAGER	18765	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

MARK SHEPPARD

1020 10TH SUITE 200
MODESTO, CA 95354

36-3145972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	INVESTMENT MANAGER	10260	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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)

BROOKS MAY FINANCIAL GROUP

801 10TH STREET SUITE A
MODESTO, CA 95354

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	INVESTMENT MANAGER	11143	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2667917

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	221599	313908
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	360000	1000000
(2) Participant contributions	1b(2)		20306
(3) Other	1b(3)		6455
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5224723	4772214
(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)	3069449	3269340
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2001843	2628271
(5) Partnership/joint venture interests	1c(5)	449091	449091
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	359137	536064
(8) Participant loans	1c(8)	626603	558819
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12312445	13554468
Liabilities			
g Benefit claims payable	1g	229515	
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		8
k Total liabilities (add all amounts in lines 1g through1j)	1k	229515	8
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	12082930	13554460

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)	1000000	
(B) Participants	2a(1)(B)	365355	
(C) Others (including rollovers)	2a(1)(C)	916	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1366271
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	92716	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	17683	
(E) Participant loans	2b(1)(E)	23343	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		133742
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	144336	
(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)		144336
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3334	
(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)		3334

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	655292	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		655292
(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		2302975
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	721734	
(2) To insurance carriers for the provision of benefits	2e(2)	6143	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		727877
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		63400
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)	40168	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		40168
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		831445
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1471530
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2667917

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (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):

WINTON IRELAND INSURANCE AGENCY INC.

401(K) Profit Sharing Plan and Trust

Audited Financial Statements

September 30, 2012 and 2011

Winton Ireland Insurance Agency, Inc.
401(K) Profit Sharing Plan and Trust
Table of Contents
September 30, 2012 and 2011

Accountant's Report	1
Statement of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4 – 11
Supplemental Schedules	12 – 19

Dolores Mika LaVelle, CPA

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

July 8, 2013

Report of Independent Public Accountants

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

I have audited the accompanying statement of net assets available for benefits of Winton Ireland Insurance Agency, Inc. 401(K) Profit Sharing Plan and Trust as of September 30, 2012, and 2011, and the related statement of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the plan's trustee. My responsibility is to express an opinion on these financial statements based on my audits.

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

In my opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Winton Ireland Insurance Agency, Inc. 401(K) Profit Sharing Plan and Trust as of September 30, 2012 and 2011, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

My audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Winton Ireland Insurance Agency, Inc. 401(K) Profit Sharing Plan and Trust, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are 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. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In my opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Dolores Mika LaVelle, CPA

Winton Ireland Insurance Agency Inc.
401(k) Profit Sharing Plan and Trust
Statement of Changes in Net Assets Available for Benefits
September 30, 2012 and 2011

	2012	2011
ADDITIONS		
Additions to net assets attributed to:		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	$ 658,626	$ (104,518)
Interest	110,399	34,500
Dividends	144,336	165,290
	913,361	95,272
Interest Income on Notes Receivables from Participants	23,343	90,835
Contributions:		
Participants	366,271	353,688
Employer	1,000,000	360,000
	1,366,271	713,688
TOTAL ADDITIONS	2,302,975	899,795
DEDUCTIONS		
Deductions from Net Assets Attributed to:		
Benefits Paid Directly to Participants	721,734	452,019
Deemed Distributions of Participant Loans	63,400	-
Insurance Premiums	6,143	5,690
Administrative Expenses	40,168	38,577
TOTAL DEDUCTIONS	831,445	496,286
NET INCREASE	1,471,530	403,509
NET ASSETS AVAILABLE FOR BENEFITS Beginning of Year	12,082,930	11,679,421
NET ASSETS AVAILABLE FOR BENEFITS End of Year	$ 13,554,460	$ 12,082,930

See Accompanying Notes

Winton Ireland Insurance Agency Inc.
401(k) Profit Sharing Plan and Trust
Statement of Net Assets Available for Benefits
September 30, 2012 and 2011

	2012	2011
ASSETS		
Investments (notes 3, 4, 5)	$ 11,654,980	$ 11,104,243
Cash	313,908	221,599
Receivables		
Participants' Contributions	20,306	-
Notes Receivable from Participants	558,819	626,603
Other Receivables	6,455	-
Employer Contributions	1,000,000	360,000
TOTAL ASSETS	$ 13,554,468	$ 12,312,445
LIABILITIES		
Accrued Benefits Payable	-	229,515
Accounts Payable	8	-
TOTAL LIABILITIES	8	229,515
NET ASSETS AVAILABLE FOR BENEFITS	$ 13,554,460	$ 12,082,930

See Accompanying Notes

Winton Ireland Insurance Agency, Inc.
401(K) Profit Sharing Plan and Trust
Notes to Financial Statements
September 30, 2012 and 2011

Note 1 – Description of the Plan

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

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

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

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

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

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

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

Note 2 – Summary of Accounting Policies

Date of Management's Review

Subsequent events were evaluated through July 8, 2013, which is the date the financial statements were available to be issued.

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Investment Valuation and Income Recognition

Investments are reported at fair value. 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 5 for discussion of fair value measurements.

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

Control of Assets

The Trustee of the Plan holds the Plan's assets. The Company's contributions are held and managed by the Trustee, which invests cash received, interest, and dividend income and makes distributions to participants.

Officers of the Company perform certain administrative functions. No such officer receives compensation from the Plan.

The Internal Revenue Service has ruled that the Plan qualified under section 501 (a) of the Internal Revenue Code of 1986 and is therefore not subject to tax under present income tax laws. An information return is filed annually with the Pension and Welfare Benefits Administrator.

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

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

Note 3 – Investments

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

	September 30	
	2012	2011
Cash, interest bearing	$ 4,772,214	$ 5,224,721

During the Plan years ending September 30, 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year appreciated by $658,626 as follows:

Mutual Funds	$ 160,525
Common Stocks	443,914
Corporate Bonds	51,601
Municipal Bonds	2,586
	$ 658,626

Note 4 – Nonparticipant-Directed Investments

All investments are nonparticipant-directed.

Note 5 – Fair Value Measurements

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

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

Level 3 Fair Value Measurements

The limited partnerships and first deeds of trust are not actively traded and significant other observable inputs are not available. Thus, the fair value of the limited partnerships is recorded at cost and the fair value of the first deeds of trust are recorded at unpaid balance as of the Plan year end.

For those assets with fair value measured using Level 3 inputs, the Plan administrator determines the fair value measurement policies and procedures in consultation with the Company's chief financial officer and the Plan trustee. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of September 30, 2012 and 2011.

	Assets at Fair Value as of September 30, 2012		
	Fair Value	Fair Value Measurements Using Quoted Prices in Active Market for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
September 30, 2012			
Common stocks:			
Industrials	$ 718,345	$ 718,345	
Basic Materials	30,099	30,099	
Financial	127,328	127,328	
Healthcare	294,506	294,506	
Utilities	45,095	45,095	
Telecommunications	159,622	159,622	
Consumer Goods & Services	713,006	713,006	
Technology	308,042	308,042	
Other	98,967	98,967	
Total common stocks	2,495,010	2,495,010	-
Mutual Funds:			
Financial Funds	$ 316	$ 316	
Fixed Funds	1,193,777	1,193,777	
Foreign Funds	205,567	205,567	
Growth Funds	474,440	474,440	
Index Funds	69,138	69,138	
Real Estate Funds	8,851	8,851	
Value Funds	51,625	51,625	
Total Mutual Funds	2,003,714	2,003,714	-
Corporate bonds	$ 1,216,918	$ 1,216,918	
Limited partnerships	449,091		$ 449,091
First deeds of trust	536,064		536,064
Interest bearing cash accounts	4,772,214	4,772,214	
Municipal Bonds	181,969	181,969	
Total assets at fair value	$ 11,654,980	$ 10,669,825	$ 985,155

	Assets at Fair Value as of September 30, 2011		
	Fair Value	Fair Value Measurements Using Quoted Prices in Active Market for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
September 30, 2011			
Common stocks:			
Industrials	$ 596,503	$ 596,503	
Financial	99,942	99,942	
Healthcare	252,660	252,660	
Utilities	34,739	34,739	
Telecommunications	125,418	125,418	
Consumer Goods & Services	568,979	568,979	
Technology	241,762	241,762	
Other	81,841	81,841	
Total common stocks	$ 2,001,844	$ 2,001,844	-
Mutual funds:			
Fixed funds	$ 1,085,191	$ 1,085,191	
Financial funds	200	200	
Foreign funds	177,088	177,088	
Growth funds	423,571	423,571	
Index funds	53,111	53,111	
Real estate funds	6,978	6,978	
Value funds	42,388	42,388	
Total mutual funds	$ 1,788,527	$ 1,788,527	-
Corporate bonds	$ 1,165,316	$ 1,165,316	
Municipal bonds	115,607	115,607	
Interest bearing cash accounts	5,224,721	5,224,721	
Limited partnerships	449,091		$ 449,091
First deeds of trust	359,137		359,137
Total assets at fair value	$ 11,104,243	$ 10,296,015	$ 808,228

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended September 30, 2012.

	Limited Partnerships	First Deeds of Trust	Total
Balance, beginning of year	$ 449,091	$ 359,137	$ 808,228
Realized gains/(losses)			
Unrealized gains/(losses) relating to instruments still held at the reporting date			
Purchases, sales, issuances, and settlements (net)		176,927	176,927
Balance, end of year	$ 449,091	$ 536,064	$ 985,155

Note 6 – Money Market Accounts

The interest bearing cash account at September 30, 2012 and 2011 consists of amounts on deposit at banks or savings and loan associations with interest rates ranging from .5 percent to 1.0 percent. These accounts have balances of $4,772,214 and $5,224,721 which are in excess of federally insured limits at December 30, 2012 and 2011, respectively.

Note 7 – Plan Termination

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

Note 8 – Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statement at September 30, 2012 and 2011 to Form 5500.

	2012	2011
Net assets available for benefits per financial statements	$13,554,460	$12,082,930
Net assets available for benefits per Form 5500	$13,554,460	$12,082,930

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended September 30, 2012, to Form 5500:

Benefits paid to participants per the financial statements	$	721,734
Benefits paid to participants per Form 5500	$	721,734

Note 9 – Tax Status

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

Note 10 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Form **5558**
(Rev. August 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
▶ Information about Form 5558 and its instructions is at *www.irs.gov/form5558*

OMB No. 1545-0212

COPY
File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) Winton Ireland Insurance Agency Inc Number, street, and room or suite no. (If a P.O. box, see instructions) 627 East Canal Drive City or town, state, and ZIP code Turlock CA 95380	B Filer's identifying number (see instructions) x Employer identification number (EIN) (9 digits XX-XXXXXXX) 94-2667917 Social security number (SSN) (9 digits XXX-XX-XXXX)

C Plan name	Plan number	Plan year ending - MM	DD	YYYY
401k Profit Sharing Plan and Trust	001	09	30	2012

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

1 [x] Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.

2 I request an extension of time until 07 15 2013 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until _____ to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

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

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

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

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

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

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

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

Signature ▶ **Date** ▶ 4/30/13

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 10/01/2011 and ending 09/30/2012

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

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

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

D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1985

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

WINTON IRELAND INSURANCE AGENCY INC

R BERGER AND ASSOCIATES INC

701 EAST CANAL DRIVE
TURLOCK, CA 95380

701 EAST CANAL DRIVE
TURLOCK, CA 95380

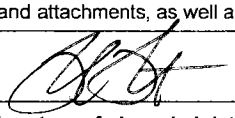
2b Employer Identification Number (EIN)
94-2667917

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

2d Business code (see instructions)
524210

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

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

SIGN HERE		07-15-2013	PAUL PORTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
WINTON IRELAND INSURANCE AGENCY INC
R BERGER AND ASSOCIATES INC
701 EAST CANAL DRIVE
TURLOCK, CA 95380

3b Administrator's EIN
94-2667917

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

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	144
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**	115
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	22
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	141
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	141
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	141
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2J 2K

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2012

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	PARTICIPANT LOANS:			
	Adams, Rick	4.25% 5 Yr Loan Secured by Vested Interest		18,330.68
	Avila, Noemia	4.25% 20 Yr Loan Secured by Vested Interest		18,732.41
	Barroso, Rosa	4.25% 5 Yr Loan Secured by Vested Interest		2,839.39
	Bolser, Liz	4.25% 5 Yr Loan Secured by Vested Interest		20,719.59
	Bruha, Sharleen	4.25% 5 Yr Loan Secured by Vested Interest		9,311.76
	Coupland, Sheri	4.25% 4 Yr Loan Secured by Vested Interest		2,166.15
	DeCosta, Monica	4.25% 5 Yr Loan Secured by Vested Interest		13,103.28
	Erickson, Katelyn	4.25% 5 Yr Loan Secured by Vested Interest		9,294.28
	Erickson, Katelyn	4.25% 5 Yr Loan Secured by Vested Interest		5,039.58
	Freeberg, Christopher	4.25% 5 Yr Loan Secured by Vested Interest		18,868.42
	Garcia, Erika	4.25% 5 Yr Loan Secured by Vested Interest		20,521.35
	Green, Rodger	4.25% 30 Yr Loan Secured by Vested Interest		48,538.98
	Green, Ted	4.25% 5 Yr Loan Secured by Vested Interest		48,873.81
	Hernandez, Brenda	4.25% 5 Yr Loan Secured by Vested Interest		4,316.46
	Hernandez, Brenda	4.25% 5 Yr Loan Secured by Vested Interest		8,088.14
	Ireland, Michael Jr	4.25% 5 Yr Loan Secured by Vested Interest		4,997.95
	Jespersen, Judith	4.25% 3 Yr Loan Secured by Vested Interest		1,279.71
	Jones, Amy	4.25% 5 Yr Loan Secured by Vested Interest		10,750.53
	Koch, Karen	4.25% 5 Yr Loan Secured by Vested Interest		961.36
	Machado, Leslie	4.25% 5 Yr Loan Secured by Vested Interest		10,948.90
	Martinez, Yolanda	4.25% 5 Yr Loan Secured by Vested Interest		16,053.57
	Massone, Laura	4.25% 5 Yr Loan Secured by Vested Interest		5,228.25
	Massone, Laura	4.25% 5 Yr Loan Secured by Vested Interest		2,125.83
	McFarland, Carol	4.25% 5 Yr Loan Secured by Vested Interest		20,683.78
	Messer, Marcia	4.25% 5 Yr Loan Secured by Vested Interest		27,883.50
	Nevarez, Dee	4.25% 5 Yr Loan		

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

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2012

(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
		Secured by Vested Interest		6,819.44
	Nevarez, Dee	4.25% 5 Yr Loan		
		Secured by Vested Interest		8,247.97
	Olesen, Brandon	4.25% 5 Yr Loan		
		Secured by Vested Interest		3,046.54
	Oliveira, Jo Ann	4.25% 5 Yr Loan		
		Secured by Vested Interest		42,372.84
	Pascoe, Kydaran	4.25% 5 Yr Loan		
		Secured by Vested Interest		24,989.34
	Petersen, Jeff	4.25% 5 Yr Loan		
		Secured by Vested Interest		5,844.06
	Petersen, Jeff	4.25% 5 Yr Loan		
		Secured by Vested Interest		11,835.45
	Porter, Paul	4.25% 5 Yr Loan		
		Secured by Vested Interest		29,241.43
	Rogers, Marguerite	4.25% 5 Yr Loan		
		Secured by Vested Interest		10,002.38
	Schuller, Jenny	4.25% 5 Yr Loan		
		Secured by Vested Interest		1,031.21
	Stinson, Rita	4.25% 5 Yr Loan		
		Secured by Vested Interest		11,276.11
	Teixeira, Emanuel	4.25% 5 Yr Loan		
		Secured by Vested Interest		11,948.86
	Teixeira, Emanuel	4.25% 4 Yr Loan		
		Secured by Vested Interest		9,208.36
	Thomas, Viginia	4.25% 5 Yr Loan		
		Secured by Vested Interest		3,003.71
	Valeriano, Guadalupe	4.25% 5 Yr Loan		
		Secured by Vested Interest		4,205.56
	Valeriano, Guadalupe	4.25% 5 Yr Loan		
		Secured by Vested Interest		3,293.18
	Walker, Kimber Lee	4.25% 5 Yr Loan		
		Secured by Vested Interest		15,555.00
	Walker, Teresa	4.25% 5 Yr Loan		
		Secured by Vested Interest		4,800.80
	Weller, Karin	4.25% 5 Yr Loan		
		Secured by Vested Interest		2,438.75
	TOTAL PARTICIPANT LOANS		$ -	558,818.65

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

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2012

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	INVESTMENTS:			
	CASH FUNDS:			
	ACTIVE ASSETS MONEY TR		15,556.22	15,556.22
	CMA MONEY FUND		23,284.04	23,284.04
	DREYFUS INSURED DEPOSIT PROGRAM		275,938.40	275,938.40
	FEDERATED CAPITAL RESERVES		11,095.01	11,095.01
	LIQUID ASSET FUND		5,784.74	5,784.74
	READY ASSETS		25,800.99	25,800.99
	F & M BANK		4,394,304.98	4,394,304.98
	UMPQUA BANK		20,449.92	20,449.92
	TOTALS:		4,772,214.30	4,772,214.30
	COMMON STOCK:			
	70 shs AAR CORP		1,121.42	1,149.40
	500 shs ABB LTD SPONS ADR		13,610.00	9,350.00
	2613 shs AT & T INC		66,868.02	98,510.10
	105 shs ACE LIMITED		6,701.69	7,938.00
	1000 shs ADOBE SYSTEMS INC		25,539.86	32,435.00
	104 shs ALCOA INC		1,145.66	920.92
	42 shs ALLSTATE CORP		1,247.51	1,663.62
	1,036 shs ALTRIA GROUP INC		21,612.30	34,592.04
	52 shs AMC NETWORKS INC CL A		707.12	2,263.04
	58 shs AMERICAN EQ INVT LIFE HLDG C		728.08	674.54
	270 shs AMERICAN EXPRESS CO		13,349.94	15,352.20
	332 shs AMERICAN WATER WORKS CO INC		7,640.08	12,303.92
	53 shs AMERIPRISE FINCL INC		2,010.31	3,004.57
	50 shs AMGEN INC		2,742.74	4,214.50
	94 shs ANADARKO PETE		2,907.20	6,572.48
	21 shs AON CORP		1,010.02	1,098.09
	27 shs APACHE CORP		2,782.02	2,334.69
	53 shs ARCHER DANIELS MIDLAND		1,446.85	1,440.54
	13 shs ASPEN INSURANCE HLDGS LTD		337.04	396.37
	141 shs AURICO GOLD INC		1,039.77	985.59
	129 shs AUTODESK INC DELAWARE		2,649.95	4,302.15
	204 shs AUTOMATIC DATA PROC		9,604.74	11,966.64
	26 shs AVNET INC		612.15	756.34
	67 shs BB&T CORP		1,593.03	2,221.72
	81 shs BP PLC ADS		3,370.11	3,431.16
	500 shs BAKER HUGHES INC		25,840.55	22,615.00
	1000 shs BANCO SANTANDER SA ADR		17,449.16	7,460.00
	1000 shs BANCO SANTANDER BRASIL SA ADR		13,929.90	7,370.00
	500 shs BANK AMERICA CORP COM		22,665.00	4,415.00
	88 shs BIOGEN IDEC INC		3,613.81	13,130.48
	92 shs BROADCOM CORP CL A		1,727.53	3,180.44
	209 shs CABLEVISION SYSTEMS CORP		3,164.78	3,312.65
	318 shs CARDINAL HEALTH INC OHIO		10,000.66	12,392.46
	553 shs CATERPILLAR INC DEL		20,781.57	47,580.12
	27 shs CBIZ INC		171.67	162.54
	72 shs CENTURYLINK INC		2,673.26	2,908.80

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

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2012

(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
500	shs	CENTURYTEL INC COM	17,566.05	20,200.00
1000	shs	CHESAPEAKE ENERGY CORP	23,528.30	18,870.00
31	shs	CHEVRON CORP	2,015.32	3,613.36
1000	shs	CHINA MOBILE LTD SPONS ADR	45,718.48	55,360.00
82	shs	CIGNA CORP	3,620.83	3,867.94
235	shs	CISCO SYSTEMS INC	4,680.41	4,487.32
546	shs	CITIGROUP INC	34,451.17	17,865.12
33	shs	CITRIX SYSTEMS INC	2,374.17	2,525.45
341	shs	COMCAST CORP CL A SPECIAL NEW	4,535.85	11,870.21
1000	shs	CONOCOPHILLIPS COM	59,536.62	57,180.00
667	shs	COSTCO WHOLESALE CORP DEL	32,438.10	66,806.72
296	shs	COVIDIEN PLC SHS	14,117.42	17,588.32
122	shs	CREE RESEARCH INC	3,225.65	3,111.61
380	shs	CVS CAREMARK CORP	13,658.28	18,399.60
1000	shs	DEERE & CO	79,156.00	82,470.00
82	shs	DELL INC	1,451.06	808.11
26	shs	DELTA AIRLINES INC COM NEW	-	238.16
226	shs	DIGITAL REALTY TR INC	11,565.51	15,786.10
49	shs	DIRECTV COM	761.97	2,569.56
35	shs	DISH NETWORK CORP CL A	986.70	1,071.35
72	shs	DOLBY CLA A COM STK	2,210.74	2,358.00
60	shs	DOW CHEMICAL CO	1,551.04	1,737.30
349	shs	DR PEPPER SNAPPLE GROUP	14,497.44	15,540.97
500	shs	DU PONT E I DE NEMOURS & CO	23,025.00	25,135.00
21	shs	EATON CORP	833.91	992.67
31	shs	EDISON INT'L	1,020.99	1,416.39
22	shs	ENSCO PLC SPON ADR	1,165.55	1,200.32
8	shs	ENTERTAINMENT PPTYS	343.62	355.44
56	shs	EXELON CORP	2,261.07	1,992.48
1000	shs	EXXON MOBIL CORP COM	33,540.00	91,450.00
180	shs	FIRST NIAGARA FNCL GR	1,432.70	1,452.60
65	shs	FLUOR CORP	2,325.92	3,658.20
167	shs	FOREST LABORATORIES	3,815.71	5,946.87
1000	shs	FOSTER WHEELER AG	38,053.93	23,960.00
250	shs	FRANCE TELECOM SPONS ADR	7,174.98	3,055.00
48	shs	FREEPORT MCMORAN CP & GLD	1,027.27	1,899.84
240	shs	FRONTIER COMMUNICATIONS CORP	1,799.11	1,179.60
109	shs	GANNETT CO INC	1,515.00	1,934.75
543	shs	GENERAL DYNAMICS CORP COM	43,023.15	35,903.16
1275	shs	GENERAL ELECTRIC CO	33,138.86	28,955.25
120	shs	GENERAL MOTORS CO	2,433.87	2,730.00
13	shs	GILEAD SCIENCE	608.12	862.29
15	shs	GOLDMAN SACHS GRP INC	2,125.10	1,705.20
29	shs	GREENBRIER COS INC	400.06	468.06
1,532	shs	HALLIBURTON CO	49,585.57	51,613.08
114	shs	HARTFORD FIN SERS GRP	2,213.40	2,216.16
29	shs	HELIX ENERGY SOLUTIONS GRP	466.18	529.83
1000	shs	HEWLETT PACKARD CO COM	43,680.00	17,060.00
292	shs	HONEYWELL INTL INC DEL	8,708.19	17,447.00
140	shs	IMMUNOGEN INC	1,119.45	2,042.60
154	shs	INTEL CORP	3,770.73	3,488.87
79	shs	INTL BUSINESS MACHINES	6,628.00	16,388.55
1128	shs	ISHARES MSCI EAFE FUND	43,610.09	59,784.00
94	shs	ISIS PHARM INC	867.80	1,322.58

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

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2012

(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
102	shs	INVESCO LTD	1,880.95	2,548.98
1000	shs	JOHNSON & JOHNSON COM	61,036.65	68,910.00
76	shs	JP MORGAN CHASE & CO	3,085.05	3,076.48
1000	shs	KBR INC COM	18,817.39	29,820.00
300	shs	KELLOGG CO	8,670.00	15,498.00
388	shs	KEYCORP NEW	2,863.69	3,391.12
65	shs	KROGER CO	1,474.00	1,530.10
38	shs	L-3 COMMUNICATIONS HOLDING INC	2,858.74	2,724.98
36	shs	LIBERTY MEDIA HLDG CAP SER A	278.59	3,746.88
149	shs	LIBERTY MEDIA HLDG SR A INTER	1,130.13	2,756.50
529	shs	MARATHON OIL CORP	12,517.41	15,553.82
30	shs	MARTEN TRANSPORT LTD	603.13	527.10
1114.763	shs	MCDONALDS CORP	57,192.88	102,279.49
69	shs	MEADOWBROOK INS GRP	552.67	530.61
597	shs	MERCK & CO IN NEW COM	28,120.35	26,921.71
500	shs	METLIFE INC COM	33,135.00	17,230.00
696	shs	MICROSOFT CORP	17,933.78	20,712.96
564	shs	NABORS INDS LTD SHS	18,673.36	7,912.92
57	shs	NATIONAL OILWELL VARCO INC	1,734.90	4,566.27
51	shs	NAVIGANT CONSULTING INC	596.39	563.55
55	shs	NEUTRAL TANDEM INC	712.13	516.45
23	shs	NEXTERA ENERGY INC COM	1,068.24	1,617.59
78	shs	NIKE INC CL B	6,102.65	7,402.98
34	shs	NO AMER ENERGY PARTNERS INC	226.91	97.92
46	shs	NOBLE CORP NEW	2,018.61	1,645.88
37	shs	NUCOR CORPORATION	1,509.67	1,415.62
1000	shs	NUTRI SYS INC NEW COM	33,100.00	10,530.00
38	shs	NYSE EURONEXT	1,043.80	936.70
120	shs	OCCIDENTAL PETE CORP CAL	12,181.11	10,327.20
64	shs	OFFICEMAX INC	468.20	499.84
138	shs	OLD NATL BANCORP IND	1,513.00	1,878.18
1000	shs	OLIN CORP NEW COM	17,818.86	21,730.00
95	shs	PALL CORPORATION	2,198.30	6,031.55
62	shs	PEPCO HLDGS INC	1,133.38	1,171.80
1100	shs	PEPSICO INC	64,414.64	77,847.00
52	shs	PETROQUEST ENERGY INC	372.98	348.92
10	shs	PG&E CORPORATION	378.25	426.70
1000	shs	PHILIP MORRIS INTL INC	47,875.07	89,940.00
500	shs	PHILLIPS 66 COM	17,693.38	23,185.00
96	shs	PHOTRONICS INC	797.44	515.52
68	shs	PRAXAIR INC	5,235.14	7,063.84
199	shs	PRICE T ROWE GROUP	9,985.15	12,596.70
40	shs	PRINCIPAL FINANCIAL GRP INC	1,114.88	1,077.60
500	shs	PROCTOR & GAMBLE CO COM	30,011.15	34,680.00
77	shs	PROGRESSIVE CORP OHIO	1,562.93	1,596.98
38	shs	PRUDENTIAL FINANCIAL INC	1,419.74	2,071.38
500	shs	RAYTHEON CO COM NEW	26,386.05	28,580.00
8	shs	REINSURANCE GROUP OF AMERICA	336.52	462.96
45	shs	ROYAL DUTCH SHELL PLC CL B	3,230.50	3,208.50
140	shs	SANDISK CORP	2,035.96	6,080.20
75	shs	SANOFI ADR	2,813.60	3,229.50
257	shs	SAP AG SHS	11,341.40	18,331.81
133	shs	SCHLUMBERGER LTD	8,272.50	9,619.89
1,357	shs	SEAGATE TECHNOLOGY HOLDINGS	27,296.95	42,012.72

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

WINTON IRELAND INSURANCE AGENCY, INC.
EIN #94-2667917/001
FYE 09/30/2012

(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
1000	shs	SKECHERS USA INC CL A	20,710.00	20,400.00
1000	shs	SOUTHWESTERN ENERGY CO COM	37,442.86	34,780.00
17	shs	SPARTAN STORES INC	308.24	260.27
30	shs	SPIRIT AREOSYSTEMS HLD CLA A	487.47	666.30
70	shs	SYMMETRY MEDICAL INC	640.35	692.30
1500	shs	STARBUCKS CORP COM	44,915.00	76,065.00
1000	shs	TATA MTRS LTD SPON	17,000.00	25,680.00
165	shs	TE CONNECTIVITY LTD NEW	2,876.45	5,611.65
1000	shs	TEREX CORP NEW	21,638.00	22,580.00
36	shs	TEVA PHARMACEUTICALS ADR	1,661.65	1,490.76
129	shs	TIFFANY & CO NEW	9,682.03	7,982.52
71	shs	TIME WARNER	2,083.11	3,218.78
120	shs	TYCO INTERNATIONAL LTD NEW	3,150.87	6,751.20
115	shs	UBS AG NEW	1,419.56	1,400.70
26	shs	UNITED BANKSHARES INC W VA	682.96	647.66
2168	shs	UNITEDHEALTH GROUP INC	87,644.60	120,128.88
451	shs	UNITED PARCEL SVC INC	29,990.74	32,278.07
185	shs	UNITED TECHS CORP COM	9,122.78	14,483.65
54	shs	UNUMPROVIDENT CORP	1,164.41	1,037.88
500	shs	VALERO ENERGY CORP	28,435.00	15,840.00
1000	shs	VERIZON COMMUNICATIONS COM	27,218.19	45,570.00
60	shs	VERTEX PHARMACEUTICALS	1,618.35	3,353.40
233	shs	VIACOM INC NEW CLASS B	10,332.07	12,486.47
378	shs	VODAFONE GROP PLC SP ADR	9,922.50	10,773.00
39	shs	W&T OFFSHORE INC	718.24	732.42
2282	shs	WEATHERFORD INTL LTD	38,123.62	28,935.76
145	shs	WELLPOINT INC	9,757.44	8,411.45
97	shs	WELLS FARGO & CO	3,226.50	3,349.41
316	shs	WISCONSIN ENERGY CORP	7,621.75	11,903.72
156	shs	XEROX CORP	1,507.20	1,145.04
			2,097,682.03	2,495,010.79
		CORPORATE BONDS		
10,000	shs	K MART FUNDING CORP 9.440% 7/1/18	6,340.19	-
45,000	shs	DELTA AIR LINES INC 9.480% 6/5/06	20,080.36	-
23,000	shs	DUPONT EI DE NEMOURS 4.125% 3/6/13	24,201.96	23,365.01
10,000	shs	COMMONWEALTH EDISON CO 5.950% 8/15/16	9,532.11	11,763.60
50,000	shs	CENTERPOINT ENERGY HOUSTON 5.60% 7/01/23	45,901.89	62,452.00
5,000	shs	UNITED TELEPHONE CO FLA 1ST MTG SER GG 7.125%, 7/	5,477.93	5,488.40
15,000	shs	PACIFICORP SECD 7.260% 7/21/23	15,683.48	20,138.10
10,000	shs	LEHMAN BROS HLDGS INC 5.75% 9/16/23	9,357.03	2,550.00
25,000	shs	WEYERHAEUSER CO 7.950% 3/15/25	28,451.72	29,529.50
22,000	shs	GEN ELEC CAPTL CORP MTN 5.250% 4/11/25	21,441.83	22,172.92
15,000	shs	UNION CARBIDE CORP 7.500% 6/1/25	15,942.50	18,189.60
5,000	shs	PHILIP MORRIS COS INC 7.75% 1/15/27	5,754.43	6,275.25
25,000	shs	JOHN HANCOCK LIFE INS CO 6.000% 11/15/27	26,446.67	30,091.00
42,000	shs	PUGET SOUND ENERGY INC 7.02% 12/01/27	48,997.64	57,495.48
5,000	shs	ANHEUSER BUSCH COS INC DEB 6.75%, 12/15/27	5,545.70	6,826.10
10,000	shs	GTE NORTH INCNC DEB SER G 6.73%, 02/15/28	10,421.08	8,994.30
7,000	shs	CINCINNATI FINL CORP 6.900% 5/15/28	7,661.83	8,248.10
27,000	shs	PUGET SOUND ENERGY INC 7% 3/9/29	31,670.72	35,848.71
8,000	shs	LACLEDE GAS CO 1ST MTG BD 7%, 6/1/29	9,115.22	9,446.64

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WINTON IRELAND INSURANCE AGENCY, INC.
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(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
12,000	shs	GENERAL ELEC CAP CORP MED 6.125% 08/15/30	12,134.62	12,076.44
15,000	shs	GENERAL MTRS ACCEP CORP 8.000% 11/1/31	16,129.58	17,275.05
29,000	shs	KRAFT FOODS INC 6.50% 11/01/31	29,390.60	36,954.99
30,000	shs	DETROIT EDISON CO 6.350% 10/15/32	32,317.09	39,327.60
13,000	shs	SARA LEE CORP 6.125% 11/01/32	12,806.43	13,887.64
9,000	shs	COMMONWLTH EDISON NOTES 5.875% 2/01/33	9,164.83	11,603.52
40,000	shs	OHIO PWR CO SR 6.600% 2/15/33	40,697.80	52,294.00
67,000	shs	FLORIDA POWER CORP 1MTG 5.9% 3/01/33	68,289.52	83,394.23
50,000	shs	MICHIGAN CONS GAS CO 5.700% 3/15/33	52,346.30	61,270.50
40,000	shs	SOUTH CAROLINA ELEC & GAS 5.3% 5/15/33	38,961.80	47,528.00
40,000	shs	ENTERGY GULF STS INC 1STM BD 6.200% 7/01/33	42,416.91	40,096.80
50,000	shs	CAROLINA PWR & LT 6.125% 9/15/33	52,269.61	64,423.50
6,000	shs	ENERGY EAST CORP NT 6.750% 9/15/33	5,252.89	6,335.94
50,000	shs	SOUTHERN CALIF EDISON 6.000% 1/15/34	52,570.47	66,250.50
15,000	shs	GOLDMAN SACHS CAP 6.345% 2/15/34	15,533.74	15,070.80
48,000	shs	PACIFIC GAS & ELEC CO 6.05% 3/1/34	51,280.30	63,086.40
20,000	shs	ENTERGY MISS INC 6.25% 4/1/34	20,803.80	20,326.80
35,000	shs	FLORIDA PWR & LT 5.625% 4/1/34	36,458.49	45,136.70
35,000	shs	POTOMAC ELEC PWR CO 5.750% 4/15/34	34,210.95	41,991.60
8,000	shs	METLIFE INC SR NT 6.375% 06/15/34	7,903.83	10,439.44
16,000	shs	IDAHO PWR CO 1ST MTG 5.875% 8/15/34	16,885.69	20,300.96
10,000	shs	MBIA INC SR NOTES 5.700% 12/01/34	10,390.88	6,300.00
9,000	shs	LOEWS CORP SR NT 6.00% 2/1/35	8,405.44	10,584.18
8,000	shs	SAN DIEGO GAS & ELEC 5.35% 5/15/35	8,418.14	10,159.04
24,000	shs	TARGET CORP 7.000% 1/15/38	25,898.15	35,205.60
20,000	shs	GENERAL ELEC CAP CORP 6.875% 1/10/39	19,153.38	26,722.20
			1,068,115.53	1,216,917.14
		MUNICIPAL BONDS		
10,000	shs	WEST KERN CALIF WTR REC CTFS 5.36%, 6/1/20	10,368.12	11,340.60
5,000	shs	LUCIA MAR UNI SCH DIST CALIF CTFS	5,833.36	5,650.05
5,000	shs	CALIF CMNTY COLLEGE FING AUTH REV WEST	5,836.61	6,136.65
10,000	shs	FRESNO CALIF WTR SYS REV TAXABLE-SER 6.5%, 06/01/3	10,096.11	10,991.70
10,000	shs	TUOLUMNE WIND PROJ AUTH CALIF REV TUOLUMNE CO (	11,033.91	12,042.40
10,000	shs	JURUPA CALIF CMNTHY SVCS DIST CTFS	11,619.67	12,270.60
5,000	shs	CALIFORNIA ST PUB WKS BRD LEASE REV	6,599.79	6,353.95
5,000	shs	CONTRA COSTA CNTY PUB FING AUTH LEASE	5,288.00	5,424.10
15,000	shs	WEST VY MISSION CMNTY COLLEGE DISTR	15,538.30	16,840.50
15,000	shs	WESTERN MUN WTR DIST FACS AUTH CALIF	17,308.38	16,863.45
10,000	shs	MOULTON-NIGUEL CALIF WTR DISTR CTFS PARTN	11,040.34	11,455.40
5,000	shs	BRENTWOOD CALIF INFRASTRUCTURE FING AUTH LEASE	5,939.93	5,465.75
5,000	shs	SOUTH COAST CALIF WTR DIST FING AUTH REV	5,574.02	5,520.80
20,000	shs	LODI CALIF PUB FING AUTH WTR REV 6.637%, 6/1/40	19,680.11	22,094.40
10,000	shs	RICHMOND CALIF WASTEWATER REV	11,361.99	10,892.20
10,000	shs	SAN FRANCISCO CALIF CITY CNTY CTFS	10,782.83	11,208.70
10,000	shs	HAYWARD CALIF UNI SCH DIST TAXABLE ELECTION 7.35%	11,518.30	11,417.60
			175,419.77	181,968.85

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WINTON IRELAND INSURANCE AGENCY, INC.
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(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
	LIMITED PARTNERSHIPS:			
	HEALTH & WELLNESS CENTER		240,000.00	240,000.00
	PEABODY SELF STORAGE		209,091.00	209,091.00
			449,091.00	449,091.00
	FIRST DEEDS OF TRUST:			
	GLOBE FOOD EQUIPMENT		3,778.81	3,778.81
	HEALTH & WELLNESS CENTER		176,926.92	176,926.92
	JOHN WILLIAMS		280,357.90	280,357.90
	SKEELS REAL ESTATE		75,000.00	75,000.00
			536,063.63	536,063.63
	MUTUAL FUNDS:			
	761.89 shs	ALLIANCEBER INTL GRWTH A	7,489.38	10,681.70
	552.131 shs	ALLIANZ NFJ INTL VALUE A	7,481.37	11,142.00
	5178 shs	AMERICAN EURO PACIFIC	250,148.04	205,566.60
	16.29 shs	AMERICAN INTL GROUP INC	11,303.76	316.12
	3977 shs	AMERICAN SMALL CAP WORLD	166,000.00	156,176.79
	2015.084 shs	BLACKROCK EQUITY DIV A	26,961.83	40,483.04
	793.367 shs	BLACKROCK INFLAT PROT BOND A	7,489.38	9,591.81
	197.322 shs	BLACKROCK US OPPORTUNITIES	4,493.03	6,849.05
	130.29 shs	COHEN & STEERS REALTY SHRS INC	4,433.29	8,850.60
	4008.773 shs	COLUMBIA SELECT LG CP GRWTH A	27,771.08	55,481.42
	20667 shs	DELAWARE CORP BOND	120,846.64	130,823.95
	7475.33 shs	INVESCO PREMIER PTF INSTL	7,475.33	7,475.33
	38531 shs	PIMCO TOTAL RETURN FD CL A	402,534.54	446,194.74
	119666 shs	PIONEER STRATEGIC	119,665.87	123,239.47
	1550.996 shs	PRINCIPAL PREFERRED SEC A	10,484.73	16,192.40
	513.157 shs	PRUDENTIAL SMALL CAP VALUE A	4,493.03	7,502.36
	370.368 shs	SCHRODER EMERGING MKT EQI ADV	4,548.12	4,781.45
	3793 shs	SPDR BARCLAY CAPITAL INTR	222,756.25	232,967.75
	292206 shs	TCW TOTAL RETURN BOND	292,205.63	313,820.24
	509.802 shs	VANGUARD 500 INDEX FUND	62,249.48	69,138.41
	1565 shs	VANGUARD TOTAL BOND MARKET	119,116.77	133,259.75
	2667.87 shs	VIRTUS MULTI SECTOR S/T BD A	10,484.73	13,179.28
			1,890,432.28	2,003,714.26
	TOTAL INVESTMENTS		10,989,018.54	11,654,979.97