Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
OAK LEAF MANAGEMENT EMPLOYEE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
OAK LEAF MANAGEMENT COMPANY, INC.

9555 W. SAM HOUSTON PKWY SOUTH
SUITE 250
HOUSTON, TX 77099

2b Employer Identification Number (EIN)
74-1728779

2c Sponsor's telephone number
713-541-9724

2d Business code (see instructions)
531310

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.	08/06/2010	PATRICK TOLLETT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
OAK LEAF MANAGEMENT COMPANY, INC.

9555 W. SAM HOUSTON PKWY SOUTH
SUITE 250
HOUSTON, TX 77099

3b Administrator's EIN
74-1728779

3c Administrator's telephone number
713-541-9724

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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	142
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	113
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	137
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	137
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	72
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 2K 3D 2F

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)			**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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
OAK LEAF MANAGEMENT EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
OAK LEAF MANAGEMENT COMPANY, INC.

D Employer Identification Number (EIN)
74-1728779

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
HARTFORD LIFE INSURANCE COMAPNY

(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
06-0974148	88072	GA-22143	72	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	711

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
BENEFIT SYSTEMS, INC.
1400 WEST ANDERSON LANE
AUSTIN, TX 78757-1410

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	711	TPA FEES	5

(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	485583
5	Current value of plan's interest under this contract in separate accounts at year end	5	1175184

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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	402330
c	Additions: (1) Contributions deposited during the year	7c(1)	91383		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	13485		
	(4) Transferred from separate account	7c(4)	24511		
	(5) Other (specify below)	7c(5)	4643		
	▶				
	(6) Total additions			7c(6)	134022
d	Total of balance and additions (add **b** and **c(6)**)			7d	536352
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	30602		
	(2) Administration charge made by carrier	7e(2)	684		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	19482		
	▶				
	(5) Total deductions			7e(5)	50768
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	485584

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
OAK LEAF MANAGEMENT EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
OAK LEAF MANAGEMENT COMPANY, INC.

D Employer Identification Number (EIN)
74-1728779

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: HARTFORD SEPARATE ACCOUNT K3

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE CO

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)
06-0974148-000	P	234278

a Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD ADVANTAGE TK3

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE CO

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)
06-0974148-000	P	940906

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

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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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
OAK LEAF MANAGEMENT EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OAK LEAF MANAGEMENT COMPANY, INC.

D Employer Identification Number (EIN)
74-1728779

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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	
(2) Participant contributions	1b(2)	0	
(3) Other	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	91400	89984
(9) Value of interest in common/collective trusts	1c(9)	0	
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	
(12) Value of interest in 103-12 investment entities	1c(12)	0	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1048441	1175183
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	402330	485584
(15) Other	1c(15)	0	

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	1542171	1750751
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1542171	1750751

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)	80561	
	(B) Participants	2a(1)(B)	148292	
	(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)		228853
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)	4107	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4107
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		239010
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		471970
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	261539	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		261539
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)	1851	
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1851
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		263390
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		208580
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: DRDA, P.C. **(2)** EIN: 76-0229852

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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)

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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
OAK LEAF MANAGEMENT EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OAK LEAF MANAGEMENT COMPANY, INC.

D Employer Identification Number (EIN)
74-1728779

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): 06-0974148

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

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

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

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

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

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

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

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

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

EIN 74-1728779
Plan Number 001

OAK LEAF MANAGEMENT EMPLOYEE 401(K) PLAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULE

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

OAK LEAF MANAGEMENT EMPLOYEE 401(K) PLAN

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4
Supplemental Schedule	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	11

DRDA
a professional limited liability company
certified public accountants and business consultants

EIN 74-1728779
Plan Number 001

DOUGLAS A. DICKEY, CPA
T. MARK RUSH, CPA
WILLIAM C. ANSELL, CPA
ANN S. MASEL, CPA
RICK GORNTO, CFP

INDEPENDENT AUDITOR'S REPORT

Oak Leaf Management Company, Inc.
Oak Leaf Management Employee 401(K) Plan
Houston, Texas

We were engaged to audit the financial statements of Oak Leaf Management Employee 401(k) Plan as of and for the years ended December 31, 2009 and December 31, 2008, and the supplemental schedule as of December 31, 2009, as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note G, which was certified by The Hartford, the investment trustee of the Plan, as of December 31, 2009 and 2008, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the investment trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the investment trustee as of and for the years ended December 31, 2009 and December 31, 2008, that the information provided to the plan administrator by the investment trustee is complete and accurate.

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

DRDA, PLLC

DRDA, P.L.L.C.
Houston, Texas
June 16, 2010

Oak Leaf Management Employee 401(K) Plan
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments at fair value		
Mutual funds	$ 1,660,767	$ 1,450,771
Participant notes receivable	89,984	91,400
Total Investments	1,750,751	1,542,171
Total Assets	1,750,751	1,542,171
LIABILITIES	-	-
Net Assets Available for Benefits	$ 1,750,751	$ 1,542,171

See auditor's report and notes to financial statements.

Oak Leaf Management Employee 401(K) Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2009 and 2008

	2009	2008
Additions		
Additions to Net Assets Attributed to:		
Investment Income		
Interest on loans to participants	$ 4,107	$ 6,119
Net appreciation (depreciation) in fair value	239,009	(451,590)
Total Investment Income (Expense)	243,116	(445,471)
Contributions:		
Employees - salary deferrals	148,292	149,597
Employer - matching	80,561	80,423
Employees - rollovers	-	-
Total Contributions	228,853	230,020
Total Additions (Deductions)	471,969	(215,451)
Deductions		
Deductions from Net Assets Attributed to:		
Benefits paid to participants	261,539	237,194
Administrative expenses	1,851	1,352
Total Deductions	263,390	238,546
Net Increase (Decrease)	208,579	(453,997)
Net Assets Available for Benefits, Beginning of Year	1,542,172	1,996,169
Net Assets Available for Benefits, End of Year	$ 1,750,751	$ 1,542,172

See auditor's report and notes to financial statements.

Oak Leaf Management Employee 401(k) Plan
Notes to Financial Statements
December 31, 2009 and 2008

NOTE A - DESCRIPTION OF PLAN

The following description of Oak Leaf Management Employee 401(K) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

1. General. The Plan is a defined contribution plan, formed January 1, 1999, covering all employees of Oak Leaf Management Company, Inc. (the Company) meeting participation requirements described below. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA) and all requirements of Section 401(a) of the Internal Revenue Code.

2. Participation. An employee must have attained age twenty-one (21), and have complete a minimum of one (1) year of service consisting of at least 1,000 hours worked during the Plan year.

3. Contributions. Employees may elect to contribute up to 75% of their pre-tax compensation pursuant to their salary deferral agreements on file with the Company's manager of payroll and benefits subject to the maximum dollar limits set by the IRS. The limits for 2009 and 2008 were $16,500 and $15,500, respectively. Employees attaining age 50 or greater are eligible to make additional pre-tax catch-up contributions up to $5,500 and $5,000 per year for years 2009 and 2008. A participant's compensation taken into account under the plan was limited to $245,000 and $230,000, for years 2009 and 2008, as required per IRC Section 404(l). Compensation includes the employee's elective contributions.

   The employer contributes and allocates to each eligible employee's account a basic safe harbor employer matching contribution equal to 100% of elective salary deferrals up to the first 3% of compensation and 50% of elective salary deferrals for the next 2%, up to 5% of compensation. The safe harbor matching contribution is determined on the basis of compensation paid for each payroll period.

   Additionally, the Company, at its discretion, may elect to make annual contributions for all eligible plan participants employed on the last day of the plan year which must be designated as qualified non-elective contributions (profit sharing contributions). These contributions are allocated in the same ratio that each participant's compensation for the plan year bears to the total compensation of all participants for the plan year, subject to certain limitations required for plan qualifications under the Internal Revenue Code.

   For the plan years ended December 31, 2009, and 2008, the Company elected not to make any profit sharing contributions.

4. Participant Accounts. Accounting records for individual participants are maintained by a third-party administrator. Each participant's account is credited with the participant's salary deferrals and rollover contributions and allocations of Company contributions and plan earnings and losses. Plan earnings and losses, net of appreciation and depreciation, are allocated as of the last day of each calendar quarter in the same proportion that each participant's and former participant's non-segregated accounts bear to the total of all participant's and former participant's non-segregated accounts as of the last day of each calendar quarter.

5. Administrative Expenses. Administrative expenses including trustee fees are paid directly by the Plan. Expenses incurred to audit the Plan are paid by the Plan Sponsor.

Oak Leaf Management Employee 401(k) Plan
Notes to Financial Statements
December 31, 2009 and 2008

NOTE A - DESCRIPTION OF PLAN (continued)

6. Vesting. Participants are immediately and fully vested in their salary deferral contributions and all employer contributions to the Plan plus actual earnings thereon.

7. Participant Loans. A participant with an account balance of $2,000 or greater may borrow from his or her account an amount not to exceed the lesser of fifty percent (50%) of his or her account balance, or $50,000. Loan must be repaid within five (5) years. The interest rate for all loans is the customary rate charged by financial institutions for similar type loans. The loans are secured by the balance in the participant's account. Loan repayments are to be made ratably through payroll deductions.

8. Payment of Benefits. The Plan does not allow withdrawals of salary deferrals, Company contributions or earnings thereon by active employees of the Company, unless the employee has attained age 59 ½ or the employee requests and is approved a hardship withdrawal. On termination of service due to attaining normal retirement age, disability or death, a participant or his beneficiary may elect to receive an amount equal to the value of his or her account balance in either a single lump-sum or in the form of a joint and survivor annuity. An employee who terminates employment before reaching normal retirement age may elect to receive a distribution of his or her vested account balance.

9. Forfeitures. There are no forfeitures under the Plan as all employer contributions are fully vested.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Accounting.

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

2 Estimates.

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

3. Investment Valuation.

   As of December 31, 2009 and 2008, the Plan's investments are held and maintained by The Hartford, in a common trust which is regulated, supervised and subject to periodic examination by Federal agencies. Investments in trusted common funds are valued at the net asset value per share computed for each fund. In the computation of net asset values, securities held by the various funds are valued at prices which equal or approximate market value. Cash equivalents are stated at cost which approximates market value.

Oak Leaf Management Employee 401(k) Plan
Notes to Financial Statements
December 31, 2009 and 2008

NOTE C—FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2009			
Mutual funds	$ 1,175,184	$ 1,175,184	$ -
Investment contract with insurance company	485,583	-	485,583
Participant loans	89,984	-	89,984
Total	$ 1,750,751	$ 1,175,184	$ 575,567
December 31, 2008			
Mutual funds	$ 1,048,441	$ 1,048,441	$ -
Investment contract with insurance company	402,330	-	402,330
Participant loans	91,400	-	91,400
Total	$ 1,542,171	$ 1,048,441	$ 493,730

SFAS No. 157, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stock, corporate bonds, and U.S. Government securities are based on quoted market prices.

Level 3 Fair Value Measurements

The guaranteed investment contract with an insurance company and participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations, and the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Oak Leaf Management Employee 401(k) Plan
Notes to Financial Statements
December 31, 2009 and 2008

NOTE C—FAIR VALUE MEASUREMENTS (continued)

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Investment Contract	Participant Loans	Total
December 31, 2009			
Beginning balance	$ 402,330	$ 91,400	$ 493,730
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-	-
Purchases, sales, issuances, and settlements (net)	83,253	(1,416)	81,837
Ending balance	$ 485,583	$ 89,984	$ 575,567
December 31, 2008			
Beginning balance	$ 243,882	$ 124,015	$ 367,897
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-	-
Purchases, sales, issuances, and settlements (net)	158,448	(32,615)	125,833
Ending balance	$ 402,330	$ 91,400	$ 493,730

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2009 and 2008 are reported in net appreciation in fair value of investments.

NOTE D - PLAN REVISION, AMENDMENT AND TERMINATION

The Company may amend the Plan as deemed necessary. Although Oak Leaf Management Company, Inc. has not expressed any interest to do so, the Company has the right to terminate the Plan at any time, subject to the provisions of ERISA.

NOTE E – TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter dated September 18, 2001, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's trustee believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE F – RISKS AND UNCERTAINTIES

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

NOTE G – INFORMATION CERTIFIED BY TRUSTEE

The information included in the accompanying financial statements and the following supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustee, The Hartford, as of December 31, 2009 and 2008.

Oak Leaf Management Employee 401(k) Plan
Notes to Financial Statements
December 31, 2009 and 2008

NOTE G - INFORMATION CERTIFIED BY TRUSTEE (continued)

Investments at December 31, 2009 are as follows:

	2009	
	Cost	Market Value
AIM Charter	$ 16,468	$ 16,169
AIM Small Cap Growth	5,034	5,078
Alliance Bernstein Bal Shares	63,716	58,794
Davis New York Venture	12,685	12,563
Davis Opportunity	31,337	31,062
Federated Intern'l High Income	62,669	70,326
Fidelity Advisor Equity Growth	106,483	90,073
Fixed Account	451,593	485,583
Franklin Bal Sheet Investment	8,312	8,662
Franklin Templ Moderate Target	63,520	66,141
Franklin Templeton Cns Target	84,631	87,043
Franklin Templeton Growth Target	3,912	3,966
Goldman Sachs Government Inc.	30,731	32,678
Hartford Capital Apprectn HLS	48,219	49,283
Hartford Dividend & Growth HLS	15,318	15,272
Hartford Index HLS	72,210	67,960
Hartford Midcap HLS	108,641	101,159
Hartford Stock HLS	611	603
Janus Adviser Forty	135,923	116,968
Lord Abbett Affiliated	5,727	4,904
MFS Strategic Value	30,965	34,530
Oppenheimer Cap Appreciation	1,404	1,260
Pimco Foreign bnd (US D-HDGD)	41,224	45,547
Allianz Occ Target	4,915	5,053
Pimco Total Return	148,499	166,371
Putnam International Equity	81,488	65,672
Putnam Voyager	9,003	9,660
Templeton Foreign	7,812	8,387
Totals	$ 1,653,050	$ 1,660,767

Oak Leaf Management Employee 401(k) Plan
Notes to Financial Statements
December 31, 2009 and 2008

NOTE G - INFORMATION CERTIFIED BY TRUSTEE (continued)

Investments at December 31, 2008 are as follows:

	2008	
	Cost	Market Value
AIM Charter	$ 42,350	$ 31,419
AIM Small Cap Growth	3,363	2,331
Alliance Bernstein Bal Shares	107,319	82,242
Davis New York Venture	27,485	17,953
Davis Opportunity	52,090	32,736
Federated Intern'l High Income	119,802	92,272
Fidelity Advisor Equity Growth	87,245	52,704
Fixed Account	379,197	402,330
Franklin Bal Sheet Investment	45,326	30,569
Franklin Templ Moderate Target	56,318	46,594
Franklin Templeton Cns Target	88,387	76,394
Franklin Templeton Growth Target	3,597	2,697
Goldman Sachs Government Inc.	33,840	34,754
Hartford Capital Apprectn HLS	48,905	32,221
Hartford Dividend & Growth HLS	11,341	8,507
Hartford Index HLS	69,652	48,330
Hartford Midcap HLS	124,119	86,722
Hartford Stock HLS	2,800	1,801
Janus Adviser Forty	136,694	82,004
Lord Abbett Affiliated	9,701	6,676
MFS Strategic Value	52,592	31,834
Oppenheimer Cap Appreciation	1,907	1,207
Pimco Foreign bnd (US D-HDGD)	41,386	39,141
Allianz Occ Target	4,095	2,391
Pimco Total Return	140,926	141,929
Putnam International Equity	92,066	57,057
Putnam Voyager	3,203	2,336
Templeton Foreign	5,427	3,620
Totals	$ 1,791,133	$ 1,450,771

Oak Leaf Management Employee 401(k) Plan
Notes to Financial Statements
December 31, 2009 and 2008

NOTE G - INFORMATION CERTIFIED BY TRUSTEE (continued)

	December 31, 2009	December 31, 2008
Receipts and Disbursements:		
Contributions Received	$ 228,853	$ 230,019
Loan Repayments Received	61,157	56,416
Earnings (Losses)	243,854	(445,471)
Administrative Fees	(1,851)	(1,352)
Benefit Payments	(261,539)	(216,510)
Loans Disbursed	(50,500)	(23,800)
Hardship Withdrawals	(9,978)	(20,685)
Receipts in Excess of Disbursements	209,996	(421,383)
Beginning Balance	1,450,771	1,872,154
Ending Balance	$ 1,660,767	$ 1,450,771

NOTE H – RECONCILIATION OF FORM 5500 WITH FINANCIAL STATEMENTS

	2009	2008
Net assets per Form 5500 line 1 l	$ 1,750,751	$ 1,542,171
2007 contributions received in 2008	-	-
2008 contributions received in 2009	-	-
Net assets available for benefits per financial statements	$ 1,750,751	$ 1,542,171

2009	Participant Salary Deferrals	Employer Matching	Rollovers	Total
Contributions per Form 5500, lines 2 a (1) (A) & (B)	$ 148,292	$ 80,561	$ -	$ 228,853
2009 contributions received in 2010	-	-	-	-
2008 contributions received in 2009	-	-	-	-
Contributions per financial statements	$ 148,292	$ 80,561	$ -	$ 228,853

2008				
Contributions per Form 5500, lines 2 a (1) (A) & (B)	$ 149,597	$ 80,422	$ -	$ 230,019
2008 contributions received in 2009	-	-	-	-
2007 contributions received in 2008	-	-	-	-
Contributions per financial statements	$ 149,597	$ 80,422	$ -	$ 230,019

Supplemental Schedule

OAK LEAF MANAGEMENT EMPLOYEE 401(K) PLAN
YEAR ENDED DECEMBER 31, 2009
SCHEDULE H (FORM 5500), LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a) Party at 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	(d) Cost	(e) Current value
	AIM Charter	Value of interest in pooled separate accounts	$ 16,468	$ 16,169
	AIM Small Cap Growth	Value of interest in pooled separate accounts	5,034	5,078
	Alliance Bernstein Bal Shares	Value of interest in pooled separate accounts	63,716	58,794
	Davis New York Venture	Value of interest in pooled separate accounts	12,685	12,563
	Davis Opportunity	Value of interest in pooled separate accounts	31,337	31,062
	Federated Intern'l High Income	Value of interest in pooled separate accounts	62,669	70,326
	Fidelity Advisor Equity Growth	Value of interest in pooled separate accounts	106,483	90,073
	Fixed Account	Value of interest in pooled separate accounts	451,593	485,583
	Franklin Bal Sheet Investment	Value of interest in pooled separate accounts	8,312	8,662
	Franklin Templ Moderate Target	Value of interest in pooled separate accounts	63,520	66,141
	Franklin Templeton Cns Target	Value of interest in pooled separate accounts	84,631	87,043
	Franklin Templeton Growth Target	Value of interest in pooled separate accounts	3,912	3,966
	Goldman Sachs Government Inc.	Value of interest in pooled separate accounts	30,731	32,678
	Hartford Capital Apprectn HLS	Value of interest in pooled separate accounts	48,219	49,283
	Hartford Dividend & Growth HLS	Value of interest in pooled separate accounts	15,318	15,272
	Hartford Index HLS	Value of interest in pooled separate accounts	72,210	67,960
	Hartford Midcap HLS	Value of interest in pooled separate accounts	108,641	101,159
	Hartford Stock HLS	Value of interest in pooled separate accounts	611	603
	Janus Adviser Forty	Value of interest in pooled separate accounts	135,923	116,968

OAK LEAF MANAGEMENT EMPLOYEE 401(K) PLAN
YEAR ENDED DECEMBER 31, 2009
SCHEDULE H (FORM 5500), LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a) Party at 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	(d) Cost	(e) Current value
	Lord Abbett Affiliated	Value of interest in pooled separate accounts	5,727	4,904
	MFS Value	Value of interest in pooled separate accounts	30,965	34,530
	Oppenheimer Cap Appreciation	Value of interest in pooled separate accounts	1,404	1,260
	Pimco Foreign bnd (US D-HDGD)	Value of interest in pooled separate accounts	41,224	45,547
	Allianz Occ Target	Value of interest in pooled separate accounts	4,915	5,053
	Pimco Total Return	Value of interest in pooled separate accounts	148,499	166,371
	Putnam International Equity	Value of interest in pooled separate accounts	81,488	65,672
	Putnam Voyager	Value of interest in pooled separate accounts	9,003	9,660
	Templeton Foreign	Value of interest in pooled separate accounts	7,812	8,387
	Participant Loans	5.00% to 9.25%	89,984	89,984
		Totals	$ 1,743,034	$ 1,750,751

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2009** and ending **12/31/2009**

Name of plan
Oak Leaf Management Employee 401(k) Plan

Employer Identification Number
74-1728779

Three-digit plan number ► **001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	FIXED ACCOUNT	MUTUAL FUND	0	485,583
	HARTFORD INDEX HLS	MUTUAL FUND	0	67,960
	HARTFORD DIVIDEND & GROWTH HLS	MUTUAL FUND	0	15,272
	ALLIANCE BERNSTEIN BAL SHARES	MUTUAL FUND	0	58,794
	LORD ABBETT AFFILIATED	MUTUAL FUND	0	4,904
	FIDELITY ADVISOR EQUITY GROWTH	MUTUAL FUND	0	90,073
	PIMCO TOTAL RETURN	MUTUAL FUND	0	166,371
	HARTFORD MIDCAP HLS	MUTUAL FUND	0	101,159
	FEDERATED INTNL HIGH INCOME	MUTUAL FUND	0	70,326
	FRANKLIN TEMPL MODERATE TGT	MUTUAL FUND	0	66,141
	MFS STRATEGIC VALUE	MUTUAL FUND	0	0
	TEMPLETON FOREIGN	MUTUAL FUND	0	8,386
	GOLDMAN SACHS GOVERNMENT INC.	MUTUAL FUND	0	32,673
	DAVIS OPPORTUNITY	MUTUAL FUND	0	31,062
	PARTICIPANT LOANS	VARIOUS	0	89,984
	OPPENHEIMER CAP APPRECIATION	MUTUAL FUND	0	1,260
	DAVIS NEW YORK VENTURE	MUTUAL FUND	0	12,563
	PIMCO FOREIGN BOND (US D-HDGD)	MUTUAL FUND	0	45,547
	PUTNAM VOYAGER	MUTUAL FUND	0	9,660
	PUTNAM INTERNATIONAL EQUITY	MUTUAL FUND	0	65,672
	FRANKLIN TEMPLETON CONS TARGET	MUTUAL FUND	0	87,042
	FRANKLIN TEMPLETON GR TARGET	MUTUAL FUND	0	3,966
	JANUS FORTY	MUTUAL FUND	0	116,968
	FRANKLIN BAL SHEET INVESTMENT	MUTUAL FUND	0	8,662
	AIM SMALL CAP GROWTH	MUTUAL FUND	0	5,078
	MFS VALUE	MUTUAL FUND	0	34,530
	HARTFORD CAPITAL APPRECTN HLS	MUTUAL FUND	0	49,283
	HARTFORD STOCK HLS	MUTUAL FUND	0	603
	AIM CHARTER	MUTUAL FUND	0	16,169
	ALLIANZ OCC TARGET	MUTUAL FUND	0	5,053

SUMMARY ANNUAL REPORT
for
Oak Leaf Management Employee 401(k) Plan

This is a summary of the annual report for Oak Leaf Management Employee 401(k) Plan, 74-1728779/001 for 01/01/2009 through 12/31/2009. The annual report has been filed with the Employee Benefits Security Administration, formerly known as the Pension and Welfare Benefits Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided by insurance and trust. Plan expenses were $263,390. These expenses included $1,851 in administrative expenses and $261,539 in benefits paid to participants and beneficiaries, and $0 in other expenses. A total of 137 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was $1,750,751 as of 12/31/2009, compared to $1,542,171 as of 01/01/2009. During the plan year the plan experienced an increase in its net assets of $208,580. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of $471,970, including employer contributions of $80,561, employee contributions of $148,292, gains of $0 from the sale of assets and earnings from investments of $243,117.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Insurance information including sales commissions paid by insurance carriers;
3. Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103 - 12 investment entities in which the plan participates;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Oak Leaf Management Company, Inc., who is Plan Administrator at 9555 W. Sam Houston Pkwy South, Suite 250, Houston, TX, 77099, (713) 541-9724. The charge to cover copying cost will be $5.00 for the full annual report, or $0.10 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, if any, or a statement of income and expenses of the plan and accompanying notes, if any, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes, if any, will be included as part of that report. The charge to cover copying costs given above does not include a charge for copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at 9555 W. Sam Houston Pkwy South, Suite 250, Houston, TX, 77099 and at the US Department of Labor in Washington DC, or obtain a copy from the US Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, US Department of Labor, 200 Constitution Avenue, NW, Washington DC 20210.