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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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
EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC. D/B/A EARL STEWART TOYOTA OF

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1995

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

STEWART AGENCY, INC. D/B/A EARL STE WART TOYOTA OF NORTH PALM BEACH

1215 US HIGHWAY 1
LAKE PARK, FL 33403

2b Employer Identification Number (EIN)
59-1556109

2c Sponsor's telephone number
561-844-3461

2d Business code (see instructions)
441110

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.	07/30/2014	JANET GOETZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/30/2014	JANET GOETZ
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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**	140
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**	130
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	4
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	134
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	134
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	46
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 Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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)	[ ]	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]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC. D/B/A EARL STEWART TOYOTA OF

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
STEWART AGENCY, INC. D/B/A EARL STE WART TOYOTA OF NORTH PALM BEACH

D Employer Identification Number (EIN)
59-1556109

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

MUTUAL OF 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
13-1614399	88668	058221I	46	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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	681

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

WEST PALM BEACH REGIONAL OFFICE
ONE LAKESIDE AT CENTREPARK 1450 CEN
TREPARK BLVD., SUITE 200
WEST PALM BEACH, FL 33401-2280

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	681	PORTION OF INCENTIVE COMP. PROGRAM	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	129185
5	Current value of plan's interest under this contract in separate accounts at year end	5	1193094

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ N/A

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

Specify nature of costs ▶ N/A

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	234138
c	Additions: (1) Contributions deposited during the year	7c(1)	14806		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	2262		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	2444		
	▶ FORFEITURES APPLD;LOAN PRIN PAY; LOAN INT PAY;				
	(6)Total additions			7c(6)	19512
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	253650
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	65031		
	(2) Administration charge made by carrier	7e(2)	117		
	(3) Transferred to separate account	7e(3)	49942		
	(4) Other (specify below)	7e(4)	9375		
	▶				
	(5) Total deductions			7e(5)	124465
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	129185

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)**	0
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)**	0
(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)**	0
(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 line **9c(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, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC. D/B/A EARL STEWART TOYOTA OF

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
STEWART AGENCY, INC. D/B/A EARL STE WART TOYOTA OF NORTH PALM BEACH

D Employer Identification Number (EIN)
59-1556109

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).. . . . . [X] 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

FIDELITY MANAGEMENT & RESEARCH COMP
82 DEVONSHIRE STREET
BOSTON, MA 02109

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

THE VANGUARD GROUP, INC.
PO BOX 2600
VALLEY FORGE, PA 19482-2600

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

DEUTSCHE INVESTMENT MANAGEMENT AMER
222 SOUTH RIVERSIDE PLAZA
CHICAGO, IL 60606-5808

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

OPPENHEIMER FUNDS, INC.
PO BOX 5270
DENVER, CO 80217-5270

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

AMERICAN CENTURY INVESTMENT MANAGEM

PO BOX 419786
KANSAS CITY, MO 64141-6786

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

CALVERT INVESTMENT MANAGEMENT, INC.

4550 MONTGOMERY AVENUE, SUITE 1000N
BETHESDA, MD 20814

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

CAPITAL RESEARCH AND MANAGEMENT COM

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

T. ROWE PRICE ASSOCIATES, INC.

100 EAST PRATT STREET
BALTIMORE, MD 21202

(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

(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)

MUTUAL OF AMERICA LIFE INSURANCE CO

320 PARK AVENUE
NEW YORK, NY 10022

(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 15 37 65	INSURANCE CARRIER	783	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC. D/B/A EARL STEWART TOYOTA OF

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
STEWART AGENCY, INC. D/B/A EARL STE WART TOYOTA OF NORTH PALM BEACH

D Employer Identification Number (EIN)
59-1556109

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER SA1

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1614399-000	P	1193094

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC. D/B/A EARL STEWART TOYOTA OF

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
STEWART AGENCY, INC. D/B/A EARL STE WART TOYOTA OF NORTH PALM BEACH

D Employer Identification Number (EIN)
59-1556109

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	42310	42356
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1092393	1193094
(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)	234138	129185
(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	1368841	1364635
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	11382	14939
k	Total liabilities (add all amounts in lines 1g through1j)	1k	11382	14939
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1357459	1349696

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)	0	
	(B) Participants	2a(1)(B)	133146	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		133146
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1758	
	(F) Other	2b(1)(F)	2262	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4020
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		177064
(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		22
d Total income. Add all **income** amounts in column (b) and enter total	2d		314252
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	321637	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		321637
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	378	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		378
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		322015
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-7763
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: K.B PARRISH & CO. LLP **(2)** EIN: 35-0905983

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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		51591
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	

			Yes	No	Amount
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		250000
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC. D/B/A EARL STEWART TOYOTA OF

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
STEWART AGENCY, INC. D/B/A EARL STE WART TOYOTA OF NORTH PALM BEACH

D Employer Identification Number (EIN)
59-1556109

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): 13-3590259

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** 0

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT
EMPLOYEE BENEFIT PLAN OF
STEWART AGENCY, INC.
D/B/A EARL STEWART TOYOTA
OF NORTH PALM BEACH
LAKE PARK, FLORIDA
DECEMBER 31, 2013 AND 2012

EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC.
D/B/A EARL STEWART TOYOTA OF NORTH PALM BEACH

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KB Parrish & Co. LLP
CERTIFIED PUBLIC ACCOUNTANTS
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Indianapolis, IN 46254-2693
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Independent Auditor's Report

To the Trustee
Employee Benefit Plan of Stewart Agency, Inc.
d/b/a Earl Stewart Toyota of North Palm Beach
Lake Park, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Employee Benefit Plan of Stewart Agency, Inc., d/b/a Earl Stewart Toyota of North Palm Beach, which comprise the statement of net assets available for benefits as of December 31, 2013, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C which was certified by Mutual of America Life Insurance Company, the custodian of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

To the Trustees
Employee Benefit Plan of Stewart Agency, Inc.
d/b/a Earl Stewart Toyota of North Palm Beach

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the accompanying 2013 financial statements.

Other Matters

The financial statements of the plan as of December 31, 2012 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the custodian. Their report, dated October 9, 2013, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

The supplemental schedule of assets (held at end of year) and schedule of delinquent participant contributions as of December 31, 2013 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Respectfully submitted,

K. B. Parrish & Co. LLP
Certified Public Accountants

Indianapolis, Indiana
July 29, 2014

EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC.
D/B/A EARL STEWART TOYOTA OF NORTH PALM BEACH

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,
(See Independent Auditor's Report and Disclaimer of Opinion)

	2013	2012
ASSETS		
Investments at fair value		
Guaranteed interest account	$ 129,185	$ 234,138
Pooled separate accounts	1,193,094	1,092,393
	1,322,279	1,326,531
Notes receivable - participants	42,356	42,310
Total Assets	1,364,635	1,368,841
LIABILITIES		
Excess contributions	14,939	11,382
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,349,696	$ 1,357,459

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

EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC.
D/B/A EARL STEWART TOYOTA OF NORTH PALM BEACH

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31,
(See Independent Auditor's Report and Disclaimer of Opinion)

	2013	2012
Additions		
Employee elective deferral contributions	$ 133,146	$ 108,764
Employee rollover contributions	-	64,417
Total contributions	133,146	173,181
Net appreciation in fair value of investments	177,066	101,961
Investment income	4,040	7,775
Net investment income	181,106	109,736
Total additions	314,252	282,917
Deductions		
Benefits paid	321,637	11,951
Administrative expenses	378	322
Total deductions	322,015	12,273
Net increase (decrease)	(7,763)	270,644
Net assets available for benefits - beginning of year	1,357,459	1,086,815
Net assets available for benefits - end of year	$ 1,349,696	$ 1,357,459

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

NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012
(See Independent Auditor's Report and Disclaimer of Opinion)

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Employee Benefit Plan of Stewart Agency, Inc., d/b/a Earl Stewart Toyota of North Palm Beach (the "Plan") provides only general information. Participants should refer to the summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Stewart Agency, Inc., (d/b/a Earl Stewart Toyota of North Palm Beach) (the "Company") for the benefit of its employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

Employees that have completed three months of service and who are not excluded by certain provisions in the plan document are eligible to participate in the Plan.

Contributions

Participants may contribute up to 100 percent of pretax annual compensation, as defined in the plan document, without exceeding the maximum annual amount allowed by the Internal Revenue Code ("IRC"). Additionally, participants may make post-tax Roth contributions, catch-up contributions and rollovers from other qualified plans.

Each year the Company may make a discretionary matching contribution to the Plan, as determined by the Company's Board of Directors. Participants must have completed at least one year of service and must be actively employed with the Company on the last day of the plan year to be eligible to receive an allocation of the Company's contribution. Allocations of the Company's contributions are based on the ratio of each eligible participant's contributions to the total of all eligible participants' contributions during the plan year. The Company did not make a discretionary matching contribution for the years ended December 31, 2013 and 2012.

Participant Investment Account Options

Participants direct the investment of all contributions into various investment options offered by the Plan. The Plan currently offers various pooled separate accounts and an interest accumulation account as investment options for participants.

NOTE A - DESCRIPTION OF THE PLAN - Continued

Participant Accounts

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

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary matching contributions, if any, is based on years of credited service. A participant is 100 percent vested after six years of service.

Notes Receivable from Participants

Participants may borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance, excluding amounts attributable to Roth contributions made by the participant. The notes are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. All notes have a definite repayment period, not to exceed five years, unless it is for the purchase of a primary residence. Principal and interest are paid ratably through payroll deductions.

Benefits

Upon termination of service due to death, disability, retirement, or qualifying under certain hardship rules as prescribed by the Internal Revenue Service ("IRS"), a participant may elect to receive distributions from the Plan in an amount equal to the value of the participant's vested interest in his or her account. Additionally, participants may elect to receive distributions from the Plan while still employed with the Company upon reaching 59½ years of age. Hardship distributions and distributions of $1,000 or less are to be made in the form of a lump sum payment. All other distributions may be in the form of a lump sum payment or in annual installments over a period of time, as elected by the participant.

Forfeited Accounts

Forfeited balances of terminated participant's non-vested accounts are retained in the Plan and are first used to pay the Plan's expenses. Any remaining forfeited balances may be used to reduce future Company contributions. There were no forfeitures during the years ended December 31, 2013 and 2012 and no amounts available as of December 31, 2013 and 2012.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussions 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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest.

Unit Values

Individual participant accounts for pooled separate accounts are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the funds, but do have an interest therein represented by units valued daily. The funds earn dividends and interest which are automatically reinvested in additional units. Generally, contributions to and withdrawals from each fund are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts are charged or credited with the number of units properly attributable to each participant.

Payment of Benefits

Benefits are recorded when paid.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Administrative Expenses

Certain expenses of the Plan are paid by the Company and are not included in the statements of changes in net assets available for benefits. Other miscellaneous expenses have been paid by the Plan during the years ended December 31, 2013 and 2012, and have been recorded as administrative expenses on the statements of changes in net assets available for benefits. Investment related expenses are included in net appreciation in fair value of investments.

Date of Management's Review for Subsequent Events

The Plan has evaluated subsequent events through July 29, 2014, the date which the financial statements were available to be issued.

NOTE C - INVESTMENTS

The following is a summary of the Plan's financial information that is included in the accompanying financial statements. The information was obtained from data that has been prepared and certified by the custodian of the Plan, as complete and accurate in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	2013	2012
Investments, at fair value	$ 1,322,279	$ 1,326,531
Notes receivable - participants	42,356	42,310
Investment income including loan interest	181,088	104,129

The following investments represent five percent or more of the Plan's net assets:

	2013	2012
Guaranteed interest account:		
Mutual of America Interest Accumulation Account	$ 129,185	$ 234,138
Pooled separate accounts:		
Mutual of America 2015 Retirement Fund	465,773	493,273
Mutual of America 2045 Retirement Fund	248,211	180,723
Mutual of America Mid-Term Bond Fund	101,259	102,880
Mutual of America Moderate Allocation Fund	-*	87,739
Mutual of America Mid-Cap Equity Index Fund	75,044	-*

* Investment did not exceed five percent for the year ended.

NOTE C - INVESTMENTS - Continued

During 2013 and 2012, the Plan's investments in pooled separate accounts appreciated (including gains and losses on investments bought and sold, as well as held during the year) in value by $177,068 and $101,961, respectively.

NOTE D - FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

NOTE D - FAIR VALUE MEASUREMENTS - Continued

Guaranteed interest account: Valued at fair value as determined by Mutual of America by the sum of contributions plus interest earned less charges and withdrawals.

Pooled separate accounts: Valued at the Net Asset Value ("NAV") of units of the separate account. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the account less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the pooled separate account, the investment advisor reserves the right to temporarily delay withdrawal from the account in order to ensure that securities liquidations will be carried out in an orderly business manner. The pooled separate account are redeemed on a daily basis and do not have any redemption restrictions. Additionally, there are no unfunded commitments.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2013:

	Investment at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Guaranteed interest account:				
Fixed	$ -	$ -	$ 129,185	$ 129,185
Pooled separate accounts:				
Balanced funds	-	871,050	-	871,050
Fixed funds	-	102,395	-	102,395
Equity funds	-	219,649	-	219,649
	$ -	$ 1,193,094	$ 129,185	$ 1,322,279

NOTE D - FAIR VALUE MEASUREMENTS - Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2012:

	Investment at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Guaranteed interest account:				
Fixed	$ -	$ -	$ 234,138	$ 234,138
Pooled separate accounts:				
Balanced funds	$ 719,718	$ -	$ -	$ 719,718
Fixed funds	102,880	-	-	102,880
Equity funds	269,795	-	-	269,795
	$ 1,092,393	$ -	$ 234,138	$ 1,326,531

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 asset (guaranteed interest account) for the years ended December 31, 2013 and 2012:

	Years Ended December 31,	
	2013	2012
Balance beginning of year	$ 234,138	$ 217,643
Interest	2,262	3,478
Purchases	17,250	36,039
Settlements	(74,523)	(23,022)
Transfers	(49,942)	-
Balance, end of year	$ 129,185	$ 234,138

NOTE D - FAIR VALUE MEASUREMENTS - Continued

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements at December 31, 2013

The following table represents the Plan's Level 3 financial instrument, the valuation technique used to measure the fair value of the financial instrument, the significant unobservable input, and the ranges of values for the input:

Description	Fair Value	Principal Valuation Technique	Unobservable Input	Range of Significant Input Values	Weighted Average
Guaranteed Interest Account	$ 129,185	Contract value with market value adjustment	Contractual definition of market value adjustment	Liquidation value, which is the market value of the assets in the account	Not applicable

NOTE E - GUARANTEED INTEREST ACCOUNT

The Plan has an investment option offered by Mutual of America, determined not to be fully benefit responsive whereas contributions are held in the Mutual of America's general account. The account is completely liquid and is comparable to a cash equivalent account. The general account is credited with interest at a rate determined by Mutual of America, not to fall below the minimum rate, and charged for participant withdrawals and administrative expenses. Mutual of America is contractually obligated to repay the principal and interest under the terms of the contract. Requests for withdrawals can be made at any time and are not dependent upon the liquidation of securities. There are no reserves against contract value for credit risk of the contract issuer or otherwise. At December 31, 2013 and 2012, contract value approximated fair value.

NOTE F - PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are managed by Mutual of America, the custodian, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Mutual of America amounted to $378 and $322 for the years ended December 31, 2013 and 2012, respectively.

NOTE G - PLAN TERMINATION

Although it has not expressed any intent 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 the provisions of ERISA. In the event of the Plan's termination, participants would become 100 percent vested in the Company's contributions.

NOTE H - EXCESS CONTRIBUTIONS REFUNDABLE

The Company was notified that the Plan failed certain discrimination tests in connection with participant contributions for the years ended December 31, 2013 and 2012. Accordingly, the Plan recorded $14,939 and $11,382 of excess contributions, respectively, and reduced participant contributions by these amounts.

NOTE I - TAX STATUS

The IRS has determined and stated in an opinion letter dated March 31, 2008, that the prototype 401 (k) profit sharing plan adopted by the Company is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since the date of this letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America requires Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to examination or audit for the years prior to 2010.

NOTE J - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. 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 statements of net assets available for benefits.

NOTE K - DELINQUENT PARTICIPANT CONTRIBUTIONS

Defined contribution plans are required to remit participant contributions to the Plan as soon as they can be reasonably segregated from the Company's general assets. While the Company has remitted all participant contributions to the Plan, contributions of $51,591 were not remitted within the required time period during the year ended December 31, 2010. The Company is in the process of remitting lost earnings associated with these delinquent contributions.

NOTE L - RECLASSIFICATION

Certain prior year amounts have been reclassified for consistency with the current year presentation. These reclassifications had no effect on the net increase previously reported on the statements of changes in net assets available for benefits.

EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC.
D/B/A EARL STEWART TOYOTA OF NORTH PALM BEACH

SUPPLEMENTAL INFORMATION

EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC.
D/B/A EARL STEWART TOYOTA OF NORTH PALM BEACH
EIN 59-1556109/PLAN 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013
(See Independent Auditor's Report and Disclaimer of Opinion)

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Guaranteed interest account:		
*	Mutual of America Interest Accumulation Account		$ 129,185
	Pooled separate accounts:	Units	
*	Mutual of America Aggressive Allocation Fund	19,466.74	43,585
*	Mutual of America Conservative Allocation Fund	687.61	1,103
*	Mutual of America Moderate Allocation Fund	26,124.38	50,613
*	T. Rowe Price Blue Chip Growth Fund	14.80	280
*	Fidelity Investments VIP Asset Manager(SM) Portfolio	95.11	3,995
*	Fidelity Investments VIP Contrafund Portfolio	552.17	36,163
*	Fidelity Investments VIP Mid Cap Portfolio	60.39	3,905
*	Oppenheimer Main Street Fund/VA	331.58	11,228
*	DWS Variable Series I Capital Growth VIP	20.76	1,257
*	American Century VP Capital Appreciation Fund	300.42	11,186
*	Vanguard VIF Diversified Value Portfolio	15.42	348
*	Vanguard VIF International Portfolio	96.82	2,677
*	Mutual of America Equity Index Fund	492.15	2,341
*	American Funds Insurance Series New World Fund	44.98	1,136
*	Mutual of America Mid-Term Bond Fund	44,040.55	101,259
*	Mutual of America Mid-Cap Equity Index Fund	22,384.58	75,044
*	Mutual of America Mid Cap Value Fund	1,439.84	2,297
*	Mutual of America 2015 Retirement Fund	367,700.37	465,773
*	Mutual of America 2020 Retirement Fund	560.44	709
*	Mutual of America 2025 Retirement Fund	43,569.00	56,347
*	Mutual of America 2035 Retirement Fund	2,772.30	3,653
*	Mutual of America 2045 Retirement Fund	188,802.06	248,211
*	Vanguard VIF REIT Index Portfolio	89.44	1,056
*	Mutual of America Small Cap Growth Fund	3,984.65	7,554
*	Mutual of America Small Cap Value Fund	31,684.90	61,374
			1,193,094
*	Participant Loans	4.25% Interest	42,356
			$ 1,364,635

* Party in interest to the Plan

EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC.
D/B/A EARL STEWART TOYOTA OF NORTH PALM BEACH
EIN 59-1556109/PLAN 001

SCHEDULE H, LINE 4A - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2013

		Total that contributions nonexempt prohibited transactions			
Participant contributions transferred late to the Plan	Check here if late participant loan repayments are included	Contributions not corrected	Contributions corrected outside voluntary fiduciary correction program ("VFCP")	Contributions pending correction in the VFCP	Total fully corrected under the VFCP and prohibited transaction exemption 2002-51
2010 Plan Year					
$ 51,591	X	$ 51,591	$ -	$ -	$ -

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT
EMPLOYEE BENEFIT PLAN OF
STEWART AGENCY, INC.
D/B/A EARL STEWART TOYOTA
OF NORTH PALM BEACH
LAKE PARK, FLORIDA
DECEMBER 31, 2013 AND 2012

EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC.
D/B/A EARL STEWART TOYOTA OF NORTH PALM BEACH

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KB Parrish & Co. LLP
CERTIFIED PUBLIC ACCOUNTANTS
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Indianapolis, IN 46254-2693
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Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C which was certified by Mutual of America Life Insurance Company, the custodian of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

To the Trustees
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Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the accompanying 2013 financial statements.

Other Matters

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Respectfully submitted,

K. B. Parrish & Co. LLP
Certified Public Accountants

Indianapolis, Indiana
July 29, 2014

EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC.
D/B/A EARL STEWART TOYOTA OF NORTH PALM BEACH

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(See Independent Auditor's Report and Disclaimer of Opinion)

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

EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC.
D/B/A EARL STEWART TOYOTA OF NORTH PALM BEACH

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31,
(See Independent Auditor's Report and Disclaimer of Opinion)

	2013	2012
Additions		
Employee elective deferral contributions	$ 133,146	$ 108,764
Employee rollover contributions	-	64,417
Total contributions	133,146	173,181
Net appreciation in fair value of investments	177,066	101,961
Investment income	4,040	7,775
Net investment income	181,106	109,736
Total additions	314,252	282,917
Deductions		
Benefits paid	321,637	11,951
Administrative expenses	378	322
Total deductions	322,015	12,273
Net increase (decrease)	(7,763)	270,644
Net assets available for benefits - beginning of year	1,357,459	1,086,815
Net assets available for benefits - end of year	$ 1,349,696	$ 1,357,459

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

NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012
(See Independent Auditor's Report and Disclaimer of Opinion)

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Employee Benefit Plan of Stewart Agency, Inc., d/b/a Earl Stewart Toyota of North Palm Beach (the "Plan") provides only general information. Participants should refer to the summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Stewart Agency, Inc., (d/b/a Earl Stewart Toyota of North Palm Beach) (the "Company") for the benefit of its employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

Employees that have completed three months of service and who are not excluded by certain provisions in the plan document are eligible to participate in the Plan.

Contributions

Participants may contribute up to 100 percent of pretax annual compensation, as defined in the plan document, without exceeding the maximum annual amount allowed by the Internal Revenue Code ("IRC"). Additionally, participants may make post-tax Roth contributions, catch-up contributions and rollovers from other qualified plans.

Each year the Company may make a discretionary matching contribution to the Plan, as determined by the Company's Board of Directors. Participants must have completed at least one year of service and must be actively employed with the Company on the last day of the plan year to be eligible to receive an allocation of the Company's contribution. Allocations of the Company's contributions are based on the ratio of each eligible participant's contributions to the total of all eligible participants' contributions during the plan year. The Company did not make a discretionary matching contribution for the years ended December 31, 2013 and 2012.

Participant Investment Account Options

Participants direct the investment of all contributions into various investment options offered by the Plan. The Plan currently offers various pooled separate accounts and an interest accumulation account as investment options for participants.

NOTE A - DESCRIPTION OF THE PLAN - Continued

Participant Accounts

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

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary matching contributions, if any, is based on years of credited service. A participant is 100 percent vested after six years of service.

Notes Receivable from Participants

Participants may borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance, excluding amounts attributable to Roth contributions made by the participant. The notes are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. All notes have a definite repayment period, not to exceed five years, unless it is for the purchase of a primary residence. Principal and interest are paid ratably through payroll deductions.

Benefits

Upon termination of service due to death, disability, retirement, or qualifying under certain hardship rules as prescribed by the Internal Revenue Service ("IRS"), a participant may elect to receive distributions from the Plan in an amount equal to the value of the participant's vested interest in his or her account. Additionally, participants may elect to receive distributions from the Plan while still employed with the Company upon reaching 59½ years of age. Hardship distributions and distributions of $1,000 or less are to be made in the form of a lump sum payment. All other distributions may be in the form of a lump sum payment or in annual installments over a period of time, as elected by the participant.

Forfeited Accounts

Forfeited balances of terminated participant's non-vested accounts are retained in the Plan and are first used to pay the Plan's expenses. Any remaining forfeited balances may be used to reduce future Company contributions. There were no forfeitures during the years ended December 31, 2013 and 2012 and no amounts available as of December 31, 2013 and 2012.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussions 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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest.

Unit Values

Individual participant accounts for pooled separate accounts are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the funds, but do have an interest therein represented by units valued daily. The funds earn dividends and interest which are automatically reinvested in additional units. Generally, contributions to and withdrawals from each fund are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts are charged or credited with the number of units properly attributable to each participant.

Payment of Benefits

Benefits are recorded when paid.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Administrative Expenses

Certain expenses of the Plan are paid by the Company and are not included in the statements of changes in net assets available for benefits. Other miscellaneous expenses have been paid by the Plan during the years ended December 31, 2013 and 2012, and have been recorded as administrative expenses on the statements of changes in net assets available for benefits. Investment related expenses are included in net appreciation in fair value of investments.

Date of Management's Review for Subsequent Events

The Plan has evaluated subsequent events through July 29, 2014, the date which the financial statements were available to be issued.

NOTE C - INVESTMENTS

The following is a summary of the Plan's financial information that is included in the accompanying financial statements. The information was obtained from data that has been prepared and certified by the custodian of the Plan, as complete and accurate in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	2013	2012
Investments, at fair value	$ 1,322,279	$ 1,326,531
Notes receivable - participants	42,356	42,310
Investment income including loan interest	181,088	104,129

The following investments represent five percent or more of the Plan's net assets:

	2013	2012
Guaranteed interest account:		
Mutual of America Interest Accumulation Account	$ 129,185	$ 234,138
Pooled separate accounts:		
Mutual of America 2015 Retirement Fund	465,773	493,273
Mutual of America 2045 Retirement Fund	248,211	180,723
Mutual of America Mid-Term Bond Fund	101,259	102,880
Mutual of America Moderate Allocation Fund	-*	87,739
Mutual of America Mid-Cap Equity Index Fund	75,044	-*

* Investment did not exceed five percent for the year ended.

NOTE C - INVESTMENTS - Continued

During 2013 and 2012, the Plan's investments in pooled separate accounts appreciated (including gains and losses on investments bought and sold, as well as held during the year) in value by $177,068 and $101,961, respectively.

NOTE D - FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

NOTE D - FAIR VALUE MEASUREMENTS - Continued

Guaranteed interest account: Valued at fair value as determined by Mutual of America by the sum of contributions plus interest earned less charges and withdrawals.

Pooled separate accounts: Valued at the Net Asset Value ("NAV") of units of the separate account. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the account less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the pooled separate account, the investment advisor reserves the right to temporarily delay withdrawal from the account in order to ensure that securities liquidations will be carried out in an orderly business manner. The pooled separate account are redeemed on a daily basis and do not have any redemption restrictions. Additionally, there are no unfunded commitments.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2013:

	Investment at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Guaranteed interest account:				
Fixed	$ -	$ -	$ 129,185	$ 129,185
Pooled separate accounts:				
Balanced funds	-	871,050	-	871,050
Fixed funds	-	102,395	-	102,395
Equity funds	-	219,649	-	219,649
	$ -	$ 1,193,094	$ 129,185	$ 1,322,279

NOTE D - FAIR VALUE MEASUREMENTS - Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2012:

	Investment at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Guaranteed interest account:				
Fixed	$ -	$ -	$ 234,138	$ 234,138
Pooled separate accounts:				
Balanced funds	$ 719,718	$ -	$ -	$ 719,718
Fixed funds	102,880	-	-	102,880
Equity funds	269,795	-	-	269,795
	$ 1,092,393	$ -	$ 234,138	$ 1,326,531

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 asset (guaranteed interest account) for the years ended December 31, 2013 and 2012:

	Years Ended December 31,	
	2013	2012
Balance beginning of year	$ 234,138	$ 217,643
Interest	2,262	3,478
Purchases	17,250	36,039
Settlements	(74,523)	(23,022)
Transfers	(49,942)	-
Balance, end of year	$ 129,185	$ 234,138

NOTE D - FAIR VALUE MEASUREMENTS - Continued

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements at December 31, 2013

The following table represents the Plan's Level 3 financial instrument, the valuation technique used to measure the fair value of the financial instrument, the significant unobservable input, and the ranges of values for the input:

Description	Fair Value	Principal Valuation Technique	Unobservable Input	Range of Significant Input Values	Weighted Average
Guaranteed Interest Account	$ 129,185	Contract value with market value adjustment	Contractual definition of market value adjustment	Liquidation value, which is the market value of the assets in the account	Not applicable

NOTE E - GUARANTEED INTEREST ACCOUNT

The Plan has an investment option offered by Mutual of America, determined not to be fully benefit responsive whereas contributions are held in the Mutual of America's general account. The account is completely liquid and is comparable to a cash equivalent account. The general account is credited with interest at a rate determined by Mutual of America, not to fall below the minimum rate, and charged for participant withdrawals and administrative expenses. Mutual of America is contractually obligated to repay the principal and interest under the terms of the contract. Requests for withdrawals can be made at any time and are not dependent upon the liquidation of securities. There are no reserves against contract value for credit risk of the contract issuer or otherwise. At December 31, 2013 and 2012, contract value approximated fair value.

NOTE F - PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are managed by Mutual of America, the custodian, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Mutual of America amounted to $378 and $322 for the years ended December 31, 2013 and 2012, respectively.

NOTE G - PLAN TERMINATION

Although it has not expressed any intent 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 the provisions of ERISA. In the event of the Plan's termination, participants would become 100 percent vested in the Company's contributions.

NOTE H - EXCESS CONTRIBUTIONS REFUNDABLE

The Company was notified that the Plan failed certain discrimination tests in connection with participant contributions for the years ended December 31, 2013 and 2012. Accordingly, the Plan recorded $14,939 and $11,382 of excess contributions, respectively, and reduced participant contributions by these amounts.

NOTE I - TAX STATUS

The IRS has determined and stated in an opinion letter dated March 31, 2008, that the prototype 401 (k) profit sharing plan adopted by the Company is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since the date of this letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America requires Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to examination or audit for the years prior to 2010.

NOTE J - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. 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 statements of net assets available for benefits.

NOTE K - DELINQUENT PARTICIPANT CONTRIBUTIONS

Defined contribution plans are required to remit participant contributions to the Plan as soon as they can be reasonably segregated from the Company's general assets. While the Company has remitted all participant contributions to the Plan, contributions of $51,591 were not remitted within the required time period during the year ended December 31, 2010. The Company is in the process of remitting lost earnings associated with these delinquent contributions.

NOTE L - RECLASSIFICATION

Certain prior year amounts have been reclassified for consistency with the current year presentation. These reclassifications had no effect on the net increase previously reported on the statements of changes in net assets available for benefits.

EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC.
D/B/A EARL STEWART TOYOTA OF NORTH PALM BEACH

SUPPLEMENTAL INFORMATION

EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC.
D/B/A EARL STEWART TOYOTA OF NORTH PALM BEACH
EIN 59-1556109/PLAN 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013
(See Independent Auditor's Report and Disclaimer of Opinion)

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Guaranteed interest account:		
*	Mutual of America Interest Accumulation Account		$ 129,185
	Pooled separate accounts:	Units	
*	Mutual of America Aggressive Allocation Fund	19,466.74	43,585
*	Mutual of America Conservative Allocation Fund	687.61	1,103
*	Mutual of America Moderate Allocation Fund	26,124.38	50,613
*	T. Rowe Price Blue Chip Growth Fund	14.80	280
*	Fidelity Investments VIP Asset Manager(SM) Portfolio	95.11	3,995
*	Fidelity Investments VIP Contrafund Portfolio	552.17	36,163
*	Fidelity Investments VIP Mid Cap Portfolio	60.39	3,905
*	Oppenheimer Main Street Fund/VA	331.58	11,228
*	DWS Variable Series I Capital Growth VIP	20.76	1,257
*	American Century VP Capital Appreciation Fund	300.42	11,186
*	Vanguard VIF Diversified Value Portfolio	15.42	348
*	Vanguard VIF International Portfolio	96.82	2,677
*	Mutual of America Equity Index Fund	492.15	2,341
*	American Funds Insurance Series New World Fund	44.98	1,136
*	Mutual of America Mid-Term Bond Fund	44,040.55	101,259
*	Mutual of America Mid-Cap Equity Index Fund	22,384.58	75,044
*	Mutual of America Mid Cap Value Fund	1,439.84	2,297
*	Mutual of America 2015 Retirement Fund	367,700.37	465,773
*	Mutual of America 2020 Retirement Fund	560.44	709
*	Mutual of America 2025 Retirement Fund	43,569.00	56,347
*	Mutual of America 2035 Retirement Fund	2,772.30	3,653
*	Mutual of America 2045 Retirement Fund	188,802.06	248,211
*	Vanguard VIF REIT Index Portfolio	89.44	1,056
*	Mutual of America Small Cap Growth Fund	3,984.65	7,554
*	Mutual of America Small Cap Value Fund	31,684.90	61,374
			1,193,094
*	Participant Loans	4.25% Interest	42,356
			$ 1,364,635

* Party in interest to the Plan

EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC.
D/B/A EARL STEWART TOYOTA OF NORTH PALM BEACH
EIN 59-1556109/PLAN 001

SCHEDULE H, LINE 4A - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2013

		Total that contributions nonexempt prohibited transactions			
Participant contributions transferred late to the Plan	Check here if late participant loan repayments are included	Contributions not corrected	Contributions corrected outside voluntary fiduciary correction program ("VFCP")	Contributions pending correction in the VFCP	Total fully corrected under the VFCP and prohibited transaction exemption 2002-51
2010 Plan Year					
$ 51,591	X	$ 51,591	$ -	$ -	$ -

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name EMPLOYEE BENEFIT PLAN OF STEWART AGENCY, INC. D/B/A EARL STEWART TOYOTA OF NORTH PALM BEACH **EIN** 59-1556109
Plan Sponsor's Name STEWART AGENCY, INC. D/B/A EARL STEWART TOYOTA OF NORTH PALM BEACH **PN** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT GENERAL ACCOUNT Cost represents contrib. remitted during the current plan year	14,806	129,185
*	Mutual of America	GROUP ANNUITY CONTRACT SEPARATE ACCOUNT Cost represents contrib. remitted during the current plan year	133,274	1,193,094
*	PARTICIPANT LOANS	Represents outstanding Participant Loan Balance Current & Prior plan Yrs. Highest Int. Charged 4.25% Lowest Int. Charged 4.25%	0	42,356