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;
- [X] 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
DMMAC, LP ACCIDENT PROTECTION PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 07/01/1996

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
DMMAC, LP

1303 GESSNER DRIVE
HOUSTON, TX 77055-4065

2b Employer Identification Number (EIN)
76-0658266

2c Sponsor's telephone number
713-461-9224

2d Business code (see instructions)
722210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2010	DAVID OR MICHELE GUTIERREZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2010	DAVID OR MICHELE GUTIERREZ
	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")

DMMAC, LP

1303 GESSNER DRIVE
HOUSTON, TX 77055-4065

3b Administrator's EIN
76-0658266

3c Administrator's telephone number
713-461-9224

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**	250
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**	234
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	234
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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:

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

4A 4D 4E 4F

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)		Trust
(4)	X	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)		**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

Form 5500
Explanation of Delinquent Filing Due to Technical Issues

To Whom It May Concern,

Our Company has an ERISA plan which necessitates the filing of the Form 5500. Owner/Operator Services, Inc. (OOSI) administers this plan and is our preparer for the Form 5500. OOSI used an approved 3rd party software company, Sunguard Business Systems, to create a web based system to assist us with this filing.

We experienced technical difficulties beyond our control which caused us to miss the deadline for the new mandatory electronic filing requirements. Our preparer uses approved third party software to generate email notifications and file in a timely manner. We rely on our preparer to notify us when filing is due but we did not receive the email notification to file. Our preparer also follows up with us to ensure we file on time but we did not receive any of the 4 reminder emails sent to us prior to the deadline.

Unknowingly, our email provider was blocking all communication from Sunguard web client generated emails. Our preparer discovered this problem after the deadline and took action to assist us in filing by using an alternate email address. This solved the technical problem and allowed us to complete the filing.

Attached is a Filing Status Report from the Sunguard Web Client software outlining dates of filing status in addition to each communication sent to us through Web Client prior to the deadline: 6/22/10, 7/20/10, 7/26/10, 7/28/10 and 7/30/10.

We always do everything in our power to meet all government filings and taxes. However, neither our preparer nor we could have foreseen this problem with this process which has proved difficult to implement and successfully complete. Therefore, we respectfully ask that you accept our filing without penalty.

Owner/Operator Services, Inc.
Julie Eisenmann - juliee@oosi.com - 972-509-4777

[Send To Printer]

Status History

EIN	PN	Plan Id	Plan Year	Plan	Status	UserName	IFASStatus	Date
760658266	501		2009	DMMAC, LP Accident Protection Plan	Republished	Julie Eisenmann	Not_Filed	8/4/2010 4:50:19 PM
760658266	501		2009	DMMAC, LP Accident Protection Plan	Republished	Julie Eisenmann	Not_Filed	7/30/2010 3:00:09 PM
760658266	501		2009	DMMAC, LP Accident Protection Plan	Republished	Julie Eisenmann	Not_Filed	7/28/2010 3:48:03 PM
760658266	501		2009	DMMAC, LP Accident Protection Plan	Republished	Julie Eisenmann	Not_Filed	7/26/2010 3:05:05 PM
760658266	501		2009	DMMAC, LP Accident Protection Plan	Republished	Julie Eisenmann	Not_Filed	7/20/2010 11:45:04 AM
760658266	501		2009	DMMAC, LP Accident Protection Plan	Published	Julie Eisenmann	Not_Filed	6/22/2010 10:28:19 AM

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