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. . . . . ▶ [X]

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
GREYHOUND LINES, INC. - NATIONAL LOCAL 1700 OF THE AMALGAMATED TRANSIT UNION HEALTH & WELFARE PLAN

1b Three-digit plan number (PN) ▶ 529

1c Effective date of plan 08/01/1993

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

350 N. ST. PAUL, SUITE 1640
DALLAS, TX 75201-4216

2b Employer Identification Number (EIN)
86-0572343

2c Sponsor's telephone number
214-849-8710

2d Business code (see instructions)
485510

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.	10/14/2010	LYNNE MARTY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	BILL GIESEKER
	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")
JOINT BOARD OF TRUSTEES

350 N. ST. PAUL, SUITE 1640
DALLAS, TX 75201-4216

3b Administrator's EIN
75-2599025

3c Administrator's telephone number
214-849-8710

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**	3234
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**	2982
b	Retired or separated participants receiving benefits	**6b**	27
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	3009
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 4B 4D 4E 4F 4L 4Q

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)		**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	12	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
GREYHOUND LINES, INC. - NATIONAL LOCAL 1700 OF THE AMALGAMATED TRANSIT UNION HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 529

C Plan sponsor's name as shown on line 2a of Form 5500.
GREYHOUND LINES, INC.

D Employer Identification Number (EIN)
86-0572343

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
AFLAC

(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
52-0807803	60380	NB562	132	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
10960	261

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
SEE ATTACHED FOR BROKER COMMISSIONS
1932 WYNNTON ROAD
COLUMBUS, GA 31999

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10960	261	OTHER COMPENSATION PAID	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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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 [X] 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 [X] Other (specify) ▶ CANCER, AD&D			

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**	51478
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
GREYHOUND LINES, INC. - NATIONAL LOCAL 1700 OF THE AMALGAMATED TRANSIT UNION HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 529

C Plan sponsor's name as shown on line 2a of Form 5500.
GREYHOUND LINES, INC.

D Employer Identification Number (EIN)
86-0572343

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
AFLAC

(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
58-0663085	60380	BX702	1299	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
164388	9653

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
SEE ATTACHED FOR BROKER COMMISSIONS
1932 WYNNTON ROAD
COLUMBUS, GA 31999

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
164388	9653	OTHER COMPENSATION PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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 [X] 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 [X] Other (specify) ▶ CANCER, AD&D			

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**	997042
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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OMB No. 1210-0110

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B Three-digit plan number (PN) ▶ 529

C Plan sponsor's name as shown on line 2a of Form 5500.
GREYHOUND LINES, INC.

D Employer Identification Number (EIN)
86-0572343

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
CONNECTICUT GENERAL LIFE INSURANCE COMPANY AND AFFILIATES

(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
06-0303370	62308	2461738	1702	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
28688	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ROBIN DUSANG
PO BOX 56268
METAIRIE, LA 70055

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
28713			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ALBERT LACASSE
6575 WEST LOOP SOUTH, SUITE 610
BELLAIRE, TX 77401-3512

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
-25			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	

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	(c) Amount	**(d)** Purpose	

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

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	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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** [X] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [X] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [X] 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**	763902
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
GREYHOUND LINES, INC. - NATIONAL LOCAL 1700 OF THE AMALGAMATED TRANSIT UNION HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 529

C Plan sponsor's name as shown on line 2a of Form 5500.
GREYHOUND LINES, INC.

D Employer Identification Number (EIN)
86-0572343

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
DELTA DENTAL INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-2761537	81396	44-03850	1751	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	0

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

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

(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	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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** [X] 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**	485600
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
GREYHOUND LINES, INC. - NATIONAL LOCAL 1700 OF THE AMALGAMATED TRANSIT UNION HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 529

C Plan sponsor's name as shown on line 2a of Form 5500.
GREYHOUND LINES, INC.

D Employer Identification Number (EIN)
86-0572343

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
LIFE INSURANCE COMPANY OF NORTH 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
23-1503749	65498	GL-016523	2898	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
32587	0

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

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

ROBIN J DUSANG
PO BOX 56268
METAIRIE, LA 70055

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32587			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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** [X] 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**	320896
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
GREYHOUND LINES, INC. - NATIONAL LOCAL 1700 OF THE AMALGAMATED TRANSIT UNION HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 529

C Plan sponsor's name as shown on line 2a of Form 5500.
GREYHOUND LINES, INC.

D Employer Identification Number (EIN)
86-0572343

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
LIFE INSURANCE COMPANY OF NORTH 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
23-1503749	65498	C0A001255	1333	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	0

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

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

(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	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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** [X] Other (specify) ▶ ACCIDENTAL DEATH

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**	9141
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
GREYHOUND LINES, INC. - NATIONAL LOCAL 1700 OF THE AMALGAMATED TRANSIT UNION HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 529

C Plan sponsor's name as shown on line 2a of Form 5500.
GREYHOUND LINES, INC.

D Employer Identification Number (EIN)
86-0572343

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
MHN SERVICES

(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
95-4146179	48511	5565	1302	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
512	0

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

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

THE SEGAL COMPANY
170 BELLAIRE DRIVE
NEW ORLEANS, LA 70124

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
512			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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** [X] Other (specify) ▶ EAP PLAN PREMIUMS

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	34918		
(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)**	34918
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
GREYHOUND LINES, INC. - NATIONAL LOCAL 1700 OF THE AMALGAMATED TRANSIT UNION HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 529

C Plan sponsor's name as shown on line 2a of Form 5500.
GREYHOUND LINES, INC.

D Employer Identification Number (EIN)
86-0572343

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
VISION SERVICE PLAN

(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
06-1227840	39616	12173151	1517	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
2022	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE SEGAL COMPANY
STE 850
ATLANTA, GA 30339-7200

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
2022			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 (c) Amount	(d) Purpose	(e) Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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)**	134822		
(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)**	134822
b Benefit charges (1) Claims paid	**9b(1)**	118868		
(2) Increase (decrease) in claim reserves	**9b(2)**	-1379		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	117489
(4) Claims charged			**9b(4)**	117489
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)**	21572		
(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)**	21572
(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)**	29717
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
GREYHOUND LINES, INC. - NATIONAL LOCAL 1700 OF THE AMALGAMATED TRANSIT UNION HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 529

C Plan sponsor's name as shown on line 2a of Form 5500.
GREYHOUND LINES, INC.

D Employer Identification Number (EIN)
86-0572343

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
AFLAC

(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
58-0663085	60380	BX770	117	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
12181	531

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
SEE ATTACHED FOR BROKER COMMISSIONS
1932 WYNNTON ROAD
COLUMBUS, GA 31999

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12181	531	OTHER COMPENSATION PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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** [X] 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** [X] Other (specify) ▶ CANCER, AD&D

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**	60821
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
GREYHOUND LINES, INC. - NATIONAL LOCAL 1700 OF THE AMALGAMATED TRANSIT UNION HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 529

C Plan sponsor's name as shown on line 2a of Form 5500.
GREYHOUND LINES, INC.

D Employer Identification Number (EIN)
86-0572343

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
MHN SERVICES

(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	Policy or contract year (g) To
95-4146179	48511	1454	1700	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
1617	0

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

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

THE SEGAL COMPANY
170 BELLAIRE DRIVE
NEW ORLEANS, LA 70124

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
1617			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 (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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** [X] Other (specify) ▶ INTEGRATED PLAN PREMIUMS

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	106646		
(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)**	106646
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
GREYHOUND LINES, INC. - NATIONAL LOCAL 1700 OF THE AMALGAMATED TRANSIT UNION HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 529

C Plan sponsor's name as shown on line 2a of Form 5500.
GREYHOUND LINES, INC.

D Employer Identification Number (EIN)
86-0572343

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
AFLAC

(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	Policy or contract year (g) To
58-0663085	60380	A1U74	9	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
2308	401

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
SEE ATTACHED FOR BROKER COMMISSIONS
1932 WYNNTON ROAD
COLUMBUS, GA 31999

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
2308	401	OTHER COMPENSATION PAID	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 (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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** [X] 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** [X] Other (specify) ▶ CANCER, AD&D

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**	8295
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

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

A Name of plan
GREYHOUND LINES, INC. - NATIONAL LOCAL 1700 OF THE AMALGAMATED TRANSIT UNION HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 529

C Plan sponsor's name as shown on line 2a of Form 5500.
GREYHOUND LINES, INC.

D Employer Identification Number (EIN)
86-0572343

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
AFLAC

(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
58-0663085	60380	XS121	4	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
296	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SEE ATTACHED FOR BROKER COMMISSIONS
1932 WYNNTON ROAD
COLUMBUS, GA 31999

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
296			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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 [X] 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 [X] Other (specify) ▶ CANCER, AD&D			

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**	3044
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 [X] 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.**	**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
GREYHOUND LINES, INC. - NATIONAL LOCAL 1700 OF THE AMALGAMATED TRANSIT UNION HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 529

C Plan sponsor's name as shown on line 2a of Form 5500
GREYHOUND LINES, INC.

D Employer Identification Number (EIN)
86-0572343

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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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)

EMPLOYEE A

75-2599025

(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?
30	EMPLOYEE	75900	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DYNAMARC

20-3555695

(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?
49	NONE	5352	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE B

75-2599025

(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?
30	EMPLOYEE	45006	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE C

75-2599025

(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?
30	EMPLOYEE	39778	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLIFTON GUNDERSON LLP

37-0802863

(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?
10	NONE	24700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE D

75-2599025

(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?
30	EMPLOYEE	25704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLAKE & UHLIG

48-0918231

(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?
29	NONE	10874	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MHN

95-4146179

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	61687	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

YPI ONE DALLAS CENTRE, LLC

14-1997171

(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?
99	NONE	51851	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IMPRIMIS/ART SQUAD

75-1831894

(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?
99	NONE	5854	Yes [ ] No [X]	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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
GREYHOUND LINES, INC. - NATIONAL LOCAL 1700 OF THE AMALGAMATED TRANSIT UNION HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 529

C Plan sponsor's name as shown on line 2a of Form 5500
GREYHOUND LINES, INC.

D Employer Identification Number (EIN)
86-0572343

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	69839	70620
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		782285
(2) Participant contributions	1b(2)		8440
(3) Other	1b(3)	702	3433
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1329035	1867371
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	671	689

			(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	1138	1445
f	Total assets (add all amounts in lines 1a through 1e)	1f	1401385	2734283
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	769	1752
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	769	1752
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1400616	2732531

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)	9665334	
	(B) Participants	2a(1)(B)	5851257	
	(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)		15516591
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10079	
	(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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10079
	(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)		
	(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)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		25342
d Total income. Add all **income** amounts in column (b) and enter total	2d		15552012
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9853969	
(2) To insurance carriers for the provision of benefits	2e(2)	2891000	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		12744969
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)	79839	
(2) Contract administrator fees	2i(2)	981641	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	413648	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1475128
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14220097
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1331915
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CLIFTON GUNDERSON LLP **(2)** EIN: 37-0802863

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

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

Part IV Compliance Questions

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

During the plan year:

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

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)

GREYHOUND LINES, INC. - NATIONAL LOCAL 1700 OF THE AMALGAMATED TRANSIT UNION HEALTH & WELFARE PLAN

FINANCIAL STATEMENTS
December 31, 2009 and 2008

Clifton Gunderson LLP
Certified Public Accountants & Consultants

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Clifton Gunderson LLP
Certified Public Accountants & Consultants

Independent Auditor's Report

Trustees of Greyhound Lines, Inc. –
National Local 1700 of the Amalgamated
Transit Union Health & Welfare Plan
Dallas, Texas

We have audited the accompanying statements of net assets available for benefits and of plan benefit obligations of Greyhound Lines, Inc. – National Local 1700 of the Amalgamated Transit Union Health & Welfare Plan (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2009 and 2008, and the changes in its financial status for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects when considered in relation to the basic financial statements taken as a whole.

Clifton Gunderson LLP

West Des Moines, Iowa
September 8, 2010

2700 Westown Parkway, Suite 400
West Des Moines, IA 50266
tel: 515.222.4400
fax: 515.222.4444

www.cliftoncpa.com

Member of HLB International

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2009 and 2008

	2009	2008
ASSETS		
Cash	$ 70,620	$ 69,839
Investment in money market accounts	1,867,371	1,329,035
Total cash and money market accounts	1,937,991	1,398,874
Receivable from employer	782,285	-
Receivable from employees	8,440	-
Other	3,433	702
Total receivables	794,158	702
Other Assets	2,134	1,809
Total assets	2,734,283	1,401,385
LIABILITIES		
Accounts payable and accrued expenses	1,752	769
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,732,531	$ 1,400,616

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

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2009 and 2008

	2009	2008
ADDITIONS:		
Employer contributions	$ 9,665,334	$ 5,250,338
Participants' contributions	5,732,203	4,293,175
COBRA contributions	119,054	78,055
Interest and dividend income	10,079	105,916
Stop loss reimbursement	25,342	-
Total additions	15,552,012	9,727,484
DEDUCTIONS:		
Medical claims	9,853,969	10,315,683
Insurance premiums	3,872,641	3,632,490
Administrative expenses	493,487	407,750
Total deductions	14,220,097	14,355,923
NET CHANGE	1,331,915	(4,628,439)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	1,400,616	6,029,055
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 2,732,531	$ 1,400,616

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

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
STATEMENTS OF PLAN BENEFIT OBLIGATIONS
Years Ended December 31, 2009 and 2008

	2009	2008
PLAN BENEFIT OBLIGATIONS		
Claims payable	$ 159,738	$ 134,656
Claims incurred but not reported	967,825	1,132,695
TOTAL PLAN BENEFIT OBLIGATIONS	$ 1,127,563	$ 1,267,351

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

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS
Years Ended December 31, 2009 and 2008

	2009	2008
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Claims payable:		
Balance at beginning of year	$ 134,656	$ 125,871
Claims reported and approved for payment	9,879,051	10,324,468
Claims paid	(9,853,969)	(10,315,683)
Balance at end of year	159,738	134,656
Insurance premiums payable:		
Balance at beginning of year	-	80,937
Insurance premium expense	3,872,641	3,551,553
Insurance premium paid	(3,872,641)	(3,632,490)
Balance at end of year	-	-
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE		
Claims incurred but not reported:		
Balance at beginning of year	1,132,695	1,068,667
Net change during year	(164,870)	64,028
Balance at end of year	967,825	1,132,695
TOTAL PLAN BENEFIT OBLIGATIONS AT END OF YEAR	$ 1,127,563	$ 1,267,351

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

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Greyhound Lines, Inc. (Greyhound and also Plan sponsor) – National Local 1700 of the Amalgamated Transit Union Health & Welfare Plan (the Plan) provides only general information. For a more complete description of the Plan's provisions, refer to the Summary Plan Description.

General

The Plan, a defined benefit health and welfare benefit plan, was established as a result of a collective bargaining agreement between Greyhound and the National Local Union 1700 of the Amalgamated Transit Union (the ATU). Certain benefits are provided by the Plan through insurance, although medical, mental health, and substance abuse benefits are on a self-insured basis. The Plan receives its funding through the Greyhound Lines, Inc. Welfare Benefits Trust for Represented Employees (the Trust). Greyhound will provide for any deficit to the extent the assets do not exceed the liabilities of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974.

The assets of the Plan are held by the Trust and were invested by Marshall and Ilsley Trust and Merrill Lynch (the Custodians).

Contributions

The Plan is funded by participant and Greyhound contributions. Participants contribute specified amounts, determined by an actuary to meet the funding ratio established by the collective bargaining agreement for the estimated obligations of the Plan, for their elected coverage. Greyhound is required by the collective bargaining agreement to make specific contributions per participant, and these contributions are required to fund a minimum portion of the total cost of the Plan.

Benefits

The Plan provides medical benefits to qualified full-time active employees of Greyhound who are represented by the ATU Collective Bargaining Agreement and to covered dependents. A full-time active employee is one who is scheduled to work 1,500 hours or more per year. The medical benefits are offered through two points of service plans. Indemnity plans also exist to cover areas where no preferred provider exists. The Plan has a stop loss policy to cover any individually large claims incurred. Additional benefits are described as follows:

Greyflex – The Plan provides before-tax benefits for qualified employees of Greyhound that are enrolled in the Plan. Two options are available to participants, each covering a different type of expense. The first option contributes the participant's before-tax dollars towards the Plan and the second option provides reimbursable dollars for Internal Revenue Service deductible charges not paid by an insurance plan.

Employee Assistance Program (EAP) – The Plan offers short-term counseling services on a confidential and voluntary basis to all full-time and part-time active employees participating in the Plan. The EAP is fully insured and has no assets or liabilities. Premiums are paid monthly by the Trust based on the number of employees within the Plan.

Vision – The Plan offers discounted rates on eye examinations, frames, lenses, contacts, and accessories through a network of providers. The vision benefits are fully insured and premiums are paid by the Plan with 100% participant contributions.

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

***Benefits** (continued)*

Prescription Drug Program – The Plan offers retail and mail order prescription drugs at a reduced cost to the participants provided that certain qualifications have been met.

Life Insurance – The Plan provides $10,000 in basic life insurance for every eligible employee at no cost to the employee. The employees have the option of purchasing additional life insurance up to a total coverage of $50,000.

Dependent Life Insurance – Employees may purchase life insurance for their spouse and/or dependent children.

Accidental Death & Dismemberment Coverage – This coverage is intended to provide benefits in the event an employee has a serious accidental injury or death. The cost is paid by the employees.

Supplemental Coverage – The Plan also offers employees the option of purchasing coverage for short-term disability, personal accident, and/or personal recovery directly through AFLAC.

Dental – Employees may purchase dental insurance for themselves and their families. The cost is paid by the employees.

Plan Administration

The Plan is administered by a Board of Trustees, including three trustees appointed by Greyhound and three trustees appointed by the executive board of the ATU. The Board of Trustees, in turn, has appointed a Plan Administrator who oversees the day-to-day operations of the Plan.

Amendment and Termination of the Plan Agreement

The Plan Agreement may be amended by Greyhound and the ATU or Board of Trustees at any time unless such amendment violates the collective bargaining agreement. The Plan may be terminated with the consent of both Greyhound and the ATU. No such termination is contemplated, but if it should occur, the assets of the Plan shall be used to pay or provide for the payment of any and all obligations hereunder in accordance with the provisions of the Plan and the directions of the Trustees. No portion of the assets of the Plan, directly or indirectly, shall revert to or accrue to the benefit of Greyhound.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of presentation

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of estimates in preparation of financial statements

The preparation of financial statements in conformity with generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, claims incurred but not reported, claims payable, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Money market accounts

Money market accounts are carried at cost which approximates fair value.

Claims payable

This amount represents claims that the Plan administrator has received at December 31 but has not yet processed for payment.

Claims incurred but not reported

The Plan has recorded an estimate of the obligation for medical claims incurred but not reported (IBNR) based on a lag study performed by CIGNA Healthcare, the Plan's claims administrator.

Administrative expenses

Administrative expenses of the Plan are paid by the Trust and consist of processing fees, insurance costs, audit fees and bank fees.

Recent accounting pronouncements

Effective July 1, 2009, the Plan adopted new accounting guidance under the Financial Accounting Standards Board Accounting Standard Codification (FASB ASC). This guidance established FASB ASC as the source of authoritative GAAP to be applied by nongovernmental entities. FASB ASC is not intended to change GAAP. The adoption did not have an impact on the Plan's financial position or results of operations.

On January 1, 2008, the Plan adopted FASB ASC 820, *Fair Value Measurements and Disclosures*, which defines fair value, establishes a framework for measuring fair value under GAAP, and expands disclosures about fair value measurements.

In January 2010, the FASB issued Accounting Standards Update 2010-06, *Fair Value Measurements and Disclosures (Topic 820) – Improving Disclosures about Fair Value Measurements*. This guidance requires: (i) separate disclosure of significant transfers between Level 1 and Level 2 and reasons for the transfers; (ii) disclosure, on a gross basis, of purchases, sales, issuances, and net settlements within Level 3; (iii) disclosures by class of assets and liabilities; and, (iv) a description of the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements. This guidance is effective for interim and annual reporting periods beginning after December 31, 2009, except for the Level 3 disclosure requirements, which will be effective for fiscal years beginning after December 15, 2010 and interim periods within those fiscal years with early adoption permitted. Management of the Plan does not believe the adoption of this guidance will impact the financial statement amounts; however, additional disclosures may be required.

NOTE 3 - FINANCIAL INSTRUMENT RISK

The Plan maintains cash in bank deposit accounts which, at times, may exceed federally insured limits. The Plan Sponsor believes it is not exposed to any significant credit risk on its cash accounts.

NOTE 4 - FAIR VALUE MEASUREMENTS

GAAP 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 the standard are described as follows:

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 or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- 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's 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Money Market Accounts: Valued at cost which approximates fair value.

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

Description	Level 1	Level 2	Level 3	Total
2009				
Money market accounts	$ -	$ 1,867,371	$ -	$ 1,867,371
2008				
Money market accounts	$ -	$ 1,329,035	$ -	$ 1,329,035

NOTE 5 - FEDERAL INCOME TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code and, accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained an exemption letter dated September 19, 1995, from the Internal Revenue Service, and the Plan Sponsor believes that the Trust, as amended, continues to qualify and to operate in accordance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 6 - EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are cash and money market funds managed by Marshall and Ilsley Trust and Merrill Lynch. Marshall and Ilsley Trust and Merrill Lynch are the custodians as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned.

NOTE 7 - OPERATING LEASE AGREEMENTS

The Plan leases its storage and office facilities under a long-term, non-cancelable operating lease agreement. The lease expires on November 30, 2012.

The following is a schedule of future minimum rental payments required under the operating lease agreement:

Year Ending December 31	Amount
2010	$ 34,776
2011	35,266
2012	32,776
Total	$ 102,818

Rental expense under the above operating agreement was $51,851 and $40,188 for the years ended December 31, 2009 and 2008, respectively.

NOTE 8 - RISKS AND UNCERTAINTIES

The Plan may invest 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 could occur in the near term and that such changes could materially affect balances and the amounts reported in the statements of net assets available for benefits.

The estimated Plan benefit obligations for IBNR is reported based on a lag study performed by CIGNA Healthcare, the Plan's claims administrator. Due to the uncertainties in the estimations and assumptions process, it is at least reasonably possible that the ultimate settlement of claims could differ materially from the amount recorded in the financial statements.

NOTE 9 - SUBSEQUENT EVENTS

Management evaluated subsequent events through September 8, 2010, the date the financial statements were available to be issued. Events or transactions occurring after December 31, 2009, but prior to September 8, 2010, that provided additional evidence about conditions that existed at December 31, 2009, have been recognized in the financial statements for the year ended December 31, 2009. Events or transactions that provided evidence about conditions that did not exist at December 31, 2009 but arose before the financial statements were available to be issued have not been recognized in the financial statements for the year ended December 31, 2009.

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

(a)	(b) Identity of Party Involved	(c) Description of Asset	(d) Cost	(e) Current Value
*	M&I Marshall & Ilsley Bank	Marshall Money Market Fund, interest of 0.0016%	$ 835,220	$ 835,220
*	M&I Marshall & Ilsley Bank	Business checking account, no interest	70,604	70,604
*	Merrill Lynch	Merrill Lynch Premier Institutional Fund, interest of 0.19%	1,032,151	1,032,151
		Cash on hand, no interest	16	16
TOTAL CASH AND MONEY MARKET ACCOUNTS			$ 1,937,991	$ 1,937,991

* Indicates a party-in-interest to the Plan

GREYHOUND LINES, INC. - NATIONAL LOCAL 1700
OF THE AMALGAMATED TRANSIT UNION HEALTH
& WELFARE PLAN

PLAN NUMBER 529

2009 FORM 5500

ATTACHMENT TO SCHEDULE A

ACCOUNT ID: NB562

NB56200002

SCHEDULE A EARNINGS REPORT

PLEASE USE THE FOLLOWING INFORMATION
TO COMPLETE YOUR SCHEDULE A

MARCH 03, 2010

NAME OF PLAN SPONSOR

AFLAC ACCOUNT # NB562
GREYHOUND / ATU *
ONE DALLAS CENTER
350 N SAINT PAUL ST STE 16
DALLAS TX 75201-4216

NAME OF INSURANCE CARRIER	APPROXIMATE NUMBER OF PERSONS COVERED AT END OF PLAN YEAR	PLAN YEAR FROM TO
Aflac 1932 Wynnton Road Columbus, GA 31999 Contract Number 52-0807803	132	01/01/09 - 12/31/09 **NAIC CODE** 60380

TOTAL PREMIUM COLLECTED
$51,478.34

INSURANCE FEES AND COMMISSIONS PAID TO AGENTS

NAME AND ADDRESS OF AGENTS			COMMISSIONS PAID*	FEES PAID**
TRACY WILBANKS	$3,701.74	$84	.	ST.
NEW YORK NY 10019				
EPD ASSOCIATES INC 199 WATER ST 23RD FLOOR NEW YORK NY 10038			$1,103.86	$34.74
WILLIAM NEWBERRY 13762 ASPEN LEAF LANE CORONA CA 92880			$1,032.28	$58.71
KEVIN GALLAGHER 348 78 STREET BROOKLYN NY 11209			$958.19	$22.83
KENNETH C MEIER CORP 170 OLD COUNTRY ROAD SUITE 410 MINEOLA NY 11501			$629.31	$22.83
BRIEN C FLETCHER 15 GARDEN AVE CARLE PLACE NY 11514			$534.54	$0.00
PEDRO AGUERRE 20 RIVER CT APT 709 JERSEY CITY NJ 07310			$474.11	$0.00
RONALD SALMON 2203 AVE OLIVA SAN CLEMENTE CA 92673			$266.71	$0.00
MARY COLEMAN 25 SHERWOOD AVENUE RENSSELEAR NY 12144			$246.75	$0.00

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GREYHOUND / ATU *			
ARTLENE T RUSSO $239.99 $0 NIAGARA FALLS NY 14304			RIVE 00701
GLYNDA MYERS MORNINGSIDE STATION PO BOX 1142 NEW YORK NY 10026		$198.74	$0.00
JAMES GRIMES AFLAC STATE OFFICE P O BOX 218 HAMPTON FALLS NH 03844		$174.24	$0.00
MICHAEL S CHILLE 22 CORPORATE WOODS BOULEVARD 4TH FLOOR ALBANY NY 12211		$146.78	$0.00
PEGGY K SALMON 2203 AVE. OLIVA SAN CLEMENTE CA 92673		$130.76	$0.00
JULIETTE MCRAE 218-29 132ND AVE LAURELTON NY 11413		$126.31	$0.00
CHRISTINE PINEIRO 199 WATER STREET 23RD FLOOR NEW YORK NY 10038		$119.37	$17.29
JIM KOKKORIS 23-56 28 STREET ASTORIA NY 11105		$103.49	$0.00
BRIAN MOYNIHAN 84 TROY ROAD EAST GREENBUSH NY 12061		$76.70	$0.00
SCOTT BLACKSHEAR 11400 SE 8TH STREET #375 BELLEVUE WA 98004		$64.23	$9.79
BENITO A ROTONDI II INC 352 USHERS ROAD BALLSTON LAKE NY 12019		$62.69	$0.00
GARY WARE 2306 VALLEYBROOK DR CHAMPAIGN IL 61822		$61.10	$0.00
JOSEPH CALARCO PO BOX 130 AUBURN NY 13021		$55.41	$0.00
BETH SERFILIPPI 8 HILLSTONE CT BALLSTON LAKE NY 12019		$51.52	$0.00

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GREYHOUND / ATU *				
RICHARD CRYSLER	$50.96	$0		STREET 00415
SYRACUSE NY 13206				
DEBRA PARKER 1000 PITTSFORD-VICTOR RD PITTSFORD NY 14534			$50.70	$0.00
JOY GUNDERSON 990 SOUTH HEDIN CIRCLE ANAHEIM CA 92807			$43.08	$9.79
STASH WOJESKI 695 COLUMBIA TPKE EAST GREENBUSH NY 12061			$42.25	$0.00
JEFF DALABA 8500 GILLY FLOWER COURT BALDWINSVILLE NY 13027			$38.38	$0.00
MELTON & ASSOCIATES INC 18167 US HIGHWAY 19 N CLEARWATER FL 33764			$30.72	$0.00
CALLISTA JACKSON 16 W SUMMERSET LN LEFT AMHERST NY 14228			$22.40	$0.00
DIANA CARABALLO 1101 WHEATON AVENUE MILLVILLE NJ 08332			$21.06	$0.00
BRIAN MCLAUCHLAN 303 FOREST DRIVE NORTH SYRACUSE NY 13212			$20.93	$0.00
WILLIAM J LOEFFERT 555 BROAD HOLLOW RD SUITE 426 MELVILLE NY 11747			$20.36	$0.00
JAMES BOADA 2 HARTWOOD WAY ALISO VIEJO CA 92656			$17.34	$0.00
ALAN ARPIN 7 QUAIL HOLLOW CLIFTON PARK NY 12065			$12.48	$0.00
RICHARD TOBIAS 416 JEFFERSON AVENUE LINWOOD NJ 08221			$11.70	$0.00
LORENZO V CUTAIA AUGUSTA PROFESSIONAL CENTER 858 S WHITE HORSE PIKE STE B-6 HAMMONTON NJ 08037			$5.98	$0.00

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NB56200003

NB56200003

GREYHOUND / ATU *				
LISA BRENNAN-JONES SCHENECTADY NY 12309	$5.72	$0	.	RINE WOODS 0
MATTHEW HORAN 3 CORAL COVE EAST NORWICH NY 11732			$4.38	$0.00
G B S MARKETING, INC 214 KLUMAC ROAD SUITE 102 SALISBURY NC 28144			$3.12	$0.00
GRAND TOTAL			$10,960.38	$260.87

* Amounts provided under the "Commissions Paid" column include all earned commission paid on all lines of business relative to your account during this reporting period.

** Amounts provided under the "Fees Paid" column include the total value of any fees, awards, prizes, bonuses or other forms of non-monetary compensation paid relative to your account. These amounts are calculated based on a calendar year. Some bonuses, fees, and contests are paid based on the aggregate amount of sales for all accounts throughout the calendar year. To determine the value of these items relative to your account, the amount of sales for your account is divided by the total amount of sales during the reporting period. This percentage is then multiplied by the value of the bonus, fee or contest.

GREYHOUND LINES, INC. - NATIONAL LOCAL 1700
OF THE AMALGAMATED TRANSIT UNION HEALTH
& WELFARE PLAN

PLAN NUMBER 529

2009 FORM 5500

ATTACHMENT TO SCHEDULE A

ACCOUNT ID: BX702

BX70200005

SCHEDULE A EARNINGS REPORT

PLEASE USE THE FOLLOWING INFORMATION
TO COMPLETE YOUR SCHEDULE A

MARCH 03, 2010

NAME OF PLAN SPONSOR

AFLAC ACCOUNT # BX702
GREYHOUND / ATU
350 N SAINT PAUL ST STE 16
DALLAS TX 75201-4216

NAME OF INSURANCE CARRIER	APPROXIMATE NUMBER OF PERSONS COVERED AT END OF PLAN YEAR	PLAN YEAR FROM TO
Aflac 1932 Wynnton Road Columbus, GA 31999 Contract Number 58-0663085	1,299	01/01/09 - 12/31/09 NAIC CODE 60380

TOTAL PREMIUM COLLECTED
$997,042.03

INSURANCE FEES AND COMMISSIONS PAID TO AGENTS

NAME AND ADDRESS OF AGENTS	COMMISSIONS PAID*	FEES PAID**
WILLIAM NEWBERRY 13762 ASPEN LEAF LN CORONA CA 92880	$30,003.49	$1,957.21
AYSUN BAILEY 210 WOODCREEK WAY ACWORTH GA 30101	$10,214.11	$1,048.92
RONALD SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92673	$6,510.50	$63.52
HERMAN SELF JR 109 SCALEYBARK CT WEST END NC 27376	$5,571.04	$523.95
DENNIS JENKINS PO BOX 683 SANDSTON VA 23150	$5,308.50	$445.31
JOSEPHINE MILLER 823 N LINDEN AVE OAK PARK IL 60302	$3,913.10	$338.31
MICHELLE HALL P O BOX 1478 DUBLIN OH 43017	$3,755.78	$294.97
JOY GUNDERSON 990 SOUTH HEDIN CIRCLE ANAHEIM HILLS CA 92807	$3,628.38	$163.94
CAROLYN GARRISON 908 CLOVIS AVENUE CAPITAL HEIGHTS MD 20743	$3,393.56	$15.79

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GREYHOUND / ATU		
SCOTT BLACKSHEAR 11400 SE 8TH STREET #375 BELLEVUE WA 98004	$2,644.48	$369.28
PEGGY SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92672	$2,297.54	$10.60
DIANNE BRADLEY 6263 POPLAR AVE SUITE 540 MEMPHIS TN 38119	$2,056.31	$5.00
CRAIG BIVINS 720 S DEARBORN ST APT 206 CHICAGO IL 60605	$1,978.68	$76.20
DORIS BRACKETT 7076 PEACHTREE IND BLVD STE 101 NORCROSS GA 30071	$1,751.90	$174.94
MELTON & ASSOCIATES INC 18167 US HIGHWAY 19 N CLEARWATER FL 33764	$1,669.66	$7.40
JOAN FIALKOWSKI 701 DELAWARE AVE VIRGINIA BEACH VA 23451	$1,589.39	$180.12
JOSEPH WILLIAMS 14191 ABINGTON DETROIT MI 48227	$1,585.07	$29.22
KENNETH GOODWIN 13 HEARTHSIDE RD ASTON PA 19014	$1,540.12	$164.65
BETTY ANSLEY 4300 SAN MATEO NE B 187 ALBUQUERQUE NM 87110	$1,531.17	$114.85
ROSALIND CIESLEWICZ 11731 CANYON VISTA LANE TOMBALL TX 77375	$1,507.31	$0.00
TINA WAY 8121 S YORK CT CENTENNIAL CO 80122	$1,483.35	$100.31
ERIC FELDER 4913 WYNN LN APT 201 MIDLOTHIAN VA 23112	$1,357.89	$88.29
MAURICE WATSON 408 WALKING STICK TRAIL CLINTON NC 28328	$1,322.23	$104.86

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GREYHOUND / ATU		
WENDY POOLE PYNE 206 EAST UNION STREET ASHLAND MA 01721	$1,310.72	$161.17
DEBORAH HEARD 7610 PENNSYLVANIA AVE STE 307 FORESTVILLE MD 20747	$1,299.99	$0.00
MIRIAM WATKINS 3456 EXMOUTH LANE TALLAHASSEE FL 32317	$1,179.81	$7.51
ROBERT JOHNSON 511 WACKER LANE MOBILE AL 36608	$1,136.10	$24.91
ADAM H MICHAELS & ASSOC LTD 414 N ORLEANS ST STE 601 CHICAGO IL 60610	$1,101.14	$94.39
JAMES KNIGHT JR 6616 AUTUMNWOOD DR NASHVILLE TN 37221	$1,086.46	$0.00
ROBERT WEBB 1856 PENSHURST DRIVE COLLIERVILLE TN 38017	$1,005.63	$0.00
DIANE SMUGALA 2733 E 9725 S SANDY UT 84092	$996.73	$57.09
JOHN FEEHAN 146 CRESTVIEW AVE ABSECON NJ 08201	$996.14	$0.00
GARY WARE JR 2306 VALLEYBROOK DR CHAMPAIGN IL 61822	$963.67	$0.00
KENNETH WOOD 10224 MANORVILLE DR JACKSONVILLE FL 32221	$918.12	$0.00
CLEMENT DANIEL II 4725 STONE OAK DR BELTON TX 76513	$870.20	$0.00
MARTIN ADAMS P O BOX 1927 CLINTON NC 28329	$868.83	$104.86
JONATHAN CHEEKS 412 S WELLS 2ND FLOOR CHICAGO IL 60607	$818.06	$63.03

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GREYHOUND / ATU		
CHRIS BIALKA 8240 BECKETT PARK DR STE B HAMILTION OH 45011	$798.49	$59.03
DAVID CLOUD JR 1301 SHILOH RD NW STE 1020 KENNESAW GA 30144	$790.34	$174.94
ALBERT WELCH III 4209 LAKELAND MS #369 FLOWOOD MS 39232	$766.81	$123.28
JOHN JONES JR 4899 FINLAY ST. STE A RICHMOND VA 23231	$761.50	$40.87
MICHAEL FATHERREE 1021 ESE LOOP 323 STE 350 TYLER TX 75701	$758.60	$118.32
JERRY LOCKHART 4000 SOUTH GEORGIA STE B2 AMARILLO TX 79109	$747.75	$77.58
STEPHANIE CONNOR 6508 NW ROCK GARDEN ROAD PARKVILLE MO 64152	$730.01	$14.18
GLOBAL CARE GROUP LLC 5120 WEST GOLDLEAF CIRCLE SUITE 160 LOS ANGELES CA 90056	$729.20	$67.69
THERESA NIHILL 10017 MEDLOCK DR DALLAS TX 75218	$724.52	$58.84
ANTHONY SWEETER 2001 E CAMPBELL #203 PHOENIX AZ 85016	$722.99	$0.00
KAREN DENNIS 785 WOODLAND ROAD PITTSBURGH PA 15237	$705.58	$39.82
DEBORAH SENN 15042 N 6TH STREET PHOENIX AZ 85022	$698.87	$8.51
BIANCA MELONE PO BOX 811621 BOCA RATON FL 33481	$691.53	$0.00

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GREYHOUND / ATU		
DUANE ADAMS 3781 WESTERRE PKWY SUITE E RICHMOND VA 23233	$674.91	$45.68
CAROL VENN 5 SPYGLASS COURT CINCINNATI OH 45241	$659.52	$10.73
ARMIN LEONHARDT 9000 FRANCINE LANE POWELL OH 43065	$647.71	$59.03
DAVID MORGAN 3781 WESTERRE PARKWAY STE E RICHMOND VA 23233	$611.95	$104.86
ROBERT SWANGO 4823 HARVEST HILL RD DALLAS TX 75244	$579.81	$56.41
CHARLENE BELTON 601 PENNSYLVANIA AVE NORTH BUILDING STE 708 WASHINGTON DC 20004	$553.77	$0.00
SHARON LONDON 2016 WESTGATE TER HIGHLAND PARK IL 60035	$544.11	$0.00
MATTHEW EVANS 11285 DOVEDALE CT STE 2 MARRIOTTSVILLE MD 21104	$539.99	$3.16
ALDEAN PEARSON 604 DOVER HEIGHTS TRAIL MANSFIELD TX 76063	$530.19	$0.00
JACQUELINE VIZCAINO-SUDDRETH 72 DRISKELL AVE SW MABLETON GA 30126	$507.84	$0.00
KYLE MCALISTER P O BOX 2533 ABILENE TX 79604	$484.25	$0.00
DARREN GALGANO 4701 SW MIDLOTHIAN PARKWAY CRESTWOOD IL 60445	$481.54	$67.69
DONALD CAUDLE 9904 LIBERTY BELL CT CHARLOTTE NC 28269	$468.89	$126.06

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GREYHOUND / ATU		
FRAN HARGARTEN III 96015 LONG BEACH DR FERNANDINA BEACH FL 32034	$462.93	$0.00
RUTH YOUNG 300 RINGGOLD INDUSTRIAL PKWY DANVILLE VA 24540	$453.33	$0.00
MARK TOTH 30006 HALIFAX STREET WICKLIFFE OH 44092	$449.83	$42.04
JAMES DAVIDSON 7503 DERRYCLARE DRIVE RICHMOND VA 23228	$448.50	$0.00
BRUCE MEYER 9922 BREWSTER LANE POWELL OH 43065	$418.97	$59.03
JAMES BOADA 2 HEARTWOOD WAY ALISO VIEJO CA 92656	$416.31	$0.00
KATHRYN L KITE LLC 4300 SAN MATEO NE B 150 ALBUQUERQUE NM 87110	$404.91	$20.26
SCOTT WEBB 700 CENTRAL EXPWY SOUTH STE 380 ALLEN TX 75013	$397.09	$23.09
ROBERT HARE 7814 CRAINDOW CT DUBLIN OH 43017	$384.39	$0.00
BRITTAIN HARDMAN 5811 11TH PLACE #13 LUBBOCK TX 79416	$383.26	$0.00
DAVID EZZELL 5952 TEMPLE ROAD NASHVILLE TN 37221	$377.56	$59.42
THE LEE GROUP AND ASSOCIATES INC 820 NORTH ORLEANS SUITE 320 CHICAGO IL 60610	$377.16	$29.25
SAIC INC 4245 MILGEN ROAD COLUMBUS GA 31907	$376.91	$13.98
FRANCES SHAFFER P O BOX 189 GLOUCESTER VA 23061	$366.99	$0.00

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GREYHOUND / ATU		
CAROLINE MORNINGSTAR 11275 DOVEDALE CT MARRIOTSVILLE MD 21104	$360.80	$3.16
VICKIE ROIGER 2800 E CLIFF ROAD SUITE 220 BURNSVILLE MN 55337	$354.38	$62.72
LINDA PERKOWSKI 111 DESERT RD MESQUITE NV 89027	$352.35	$0.00
WENDY HOOK STE 203 100 SPRINGHOUSE DR COLLEGEVILLE PA 19426	$334.32	$32.99
TGBG MARKETING INC 2100 FOREST VIEW RD AIKEN SC 29803	$326.29	$0.00
DAVID MORNINGSTAR 11275 DOVEDALE CT. MARRIOTTSVILLE MD 21104	$323.46	$3.16
LEO GILLIES P O BOX 34293 HOUSTON TX 77234	$316.62	$1.79
CHARLES CHAPLEAU JR 122 BELLEVUE AVE RUTLAND VT 05701	$309.32	$36.96
JAMES HARBOUR 501 MIRASOL CIRCLE #304 CELEBRATION FL 34747	$307.83	$0.00
DAVID BERGAN 6198 A POSEY LN. PARADISE CA 95969	$300.19	$0.00
ROBERT GOBLE 7076 PEACHTREE IND BLVD SUITE 101 NORCROSS GA 30092	$291.08	$12.72
ELLEN HORTON 2195 JEFFEY DRIVE HILLIARD OH 43026	$290.76	$0.00
MICHAEL MCDONALD 12381 SONDRA COVE TRAIL N JACKSONVILLE FL 32225	$288.76	$0.00
EDWARD HAGER II 8206 STARBURST ROAD MENTOR OH 44060	$284.04	$0.00

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GREYHOUND / ATU		
MICHAEL NORRIS 116 MEADOWVIEW DR OXFORD PA 19363	$283.41	$32.99
DEBORAH POPPERT 1762 MIDDLETOWN RD GLEN MILLS PA 19342	$271.52	$0.00
DEBRA GAPP LLC 3658 G 7 RD PALISADE CO 81526	$269.77	$38.74
CLAUDIA FELDMAN 9037 E CASITAS DEL RIO DR SCOTTSDALE AZ 85255	$255.68	$1.42
SINDY STAGGERS 17325 NE 85TH PL #L124 REDMOND WA 98052	$255.42	$0.00
KENT HORSMAN 755 S NEW BALLAS RD SUITE 220 ST LOUIS MO 63141	$255.14	$0.00
CAROL JOSSERAND 104 SANDTRAP RD #101 MIRAMAR BEACH FL 32550	$251.41	$0.00
MARTY MC COMBS PO BOX 2235 RENTON WA 98056	$250.44	$52.72
GERRID POUND 3501 RIDGE CREST DR BIRMINGHAM AL 35216	$249.00	$0.00
J C ADAMS INC 409 NE 36TH AVE OCALA FL 34470	$243.80	$1.25
LYNN WENTWORTH 137 EXECUTIVE DR STE E MADISON MS 39110	$237.53	$24.65
DAVID MOBLEY 3934 CHARTER HOUSE DR JACKSONVILLE FL 32224	$234.07	$0.00
JOSEPH HARRIS 1353 MCCOY STREET BIRMINGHAM AL 35210	$225.19	$44.87
KRISTIN QUINLAN 137 SEMICONON LN RENFREW PA 16053	$221.10	$7.97

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GREYHOUND / ATU		
BRAUNWYNN STAPLES 2041 SPRING END CT LAWRENCEVILLE GA 30044	$219.93	$0.00
STEVEN KARAS AFLAC 2020 COMMONWEALTH AVE AUBURNDALE MA 02466	$214.94	$32.23
THE PERRY GROUP INC 1650 SAND LAKE RD SUITE 201 D ORLANDO FL 32809	$211.11	$1.89
BRIAN LEYPOLDT 67 ALLISON PLACE EGG HARBOR TWP NJ 08234	$210.78	$0.00
THOMAS POPPERT 1762 MIDDLETOWN ROAD GLEN MILLS PA 19342	$209.74	$0.00
BEVERLY BUTSCHEK 11323 CARRIAGE LAKE DRIVE HOUSTON TX 77065	$208.64	$0.00
YARBOROUGH & YARBOROUGH INC 2500 ALMEDA AVE SUITE 111 NORFOLK VA 23513	$208.40	$30.03
JULIE TRULUCK 1650 SAND LAKE ROAD SUITE #201D ORLANDO FL 32809	$203.25	$11.33
RITA JONES INC PO BOX 20474 HOT SPRINGS AR 71903	$197.62	$0.00
MARC BARNES 7795 SOUTHLAKE DR MIDLAND GA 31820	$195.12	$0.00
BRETT HILTON 11 LACEY AVE IVYLAND PA 18974	$194.81	$0.00
DB BENEFITS INC PO BOX 286 WICKLIFFE OH 44092	$194.60	$0.00
LEANN POTTER 6636 W ROBIN LANE GLENDALE AZ 85310	$192.81	$0.00

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GREYHOUND / ATU		
SHANE WENBERG 10812 LEXINGTON DR EDEN PRAIRIE MN 55344	$189.28	$0.00
JERRY SHULER 2815 VALLEY VIEW LANE SUITE 220 DALLAS TX 75234	$186.58	$23.09
LIGIANE DECARVALHO 2331 E SUSQUEHANNA AVENUE PHILADELPHIA PA 19125	$186.36	$0.00
CYNTHIA MELENDEZ 11049 WHITEHALL DRIVE EL PASO TX 79934	$186.22	$26.43
CHARLES HAYES JR 499 JEWETT HILL ROAD ASHBY MA 01431	$185.15	$0.00
MELANIE MUNSTER 8332 CHARING LANE GLEN ALLEN VA 23059	$184.57	$0.00
TONYA SHELTON 647 LAUREL ROAD SEYMOUR TN 37865	$182.41	$38.49
ELIZABETH GASPAROVIC 1655 N ARLINGTON HEIGHTS RD STE 306 WEST ARLINGTON HEIGHTS IL 60004	$180.55	$0.00
MARK STEWART 6301 WINDHAVEN PKWY #1510 PLANO TX 75093	$179.21	$0.00
KRISTY GRAMLICH, INC 10800 FARLEY SUITE 306 OVERLAND PARK KS 66210	$176.37	$2.84
KAREN TUCCI 73 STETSON DRIVE MARLBOROUGH MA 01752	$175.67	$29.63
ALAN LECLAIRE 5750 DTC PKWY STE 160 DENVER CO 80111	$172.18	$16.72
KRAIG SEXTON 30078 SCHOENHERR STE 200 WARREN MI 48088	$170.53	$0.00
ERIC MACDOUGALL & ASSOC INC 5904 MARGARETS WAY NEW HOPE PA 18938	$168.20	$32.99

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GREYHOUND / ATU		
ROBERT WALLACE 209 INDUSTRIAL PKWY STE E SARALAND AL 36571	$167.56	$0.00
THOMAS GIDDENS 2950 CHEROKEE ST NW BUILDING 1000 KENNESAW GA 30144	$166.97	$0.00
GEORGE RALSTON 2200 VETERANS MEMORIAL BLVD 214 KENNER LA 70062	$165.16	$46.69
GREGORY STENZEL 8765 W KELTON LANE STE 110 PEORIA AZ 85382	$163.56	$1.42
DIVYA JAIN 152 ROLLINS AVE STE 210 ROCKVILLE MD 20852	$163.44	$0.00
MICHAEL LEAVITT P O BOX 7038 BUNKERVILLE NV 89007	$158.16	$0.00
ERIC LEGER 1527 EBERHART AVE COLUMBUS GA 31906	$157.84	$20.26
RICHARD TOBIAS 1401 NEW ROAD UNIT D LINWOOD NJ 08221	$154.15	$0.00
DANIEL CLARK 33 LANDAU ROAD PLAINVILLE MA 02762	$153.59	$32.23
JEROME BROCKWAY 15617 BROOKRIDGE BLVD BROOKSVILLE FL 34613	$152.46	$0.00
VICTOR VELEZ 401 CUMBRIAN COURT WEST CHESTER PA 19382	$151.74	$0.00
RAND SIMKINS 1620 MCGREG LANE CARROLLTON TX 75010	$150.63	$0.00
FRANKLIN DAVIES 7408 ROUND HILL RD MCKINNEY TX 75070	$148.44	$0.00

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GREYHOUND / ATU		
JERRY HOKE 8180 SOUTH 700 EAST #120 SANDY UT 84070	$148.38	$9.52
RICHARD BLOUNT 1029 W MAGNOLIA ST LEESBURG FL 34748	$146.78	$0.00
MATTHEW STRONG 1910 HARDY STREET STE D HATTIESBURG MS 39401	$144.16	$0.00
EDWARD MARTINA III 11616 SOUTHFORK AVE STE 202 BATON ROUGE LA 70816	$143.88	$0.00
JACQUES DUPUIS 45 HUTCHINSON STREET SANFORD ME 04073	$142.41	$25.58
MICHAEL JOHNSON 132 DOGWOOD DR HIGHLAND HEIGHTS KY 41076	$141.78	$2.15
K W D & ASSOC INC 2499 GLADES RD SUITE 104 BOCA RATON FL 33431	$141.14	$0.00
THOMAS HATCHER JR 4950 BRAMBLETON AVE STE B ROANOKE VA 24018	$140.46	$0.00
BRENT FORD 11503 JONES MALTSBERGER RD STE 184 SAN ANTONIO TX 78216	$139.51	$0.00
TYE ELLIOTT 115 V I P DRIVE SUITE 110 WEXFORD PA 15090	$135.56	$7.97
G SCOTT COOKE 1501 E ORANGETHORPE AVE STE 180 FULLERTON CA 92831	$132.80	$3.88
JOHN THOMPSON II 12706 ROCK CREEK CT HUMBLE TX 77346	$131.28	$0.00
JONATHAN KIRKLAND 155 INVERNESS DRIVE WEST SUITE 300 ENGLEWOOD CO 80112	$129.17	$9.00

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GREYHOUND / ATU		
LORENZO CUTAIA 858 S WHITE HORSE PIKE SUITE B-6 HAMMONTON NJ 08037	$128.96	$0.00
VICKIE REYNOLDS 259 SUNCREST ROAD CHERRYVILLE NC 28021	$128.78	$0.00
MAKOWSKI INS AGCY INC 9150 SOUTH HILLS BLVD SUITE 250 BROADVIEW HTS OH 44147	$128.75	$8.42
RYAN HEEKE 3529 PEACH TREE ST JEFFERSONVILLE IN 47130	$128.64	$0.00
DEREK MANN 1000 LEE RD 368 VALLEY AL 36854	$128.15	$4.99
DOROTHY CREED 237 E BETHEL RD COPPELL TX 75019	$126.70	$0.00
DEANNE CUMMINGS P O BOX 21897 BILLINGS MT 59104	$126.48	$0.00
THOMA GROUP & ASSOCIATES LTD P O BOX 978 CHESTERTON IN 46304	$126.25	$0.00
MICHAEL RUDDER 515 E HENDRONS CHAPEL RD KNOXVILLE TN 37920	$123.47	$7.70
RAQUEL PUNTER 3555 PROMENADE PLACE 222 WALDORF MD 20603	$122.40	$0.00
DANIEL ADAMS 1344 VICKERS RD TALLAHASSEE FL 32303	$122.12	$1.25
BRANDON ADAMS 6817 SOUTHPOINT PKWY STE 1602 JACKSONVILLE FL 32216	$121.95	$0.00
D AND V BUTLER INC 601 CRESENT BLVD #102 RIDGELAND MS 39157	$119.71	$24.65

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GREYHOUND / ATU		
BOBBY TOE 2501 PITTLAND LANE BOWIE MD 20716	$119.56	$0.00
ANNE STRENK 1501 E ORANGETHORPE AVE STE 180 FULLERTON CA 92831	$117.77	$19.36
SHEREE AMOS 905 S FILLMORE 630 AMARILLO TX 79101	$115.62	$15.54
RICHARD JONES 7512 E INDEPENDENCE BLVD SUITE 103 CHARLOTTE NC 28227	$114.94	$25.23
REX JOHNSON PO BOX 923 BELMONT NC 28012	$114.67	$18.78
CLARENCE DANNELLY 20110 AMBERVINE CIRCLE KATY TX 77450	$113.82	$0.00
MARK HASLEY 1701 GATEWAY BLVD STE 431 RICHARDSON TX 75080	$113.75	$0.00
G B S MARKETING INC 214 KLUMAC RD SUITE 102 SALISBURY NC 28144	$113.07	$25.23
STEVE WHITTEN 7606 UNIVERSITY STE F LUBBOCK TX 79423	$112.47	$20.82
RODINA WHITE 9953 SOUTH UNION AVE CHICAGO IL 60628	$111.41	$36.10
MICHAEL BISHOP 6938 BRENTWOOD DR BOISE ID 83709	$110.53	$0.00
HERSCHEL HOLT 544 BATTLE RD ANTIOCH TN 37013	$109.80	$0.00
MURIEL JERNIGAN 9927 COLDWATER CIRCLE DALLAS TX 75228	$108.98	$0.00

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GREYHOUND / ATU		
CARL RUSSELL 2307 HUNTLEIGH CT LITTLE ROCK AR 72212	$108.36	$0.00
ERIC GRACE 10041 GRANITE HILL DRIVE PARKER CO 80134	$108.28	$0.00
MICHIGAN ACCOUNT SERVICE TEAM INC 645 LOMASNEY LN STE 100 MARYSVILLE MI 48040	$105.74	$0.00
K GRAMLICH INC 3100 BROADWAY SUITE 223 KANSAS CITY MO 64111	$102.69	$2.84
TERRY MCLEMORE 2600 PARAMOUNT STE H3 AMARILLO TX 79109	$101.62	$15.54
J BUTLER 1090 13TH AVE NW HICKORY NC 28601	$101.05	$0.00
LOUIS STEINMILLER 67 WINDCREST DRIVE CECIL PA 15321	$99.65	$0.00
C BORLAND 15 HIGHLAND DRIVE HILLSBORO OH 45133	$98.32	$0.00
KATTY COHEN 2499 GLADES RD #101 BOCA RATON FL 33431	$97.27	$0.00
ADAM MICHAELS 1333 2ND ST STE 550 SANTA MONICA CA 90401	$97.11	$2.55
CAROL E MONTGOMERY 2404 E DRACHMAN TUCSON AZ 85719	$94.38	$0.00
SCOTT SMITH 470 OLDE WORTHINGTON RD SUIE 250 WESTERVILLE OH 43082	$93.54	$2.15
EILEEN GALGANO 8559 BURR STREET CROWN POINT IN 46307	$92.67	$0.00
JULIA MELLO 312 N MAY STREET SUITE 21J CHICAGO IL 60607	$92.51	$0.00

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GREYHOUND / ATU		
BRENDA KING 9732 COTTONWOOD RD OMAHA AR 72662	$90.66	$0.00
WALTER LUCAS JR 5365 RED FOX RD JACKSON MS 39211	$90.15	$0.00
HERBERT SHNIDER 6192 MCNAUGHTEN GROVE LN COLUMBUS OH 43213	$89.58	$0.00
KANDI MCINTYRE 2000 MALLORY LANE SUITE 130-378 FRANKLIN TN 37067	$89.15	$11.89
ALICE KIEREN 10202 N LA CRESTA DR MEQUON WI 53092	$89.09	$22.17
FRANK PALMER 345 CLYDE WIX ROAD WESTMORELAND TN 37186	$88.65	$11.89
D SMITH PO BOX 16671 JACKSON MS 39236	$88.03	$24.65
VICKIE ELIZARDO 4218 STONEY VIEW DRIVE PASADENA TX 77505	$87.70	$1.79
JOSEPH WILLIS 1853 PENNY ROYAL COURT MONUMENT CO 80132	$87.57	$0.00
MKF & ASSOCIATES INC 2461 W SR 426 SUITE 2061 OVIEDO FL 32765	$85.67	$0.00
LAWRENCE POTWIN 97 HIDDEN LANE WHITE RIVER JCT VT 05001	$85.66	$7.40
ELLEN PARTAL 8225 SW PFAFFLE ST PORTLAND OR 97223	$84.84	$0.00
BRIAN DAY 8744 UNION CENTRE BLVD SUITE 500 WEST CHESTER OH 45069	$83.61	$2.15
ANTHONY BECERRA 1765 RUSHDEN DRIVE OCOEE FL 34761	$83.06	$0.00

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GREYHOUND / ATU		
WILLIAM COVINGTON 6815 WINDHAVEN PARKWAY THE COLONY TX 75056	$81.35	$5.11
TIMOTHY NEFF 218 ELM STREET CHILLICOTHE OH 45601	$80.69	$0.00
ROBERT TRAPNELL JR P O BOX 900 CAPE CANAVERAL FL 32920	$79.60	$1.89
NC-WEST & ASSOC INC 862 BRAWLEY SCHOOL RD STE 205 MOORESVILLE NC 28117	$78.68	$0.00
WILLIAM FLEMING 525 DEEPWOOD DRIVE HENDERSON NC 27536	$78.12	$0.00
DENNIS ESARTE 520 CENTRAL PKWY STE 106 PLANO TX 75074	$77.78	$0.00
LARRY GROVES 1143 CULLY RD SUITE 101 CORDOVA TN 38016	$77.21	$0.83
CAROL JACKSON PO BOX 1550 MILLBROOK AL 36054	$74.40	$0.00
MARK BARBIER 414 N ORLEANS ST STE 601 CHICAGO IL 60654	$73.66	$0.00
LYDIA PALACIOS 7336 DALE RD EL PASO TX 79915	$73.58	$5.28
C HEWITT INC 309 NEWPOINTE DR STE B RIDGELAND MS 39157	$70.80	$0.00
JUDY LAFEMINA 213 FRIENDSHIP CIRCLE #57 WEST TAWAKONI TX 75474	$70.51	$0.00
BRIAN MCCROSKEY 11639 TRUAN LN CORNELIUS NC 28031	$70.50	$0.00

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GREYHOUND / ATU		
JORGE ACEVEDO-GIERBOLINI P O BOX 221798 EL PASO TX 79913	$70.10	$0.00
RANDY JACKSON P O BOX 1550 MILLBROOK AL 36054	$70.08	$0.00
J TAYLOR 5006 MIDDLESEX DR LOUISVILLE KY 40245	$69.36	$0.00
ROY MUNSTER 901 MOOREFIELD PARK DR STE 111 RICHMOND VA 23236	$68.23	$0.00
JUDITH J ROSEBERRY 207 ALCOVE DRIVE GRAND JUNCTION CO 81503	$67.83	$6.45
DAVID BECKSTEAD 2535 W 225 N HURRICANE UT 84737	$67.39	$0.00
JAANA MEEKS TO THE ESTATE OF 1300 SMOKERISE DR MOBILE AL 36693	$67.37	$0.00
JOHN THOMPSON 13619 LAKE MICHIGAN AVE HOUSTON TX 77044	$67.31	$14.17
NOBLE WILTSHIRE JR 1104 ADAMS ST NEW ORLEANS LA 70118	$66.88	$0.00
JOHN RIEDLE 535 MT AUBURN STREET WATERTOWN MA 02472	$66.47	$0.00
MARC NORBY 7509 WEIL AVENUE ST LOUIS MO 63119	$65.40	$0.00
PENNY MITCHELL 10426 CYPRESSWOOD HOUSTON TX 77070	$65.39	$0.00
NICHOLAS DUCHENSKY 252 N 15TH ST BLOOMFIELD NJ 07003	$65.39	$0.00
ANDREW GLAUB 2150 ASSOCIATION DRIVE SUITE 150 OKEMOS MI 48864	$65.05	$0.00

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GREYHOUND / ATU		
T HOWDESHELL 3601 MEARES DR APT 431 FT WORTH TX 76137	$64.67	$0.00
MICHAEL PATRICK 7900 SE 28TH ST SU #200 MERCER ISLAND WA 98040	$64.40	$7.35
JILL MOORE 6805 E 83RD ST TULSA OK 74133	$64.13	$0.00
PAUL ROBEDEAU 309 PASADENA COURT MONTEREY CA 93940	$64.05	$10.55
KELLY LINDEMANN 771 TEXANA DR PROSPER TX 75078	$63.72	$0.00
JEFFREY WEST 12941 NORTH FREEWAY SUITE 608 HOUSTON TX 77060	$63.05	$1.79
MEREDITH SCHAEFER 1117-A NORTH GADSDEN ST TALLAHASSEE FL 32303	$62.79	$0.00
DORIS BELTON 7702 HANOVER PKWY #304 GREENBELT MD 20770	$62.73	$0.00
FREDERICK ROSE 810 RIVER AVENUE SUITE 230 PITTSBURGH PA 15212	$60.98	$0.00
JONATHAN FERGUSON 5960 FAIRVIEW RD SUITE 400 CHARLOTTE NC 28210	$60.27	$6.45
LANCE ALLEN 930 SUMMIT DR VOPLIN MO 64801	$60.24	$0.00
MARIA RECALDE-MEDINA 2458 E FLINTLOCK PLACE CHANDLER AZ 85286	$60.04	$0.00
QUINN, MEYER & ASSOCIATES 8580 MAJORCA LANE NAPLES FL 34114	$59.40	$0.00

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GREYHOUND / ATU		
LYNDA TYSON 3083 MOONLIGHT RIDGE AVE LAS CRUCES NM 88011	$59.05	$0.00
MILDRED SEVERSON 630 HUDSON BAY DRIVE GRAND JUNCTION CO 81504	$59.00	$0.00
JOHN DALY 2075 S 800 W WOODS CROSS UT 84087	$58.20	$0.00
TRENT NIELSEN 11602 S REDWOOD ROAD SU B201 SOUTH JORDAN UT 84095	$57.30	$0.00
MARY PETERSON 4233 SE 182ND AVE PMB 364 GRESHAM OR 97030	$56.64	$0.00
KIMBERLY MOGER 10655 NE 4TH ST SUITE 212 BELLEVUE WA 98004	$56.12	$0.00
BARBARA BASS 101 E PARK BLVD STE 600 PLANO TX 75074	$56.11	$0.00
MARIANNE BOOTH P O BOX 359 TRILBY FL 33593	$55.66	$0.00
DEWAYNE SIMPSON 4204 COPPER ROCK DR EDMOND OK 73025	$54.96	$0.00
KIEFER GROUP INS AGCY LC 11629 SOUTH 700 EAST #125 DRAPER UT 84020	$54.96	$9.52
MICHAEL RYAN PO BOX 930 MANCHESTER CENTER VT 05255	$54.95	$7.40
JEREMY FRYE & ASSOCIATES INC 1508 N CHURCH RD SUITE B LIBERTY MO 64068	$54.91	$2.84
CHRISTOPHER EUBANKS 1704 EXPOSITION AUSTIN TX 78703	$54.44	$4.99
SHARON VINCZE 16810 SW 129TH AVE TIGARD OR 97224	$54.24	$0.00

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GREYHOUND / ATU		
DAVID AESOPH 113 5TH STREET SE WATERTOWN SD 57201	$54.17	$8.42
GARLAND GRAZIER 3051 HINTZ ROAD OWOSSO MI 48867	$54.03	$0.00
RAYMOND HEBERT 13882 E LAUREL LANE SCOTTSDALE AZ 85259	$53.87	$0.00
STACEY LAND 51 SPRINGHOUSE DRIVE COLD SPRING KY 41076	$53.09	$0.00
MICHAEL CURTIS 11927 GRASON LANE BOWIE MD 20715	$53.00	$0.00
JAMES HILL SR 12820 WEST CREEK PKWY STE K RICHMOND VA 23238	$52.83	$0.00
WENDY RENARD 1068 S LAKE ST STE 100 FOREST LAKE MN 55025	$52.03	$10.77
MICHAEL D'ANGELO 8251 N SUWANNEE DRIVE TUCSON AZ 85741	$51.92	$0.00
BILLY ELKINS 1024 BOURLAND ROAD KELLER TX 76248	$51.25	$17.98
DEBORAH WILLIS 15954 JACKSON CREEK PKWY SUITE B 225 MONUMENT CO 80132	$51.00	$0.00
AARON OLSON 2210 SOUTH MEAWDOWVIEW RD GREENACRES WA 99016	$49.80	$0.00
KENDALL HUDSON 801 NORTHPOINT PARKWAY STE 35 WEST PALM BEACH FL 33407	$49.66	$0.00
RONALD KIRKLAND 12010 MALLARD BAY DRIVE KNOXVILLE TN 37922	$48.48	$0.00
SCOTT MARTINA 4134 FLORIDA AVE STE 100 KENNER LA 70065	$47.94	$9.34

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GREYHOUND / ATU		
DAVID CHARLES 208 LAKE VISTA CIRCLE PINEY FLATS TN 37686	$47.46	$0.00
PETER BLEIBERG 14 HARRIS STREET BELMONT MA 02478	$47.45	$0.00
ELIZABETH GUZMAN 10623 NW 6 COURT CORAL SPRINGS FL 33071	$47.28	$0.00
MARC J HAIRE 9885 GREENHAVEN PARKWAY BRECKSVILLE OH 44141	$46.98	$0.00
MICHELLE KENNEDY 6661 SILVERSTREAM AVE STE 1037 LAS VEGAS NV 89107	$45.62	$0.00
MICHAEL SHINN 428 N 13TH STREET 4 A PHILADELPHIA PA 19123	$45.28	$0.00
JOSEPH SAILERS 9332 WESTMINSTER DR HUNTERSVILLE NC 28078	$44.04	$0.00
JASON NAVILLE 9247 N MERIDIAN SUITE 205 INDIANAPOLIS IN 46260	$43.81	$0.00
JOHN DRZEWIECKI JR 210 SOUTH STREET SUITE 4 BENNINGTON VT 05201	$43.47	$2.60
FRED HUBER 301 MIDDLE WINCHENDON ROAD RINDGE NH 03461	$43.46	$0.00
JOSH MURILLO 5959 GATEWAY WEST SUITE 620 EL PASO TX 79925	$43.06	$5.28
BRADLEY ELLIS 2915 HEATHERSTONE DR CUMMING GA 30041	$42.60	$0.00
ANNE CARBALLO 3273 ENDERBY ROAD SHAKER HEIGHTS OH 44120	$42.18	$0.00

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GREYHOUND / ATU		
AG & ASSOCIATES 2150 ASSOCIATION DR SUITE 150 OKEMOS MI 48864	$42.13	$0.00
CHRISTINE LOGSLETT 7700 HARWOOD AVENUE WAUWATOSA WI 53213	$41.66	$4.44
POWERHOUSE BENEFITS INC 14010 ROOSEVELT BLVD SUITE 701 CLEARWATER FL 33762	$41.51	$0.00
JORDAN STEINERT ENTERPRISES INC 3100 BROADWAY, SUITE 223 KANSAS CITY MO 64111	$40.90	$0.00
LAURIE HAMILTON 413 N AVALON ST MEMPHIS TN 38112	$40.80	$0.00
MARK STANLEY 93 FAIRVIEW AVE N PLAINFIELD NJ 07060	$39.48	$0.00
JONATHAN DEMPSTER 113 OVERLOOK DR SAULSBURY MD 21806	$39.23	$0.00
AMIT JAIN 152 ROLLINS AVE STE 210 ROCKVILLE MD 20852	$38.17	$0.00
JONATHAN HAJIMOMEN 1501 EAST ORANGETHORPE AVE STE 180 FULLERTON CA 92831	$36.84	$3.88
HENRY TOLBERT SR 4351 JAGER DRIVE NE SUITE B RIO RANCHO NM 87144	$36.51	$0.00
DONALD LARSON 1528 LOUISVILLE RD ALCOA TN 37701	$36.12	$0.00
R SAPP 2924 SILKSTREAM LN CHARLOTTE NC 28262	$35.88	$0.00
CATHY OGLESBY 800 HILLCREST RD BLDG 1 STE D MOBILE AL 36695	$35.88	$0.00

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GREYHOUND / ATU		
TODD SHENBERGER 2403 SAN MATEO NE STE P8 ALBUQUERQUE NM 87110	$35.64	$0.00
DARIN PAVLISH 13965 W PRESERVE BLVD BURNSVILLE MN 55337	$35.57	$10.77
MARIO HAIFA 115 V I P DRIVE SUITE 110 WEXFORD PA 15090	$34.64	$0.00
MATTHEW D BUTLER 12923 WILDEN CIR URBANDALE IA 50323	$34.44	$0.00
CHARLES SHOWALTER 200 PENNY LN ELKVIEW WV 25071	$34.02	$0.00
WILLIAM MORGAN 139 THOMPSON ROAD KENNEBUNK ME 04043	$33.85	$5.11
KRISTI RALSTON 2200 VETERANS MEMORIAL BLVD 214 KENNER LA 70062	$33.32	$9.34
GRAVES INC 5336 CAPTAINS CT NEW PORT RICHEY FL 34652	$32.36	$0.00
TERRANCE LUCZAJ 255 E RINCON STREET SUITE 110 CORONA CA 92879	$32.25	$0.00
JEREMY FRYE 1508 N CHURCH RD SUITE B LIBERTY MO 64068	$30.75	$0.00
GWEN-MARIE DAVIS 7749 VALLEY OAK DRIVE ELKRIDGE MD 21075	$30.52	$0.00
JOHN TYLER 201 W MCBEE AVE SUITE 301 GREENVILLE SC 29601	$30.33	$0.00
DAVID RUBENSTEIN 10 DOWNING CIRCLE DOWNINGTOWN PA 19335	$30.28	$0.00

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GREYHOUND / ATU		
LOREN MEYER 2604 WEST EUCLID AVE INDIANOLA IA 50125	$30.00	$0.00
A L SALAND INSURANCE SOLUTIONS INC 22515 KINGSLEY LANE LAND O LAKES FL 34639	$29.80	$0.00
BRADLEY KAUFFMAN 7500 BROOKTREE DRIVE SUITE 304 WEXFORD PA 15090	$29.43	$7.97
DAVID MOSKOWITZ 1001 LAKE CAROLYN PKWY APT 223 IRVING TX 75039	$29.33	$0.00
SUILSIDO PINEDA 6314 ROOS HOUSTON TX 77074	$29.13	$0.00
TED MILLER PO BOX 346 OSHKOSH NE 69154	$28.44	$0.00
JAMES STEADMAN 177 CREEK KNOLL LINCOLN AL 35096	$28.11	$8.99
JULIE SLAUGHTER 1816 SUNSET POINT APT M CLEARWATER FL 33765	$27.87	$0.00
PREFERRED MARKETING CORP P O BOX 1658 PINE MOUNTAIN GA 31822	$27.86	$0.00
TERRY ALLEN P O BOX 13406 SPOKANE WA 99213	$27.48	$0.00
ROGER MCCOY PO BOX 6 GNADENHUTTEN OH 44629	$26.89	$6.68
MARGUERITE LEMMON-RINEHART 10165 WOODBROOK CIR LAKELAND TN 38002	$26.68	$0.00
YOLANDA SORDIA 2916 W ASTER DR PHOENIX AZ 85029	$26.67	$0.00
DONALD GREEN 512 E WHITEHOUSE CANYON DR STE 140 GREEN VALLEY AZ 85614	$26.18	$0.00

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GREYHOUND / ATU		
BRIAN PATTEN 120 MARGUERITE DRIVE SUITE 101 CRANBERRY PA 16066	$26.17	$0.00
SCOTT STOBAUGH 704 228TH AVENUE NE #774 SAMMAMISH WA 98074	$25.87	$10.55
BENJAMIN KLINGER 5503 SPRUCE TREE AVE BETHESDA MD 20814	$25.58	$0.00
ROBERT LYMAN 410 SURREY LANE NEW BERN NC 28562	$25.40	$0.00
BENJAMIN MORGENEGG 1915 NORTHSHORE HILLS BLVD KNOXVILLE TN 37922	$24.59	$7.70
LYNN BARNSON 2980 SUNRIDGE HEIGHTS PKWY HENDERSON NV 89052	$24.49	$0.00
JACK HENNINGSGAARD 10311 UPLANDER ST NW COON RAPIDS MN 55433	$24.41	$1.90
MICHAEL ZORN 8 PHEASANT RUN KIMMELON NJ 07405	$23.66	$0.00
C HUDSON AND ASSOCIATES 700 OCEAN ROYAL WAY APT 405 JUNO BEACH FL 33408	$23.49	$0.00
EDWARD MARTINA JR 4134 FLORIDA AVE STE 100 KENNER LA 70065	$23.28	$0.00
KEITH BELICH 4758 WOODMERE BLVD SUITE F MONTGOMERY AL 36106	$22.80	$0.00
DARAN WYCKOFF ONE STEWART PLAZA SUITE 2 DUNBAR WV 25064	$22.68	$0.00
ROCKY CUNNINGHAM JR PO BOX 84478 BATON ROUGE LA 70884	$21.93	$9.34
JEREMY BULLAS 610 CROWN OAK CENTRE DR LONGWOOD FL 32750	$21.91	$0.00

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GREYHOUND / ATU		
JAKE ENTERPRISES INC 25 LOCKLAND DRIVE PO BOX 1977 WINDHAM ME 04062	$21.84	$5.11
RAYMOND WYLIE 212 BETTY DR. MONTZR LA 70068	$21.75	$0.00
KRYSTAL SCOTT 5500 OLYMPIC DR D-105 GIG HARBOR WA 98335	$21.47	$0.00
DAVID HANCOCK INC P O BOX 418 LAVON TX 75166	$21.33	$0.00
M H & ASSOCIATES INC 17401 ARMSTRONG AVE SUITE 200 IRVINE CA 92614	$21.21	$0.00
KELLY LEBSACK 3300 BATTLEGROUND AVE STE 206 GREENSBORO NC 27410	$21.21	$0.00
QUINCY MCCOMAS 1775 EAST PLUMB LANE STE 169 RENO NV 89502	$21.00	$0.00
MINDY SKIDMORE 3100 BROADWAY SUITE 223 KANSAS CITY MO 64111	$20.85	$0.00
SUSAN MASCARO 18206 KRISTI RD W LIBERTY MO 64068	$20.85	$0.00
JOE SEEWALD 1409 BRANCHWOOD SAN ANTONIO TX 78248	$20.76	$0.00
ROBERT BARNES 206 CANDACE PLACE CARY NC 27513	$20.76	$0.00
REUEL DAVIS 1455 N COLE ROAD BOISE ID 83704	$20.70	$0.00
ROSALIND GEORGE 1909 GLENVILLE RD SUITE 106 RICHARDSON TX 75081	$20.54	$0.00

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GREYHOUND / ATU		
KENNETH HOFFMAN N65 W13544 COBBLESTONE CT MENOMONEE FALLS WI 53051	$20.50	$4.44
LAURA SEGEL 360 WEST ILLINOIS ST 9A CHICAGO IL 60610	$20.34	$0.00
RONALD GILMORE 8515 LANEWOOD CIRCLE LEEDS AL 35094	$19.59	$8.99
JAMES GRIMES PO BOX 218 HAMPTON FALLS NH 03844	$19.35	$5.11
JENNIFER WHITNEY 9480 S EASTERN AVE SUITE 270 LAS VEGAS NV 89123	$19.28	$0.00
LESLIE KIMBROUGH P O BOX 54468 LEXINGTON KY 40555	$19.27	$0.00
DIANA CARABALLO 1101 WHEATON AVENUE MILLVILLE NJ 08332	$18.40	$0.00
WILLIAM WENBERG 13024 STACY LANE LITTLE ROCK AR 72211	$18.12	$0.00
ALAN MARTIN 123 CENTER PARK DR SUITE 102 KNOXVILLE TN 37922	$17.80	$7.70
THOMAS JOLLEY 11108 133RD ST NW GIG HARBOR WA 98329	$17.68	$0.00
SCOTT NIELSEN 8905 SW NIMBUS AVE BEAVERTON OR 97008	$17.60	$0.00
RAINIE MESEWICZ 4306 VILLAGE CLUB DR POWELL OH 43065	$17.00	$0.00
IDA ENG 10123 KEMP FOREST HOUSTON TX 77080	$16.68	$0.00
KOHL INC 5010 CAMINO DE LOS VIENTOS FLAGSTAFF AZ 86004	$16.66	$0.00

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GREYHOUND / ATU		
JULIE PETERSON 16239 N 43RD DR GLENDALE AZ 85306	$16.56	$0.00
LINDA HAZELTON 1848 8TH STREET NW WASHINGTON DC 20001	$16.55	$0.00
CHAD BODNER 19803 JOSEPHINE STREET GRETNA NE 68028	$16.52	$0.00
SCOTT EDLIN 9565 SPRING BLUSH AVE LAS VEGAS NV 89148	$15.94	$0.00
GEORGIANNA STOUT 655 MONTGOMERY ST STE 540 SAN FRANCISCO CA 94111	$15.60	$0.00
JODI WATSON 2214 NE 140TH ST VANCOUVER WA 98686	$15.60	$0.00
LARRY HAAS 2262 TANGLEWOOD RD GRAND JUNCTION CO 81503	$15.55	$0.00
LLOYD HUGHES 3775 N US 52 LEBANON IN 46052	$14.79	$0.00
THOMAS GENTZ 8240 BECKETT PARK DRIVE STE B HAMILTON OH 45011	$14.76	$0.00
WILLIAM WARNER 22262 GOLFTIME DR PALO CEDRO CA 96073	$14.76	$0.00
JON SCHAEFER 324 E NEW YORK ST SUITE 250 INDIANAPOLIS IN 46204	$14.40	$0.00
GSL MARKETING INC 4200 SW 53RD PLACE TRENTON FL 32693	$14.38	$0.00
DIANE GREY 105 SESAR CT WINCHESTER VA 22602	$13.80	$0.00
TEMPLE WOODLEY 153 PERRY HIGHWAY STE 100 PITTSBURGH PA 15229	$13.44	$0.00

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GREYHOUND / ATU		
CASEY HOBSON 6157 S NEVIS AVE BOISE ID 83709	$13.25	$0.00
CRUSER MARKETING INC 7516 BLUEBONNET BLVD 116 BATON ROUGE LA 70810	$12.63	$0.00
RICHARD BEARDEN 151 PARKSIDE DR BRANDON MS 39042	$12.36	$0.00
ABBIE COFFMAN 31 HAWTHORN CIR CROSSVILLE TN 38555	$12.34	$0.00
RUSSELL ULRICH JR 150 N MILLER RD STE 300 A FAIRLAWN OH 44333	$12.18	$0.00
PAUL AMOS II 1932 WYNNTON RD 14TH FLOOR COLUMBUS GA 31999	$12.15	$0.00
ERIK A WITHERSPOON 201 W REGENT DR CLARKSVILLE TN 37043	$12.12	$0.00
TRAVIS PRATT 6818 RIDGEWOOD LN DICKINSON TX 77539	$12.06	$8.94
MICHAEL FORNARO 271 ROUTE 46 WEST STE H-119 FAIRFIELD NJ 07004	$12.03	$0.00
KENNETH ELDRED 1143 CULLY RD SUITE 101 CORDOVA TN 38016	$12.00	$0.00
TIMOTHY QUINLAN 137 SEMICONON LANE RENFREW PA 16053	$12.00	$0.00
BRAD FISHER 15212 81ST AVE NE KENMORE WA 98028	$11.88	$0.00
BRAD FREDERIKSEN 415 N MCKINLEY STE 280-D LITTLE ROCK AR 72205	$11.71	$0.00

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GREYHOUND / ATU		
DEBRA KNIGHT 4715 HIGHGROVE RD TALLAHASSEE FL 32308	$11.67	$0.00
MIRIAM HUNGERFORD 17401 ARMSTRONG AVE SUITE 200 IRVINE CA 92614	$11.48	$0.00
PETER SARANTIS 1455 N COLE ROAD BOISE ID 83704	$11.39	$0.00
STRATEGIC EMPLOYEE BENEFIT SERVICES 1801 E 9TH STREET SUITE 800 CLEVELAND OH 44114	$11.20	$0.00
ERIN KOSTER 4701 BISSONET DR METAIRIE LA 70003	$10.93	$0.00
MEREDITH CONLON 653 SOUTH GULPH RD KING OF PRUSSIA PA 19406	$10.52	$0.00
LEO SUPAK 11800 WHILSHIRE BLVD NE ALBUQUERQUE NM 87122	$10.48	$0.00
DAVID ROLL 8002 NE HWY 99 PMB 543 VANCOUVER WA 98665	$10.44	$0.00
MARK HILL 1701 N EMERALD DR STE B PRESCOTT AZ 86301	$10.20	$0.00
ALBERT SHUST 300 LANIDEX PLAZA SUITE 3303 PARSIPPANY NJ 07054	$9.81	$0.00
NATHAN THORPE P O BOX 5811 KNOXVILLE TN 37928	$9.75	$0.00
THERESA FRANCIS 1015 WEATHERSFIELD DRIVE WORTHINGTON OH 43085	$9.24	$0.00
AUDRELYN ELLIS 2121 FAIRFIELD AVE SHREVEPORT LA 71104	$9.24	$0.00
SONIA CALDERON 2321 E 4TH C-433 SANTA ANA CA 92705	$9.00	$0.00

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GREYHOUND / ATU		
CHUCK WILSON 225 N. CLIFTON AVE SUITE 5 LOUISVILLE KY 40206	$8.88	$0.00
MICHELLE HOLZHAUER 10414 SANTA RITA ST CYPRESS CA 90630	$8.80	$1.66
DAVID BECK 3738 SO 149 STREET STE 101 OMAHA NE 68144	$8.70	$1.48
WILLIAM CANADAY 18 CHERRY STREET ATTLEBORO MA 02703	$8.39	$0.00
SPAZ AND GLAUB ENTERPRISES 2150 ASSOCIATION DRIVE SUITE 150 OKEMOS MI 48864	$8.39	$5.85
KATHERINE PRIZY 616 KING CT EAST DUNDEE IL 60118	$8.33	$0.00
BARRY CAMPBELL 2896 FOX TRAIL NW PRIOR LAKE MN 55372	$8.19	$0.00
RONALD INFANTINO P.O. BOX 140127 CORAL GABLES FL 33114	$8.16	$0.00
YANIS KALOUDIS 422 RINGWOOD AVE #216 POMPTON LAKES NJ 07442	$8.10	$0.00
THOMAS PETERSON 4233 SE 182ND PMB 364 GRESHAM OR 97030	$7.98	$0.00
ROGER OLSON 471 DAVIS LK RD USK WA 99180	$7.92	$0.00
D'ASCOLI INC 9039 CALLE ALTA COURT NEW PORT RICHEY FL 34655	$7.65	$0.00
DAMON STREETMAN 2961 WEST MAPLE LOOP ROAD SUITE 230 LEHI UT 84043	$7.57	$0.00

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GREYHOUND / ATU		
LAWRENCE THAMES 101 SOUTHWESTERN BLVD STE 113 SUGARLAND TX 77478	$7.41	$0.00
GLEN SCHWEIKERT 2105 HIGHLAND SPRINGS PLACE LOUISVILLE KY 40245	$6.88	$4.44
JACQUELINE YEAGER P O BOX 3185 CARLSBAD NM 88221	$6.84	$0.00
TIS INSURANCE SERVICES INC P O BOX 10328 KNOXVILLE TN 37939	$6.55	$0.00
CHARLES GREER 943 EAST MAIN ST LEXINGTON SC 29072	$6.50	$0.00
MERLE HALL 950 W BANNOCK STE 1100 BOISE ID 83702	$6.48	$0.00
JAMES BENCIN 705 N LAKE PARKER AVE LAKELAND FL 33801	$6.47	$0.00
MICHAEL MCCARTHY 8240 BECKETT PARK DRIVE STE B HAMILTON OH 45011	$6.36	$0.00
MARK TRIBONE 258 WISES GROVE ROAD NEW BRIGHTON PA 15066	$6.36	$0.00
MATHEW GAHM 5555 ERINDALE DRIVE SUITE 103 COLORADO SPRINGS CO 80918	$6.24	$0.00
KERRY LEWIS 1529 RICASOLI SE RIO RANCHO NM 87124	$6.08	$0.00
EILEEN HUBER 150 MIDDLE WINCHENDON ROAD RINDGE NH 03461	$5.88	$0.00
A GOODWIN JR 520 DIXON LANE KODAK TN 37764	$5.72	$0.00
CONNIE JOHNSON PO BOX 296 ARGYLE TX 76226	$5.64	$0.00

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GREYHOUND / ATU		
MARY MERICA 3738 SOUTH 149TH STREET SUITE 101 OMAHA NE 68144	$5.56	$0.74
DEBBIE PAPISH 2907 CARRIAGE WAY WEST LINN OR 97068	$5.56	$0.00
DANIEL B ELLIS 2121 FAIRFIELD AVE SHREVEPORT LA 71104	$5.52	$0.00
DARCY KNIGHT 4408 N 210TH STREET ELKHORN NE 68022	$5.52	$0.00
ALAN BERGMANN 284 TWIN PONDS OKEMOS MI 48864	$5.29	$0.00
STEPHANIE RINGER P O BOX 6812 NEW ALBANY IN 47151	$5.28	$0.00
DONALD REYNOLDS 8945 HWY 5 STE B LAKE ELMO MN 55042	$5.24	$0.00
BARBARA BAROS 4930 HOLLY ROAD STE 103 CORPUS CHRISTI TX 78411	$5.04	$0.00
BENJAMIN THOMPSON SR 2012 GAMELAW COURT MIDLOTHIAN VA 23113	$4.98	$0.00
JAMES JOBLON JR 6033 WEST CENTURY BLVD STE 990 LOS ANGELES CA 90045	$4.95	$0.00
R WRIGHT 806 STONE CREEK PKWY STE 4 LOUISVILLE KY 40223	$4.80	$0.00
MICHELE MILLER P O BOX 40392 BAY VILLAGE OH 44140	$4.67	$0.00
MICHAEL GRASS 21707 KINGSLAND BLVD SUITE 105 KATY TX 77450	$4.50	$0.00
KATHRYN KITE 4300 SAN MATEO NE B 150 ALBUQUERQUE NM 87110	$4.01	$0.00

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GREYHOUND / ATU		
BARTLEIN AND ASSOC INC 5577 BROADCAST COURT SARASOTA FL 34240	$3.30	$0.00
JEARL PETREE 103 PALO BLANCO SAN BENITO TX 78586	$3.24	$0.00
MARSHA HEBERT 12081 W ALAMEDA PARKWAY #415 LAKEWOOD CO 80228	$3.20	$0.00
STEVEN BRINGHURST 11160 W HICKORY DALE DR BOISE ID 83713	$3.20	$0.00
DAVID JENKINS 15612 NW CLUBHOUSE DR PORTLAND OR 97229	$2.94	$0.00
WILLIAM LENBERG 1228 PEPPOLI LOOP SE RIO RANCHO NM 87124	$2.82	$0.00
JOHN BARNETT 2715 S FREMONT SPRINGFIELD MO 65804	$2.71	$0.00
BLAINE LUSHUTE 2625 LAKEWAY DR SEABROOK TX 77586	$2.55	$0.00
WILLIAM ROBERTSON 880 HWY 15 SOUTH NEW ALBANY MS 38652	$2.52	$0.00
TRISHA NEWMAN 5301 WINDY WILLOW DR LOUISVILLE KY 40241	$2.52	$0.00
MIKE STEWART 19534 GLADEWATER TOMBALL TX 77375	$2.40	$0.00
STEVEN YENNEY 3738 S 149TH ST STE 115 OMAHA NE 68144	$2.28	$1.48
DAVID KIM 2300 KATHRYN LN 1127 PLANO TX 75025	$2.28	$0.00
DAVID M COUGHLIN 3648 GERRI BAY LN LAS VEGAS NV 89147	$2.28	$0.00

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GREYHOUND / ATU		
LISA CHALLIS P O BOX 790405 SAN ANTONIO TX 78279	$2.07	$0.00
ROBERT HUNSAKER 1412 N WOODVIEW NIXA MO 65714	$2.06	$0.00
RICHARD KIMBROUGH 1972 MUIRFIELD WAY SE PALM BAY FL 32909	$2.04	$0.00
RODNEY BALLANCE JR 1235 GARRETT RD WILLIAMSTON NC 27892	$2.01	$0.00
RUSSELL FERREE 10320 W MCDOWELL RD BUILDING #1135 AVONDALE AZ 85323	$1.91	$0.00
DARWIN MARK 613 HERON AVE MCALLEN TX 78504	$1.88	$0.00
BRENT GOODE 301 MALLORY STATION RD SUITE 100 FRANKLIN TN 37067	$1.61	$1.48
GARY WILLINGHAM 25 BANK STREET #2191 WHITE PLAINS NY 10606	$1.27	$0.00
JENNIFER KARSTING 17401 ARMSTRONG AVE SUITE 200 IRVINE CA 92614	$0.99	$0.00
LES HEINSEN INS SERVICES INC 193 BLUE RAVINE RD STE 140 FOLSOM CA 95630	$0.96	$0.00
DAVID SEVON 1309 E REPUBLIC RD STE A SPRINGFIELD MO 65804	$0.92	$0.00
RON LEVINE PO BOX 3996 SOUTH PADRE ISLAND TX 78597	$0.81	$0.00
LINDA RASKIND 14685 SE 130TH DR CLACKAMAS OR 97015	$0.66	$0.00
GRAND TOTAL	$164,388.23	$9,653.02

* Amounts provided under the "Commissions Paid" column include all earned commission paid on all lines of business relative to your account during this reporting period.

** Amounts provided under the "Fees Paid" column include the total value of any fees, awards, prizes, bonuses or other forms of non-monetary compensation paid relative to your account. These amounts are calculated based on a calendar year. Some bonuses, fees, and contests are paid based on the aggregate amount of sales for all accounts throughout the calendar year. To determine the value of these items relative to your account, the amount of sales for your account is divided by the total amount of sales during the reporting period. This percentage is then multiplied by the value of the bonus, fee or contest.

GREYHOUND LINES, INC. - NATIONAL LOCAL 1700
OF THE AMALGAMATED TRANSIT UNION HEALTH
& WELFARE PLAN

PLAN NUMBER 529

2009 FORM 5500

ATTACHMENT TO SCHEDULE A

ACCOUNT ID: BX770

BX77000024

SCHEDULE A EARNINGS REPORT

PLEASE USE THE FOLLOWING INFORMATION
TO COMPLETE YOUR SCHEDULE A

MARCH 03, 2010

NAME OF PLAN SPONSOR

AFLAC ACCOUNT # BX770
GREYHOUND / ATU
CALIFORNIA & RHODE ISLAND
ONE DALLAS CENTRE
350 N SAINT PAUL ST STE 16
DALLAS TX 75201-4216

NAME OF INSURANCE CARRIER	APPROXIMATE NUMBER OF PERSONS COVERED AT END OF PLAN YEAR	PLAN YEAR FROM TO
Aflac 1932 Wynnton Road Columbus, GA 31999 Contract Number 58-0663085	117	01/01/09 - 12/31/09 **NAIC CODE** 60380

TOTAL PREMIUM COLLECTED
$60,820.90

INSURANCE FEES AND COMMISSIONS PAID TO AGENTS

NAME AND ADDRESS OF AGENTS	COMMISSIONS PAID*	FEES PAID**
ANNE STRENK 1501 E ORANGETHORPE AVE STE 180 FULLERTON CA 92831	$3,853.40	$229.79
WILLIAM NEWBERRY 13762 ASPEN LEAF LN CORONA CA 92880	$2,623.15	$109.88
JONATHAN HAJIMOMEN 1501 EAST ORANGETHORPE AVE STE 180 FULLERTON CA 92831	$1,002.36	$46.02
RONALD SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92673	$772.56	$0.00
SCOTT BLACKSHEAR 11400 SE 8TH STREET #375 BELLEVUE WA 98004	$670.43	$64.32
G SCOTT COOKE 1501 E ORANGETHORPE AVE STE 180 FULLERTON CA 92831	$605.13	$38.24
SONIA CALDERON 2321 E 4TH C-433 SANTA ANA CA 92705	$539.39	$0.00
PEGGY SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92672	$373.73	$0.00
JOY GUNDERSON 990 SOUTH HEDIN CIRCLE ANAHEIM HILLS CA 92807	$303.30	$9.73

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GREYHOUND / ATU		
CAROL VAUGHN 19 GENOA CT SACRAMENTO CA 95831	$283.34	$10.12
MICHELLE HOLZHAUER 10414 SANTA RITA ST CYPRESS CA 90630	$280.43	$16.35
GARY WARE JR 2306 VALLEYBROOK DR CHAMPAIGN IL 61822	$196.33	$0.00
LINDA BAILEY INS SERV INC 6929 SUNRISE BLVD STE 102 K CITRUS HEIGHTS CA 95610	$100.11	$0.00
GEORGIANNA STOUT 655 MONTGOMERY ST STE 540 SAN FRANCISCO CA 94111	$71.76	$0.00
BARRY WHITE 4506 BANTAM WAY ELK GROVE CA 95758	$60.81	$2.02
SHARON VINCZE 16810 SW 129TH AVE TIGARD OR 97224	$53.64	$0.00
LORRIE RODRIGUEZ 1922 E ECLIPSE FRESNO CA 93720	$39.90	$0.00
RICHARD CALL 25292 STAYSAIL DR DANA POINT CA 92629	$36.89	$0.00
JAMES BOADA 2 HEARTWOOD WAY ALISO VIEJO CA 92656	$29.30	$0.00
JODIE BOHNER 4974 E CLINTON WAY STE 212 FRESNO CA 93727	$27.48	$0.00
ROBERT BENEFIEL 2217 EAST TUDOR STE 1-A ANCHORAGE AK 99507	$24.44	$2.02
WENDI SPRATT 524 WANDO ST COLUMBIA SC 29205	$22.03	$0.00
LES HEINSEN INS SERVICES INC 193 BLUE RAVINE RD STE 140 FOLSOM CA 95630	$21.36	$0.00

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GREYHOUND / ATU		
DIANE SMUGALA 2733 E 9725 S SANDY UT 84092	$19.20	$0.00
VERONICA ILIC-STONE 8050 N PALM STE 300 FRESNO CA 93711	$18.84	$0.00
CRAIG HILL 3137 DWIGHT RD STE 400 ELK GROVE CA 95758	$18.37	$2.02
CLAUDIA FELDMAN 9037 E CASITAS DEL RIO DR SCOTTSDALE AZ 85255	$15.96	$0.00
JACQUELINE SLAVIN 13762 ASPEN LEAF LN CORONA CA 92880	$12.96	$0.00
YOLANDA SORDIA 2916 W ASTER DR PHOENIX AZ 85029	$12.07	$0.00
HOWARD KAMLET 25422 TRABUCO ROAD 105-364 LAKE FOREST CA 92630	$11.44	$0.00
MARIA RECALDE-MEDINA 2458 E FLINTLOCK PLACE CHANDLER AZ 85286	$10.80	$0.00
CINDY UNRUH 2415 FISHER RD NE SALEM OR 97305	$8.16	$0.00
JEFFORY MERTEN 523 W 6TH STREET SUITE 515 LOS ANGELES CA 90014	$7.92	$0.00
ANTHONY SWEETER 2001 E CAMPBELL #203 PHOENIX AZ 85016	$7.32	$0.00
JODI WATSON 2214 NE 140TH ST VANCOUVER WA 98686	$6.60	$0.00
DEBORAH SENN 15042 N 6TH STREET PHOENIX AZ 85022	$6.24	$0.00
TERRANCE LUCZAJ 255 E RINCON STREET SUITE 110 CORONA CA 92879	$5.70	$0.00

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GREYHOUND / ATU		
DOUGLAS FOX 305 E CAYUGA #1 P O BOX 858 BELLAIRE MI 49615	$5.49	$0.00
SCOTT NIELSEN 8905 SW NIMBUS AVE BEAVERTON OR 97008	$4.68	$0.00
PREFERRED MARKETING CORP P O BOX 1658 PINE MOUNTAIN GA 31822	$4.20	$0.00
JERRY HOKE 8180 SOUTH 700 EAST #120 SANDY UT 84070	$3.24	$0.00
GREGORY STENZEL 8765 W KELTON LANE STE 110 PEORIA AZ 85382	$3.12	$0.00
CLAUDIA ALBA 6943 GENEVA ST CHINO CA 91710	$2.43	$0.00
MICHAEL HURLEY P O BOX 13 ALGER OH 45812	$1.80	$0.00
CHRISTOPHER DISBROW 5171 EDISON AVENUE SUITE C CHINO CA 91710	$1.64	$0.00
KIEFER GROUP INS AGCY LC 11629 SOUTH 700 EAST #125 DRAPER UT 84020	$0.96	$0.00
DAVID KITCHEN 3137 DWIGHT ROAD SUITE 400 ELK GROVE CA 95758	$0.80	$0.00
GRAND TOTAL	$12,181.21	$530.51

* Amounts provided under the "Commissions Paid" column include all earned commission paid on all lines of business relative to your account during this reporting period.

** Amounts provided under the "Fees Paid" column include the total value of any fees, awards, prizes, bonuses or other forms of non-monetary compensation paid relative to your account. These amounts are calculated based on a calendar year. Some bonuses, fees, and contests are paid based on the aggregate amount of sales for all accounts throughout the calendar year. To determine the value of these items relative to your account, the amount of sales for your account is divided by the total amount of sales during the reporting period. This percentage is then multiplied by the value of the bonus, fee or contest.

GREYHOUND LINES, INC. - NATIONAL LOCAL 1700
OF THE AMALGAMATED TRANSIT UNION HEALTH
& WELFARE PLAN

PLAN NUMBER 529

2009 FORM 5500

ATTACHMENT TO SCHEDULE A

ACCOUNT ID: A1U74

A1U7400002

SCHEDULE A EARNINGS REPORT

PLEASE USE THE FOLLOWING INFORMATION
TO COMPLETE YOUR SCHEDULE A

MARCH 03, 2010

NAME OF PLAN SPONSOR

AFLAC ACCOUNT # A1U74
GREYHOUND ATU
ATTN SONYA MIRELES
350 N SAINT PAUL ST STE 16
DALLAS TX 75201-4216

NAME OF INSURANCE CARRIER	APPROXIMATE NUMBER OF PERSONS COVERED AT END OF PLAN YEAR	PLAN YEAR FROM TO
Aflac 1932 Wynnton Road Columbus, GA 31999 Contract Number 58-0663085	9	01/01/09 - 12/31/09 NAIC CODE 60380

TOTAL PREMIUM COLLECTED
$8,294.90

INSURANCE FEES AND COMMISSIONS PAID TO AGENTS

NAME AND ADDRESS OF AGENTS	COMMISSIONS PAID*	FEES PAID**
NICHOLAS DUCHENSKY 252 N 15TH ST BLOOMFIELD NJ 07003	$596.81	$84.83
CHARLES CHAPLEAU JR 122 BELLEVUE AVE RUTLAND VT 05701	$379.69	$43.89
MICHAEL ZORN 8 PHEASANT RUN KIMMELON NJ 07405	$273.72	$37.80
JOHN FEEHAN 146 CRESTVIEW AVE ABSECON NJ 08201	$236.59	$98.23
MICHAEL FORNARO 271 ROUTE 46 WEST STE H-119 FAIRFIELD NJ 07004	$122.09	$21.65
BRIAN LEYPOLDT 67 ALLISON PLACE EGG HARBOR TWP NJ 08234	$110.61	$19.65
LAWRENCE POTWIN 97 HIDDEN LANE WHITE RIVER JCT VT 05001	$100.33	$8.77
ALBERT SHUST 300 LANIDEX PLAZA SUITE 3303 PARSIPPANY NJ 07054	$87.34	$21.65
YANIS KALOUDIS 422 RINGWOOD AVE #216 POMPTON LAKES NJ 07442	$66.39	$7.35

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GREYHOUND ATU		
MICHAEL RYAN PO BOX 930 MANCHESTER CENTER VT 05255	$65.44	$8.77
RICHARD TOBIAS 1401 NEW ROAD UNIT D LINWOOD NJ 08221	$51.73	$19.65
MELTON & ASSOCIATES INC 18167 US HIGHWAY 19 N CLEARWATER FL 33764	$48.01	$8.77
MICHELLE KENNEDY 6661 SILVERSTREAM AVE STE 1037 LAS VEGAS NV 89107	$39.72	$0.00
BRITTAIN HARDMAN 5811 11TH PLACE #13 LUBBOCK TX 79416	$34.56	$0.00
LORENZO CUTAIA 858 S WHITE HORSE PIKE SUITE B-6 HAMMONTON NJ 08037	$31.47	$19.65
BETTY ANSLEY 4300 SAN MATEO NE B 187 ALBUQUERQUE NM 87110	$20.50	$0.00
DAVID BECKSTEAD 2535 W 225 N HURRICANE UT 84737	$13.08	$0.00
WILLIAM NEWBERRY 13762 ASPEN LEAF LN CORONA CA 92880	$9.48	$0.00
RONALD SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92673	$5.28	$0.00
G B S MARKETING INC 214 KLUMAC RD SUITE 102 SALISBURY NC 28144	$3.71	$0.00
DAVID MOSKOWITZ 1001 LAKE CAROLYN PKWY APT 223 IRVING TX 75039	$2.76	$0.00
PEGGY SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92672	$2.52	$0.00

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GREYHOUND ATU		
KATHRYN L KITE LLC 4300 SAN MATEO NE B 150 ALBUQUERQUE NM 87110	$2.50	$0.00
ERIC LEGER 1527 EBERHART AVE COLUMBUS GA 31906	$1.60	$0.00
GARY WARE JR 2306 VALLEYBROOK DR CHAMPAIGN IL 61822	$1.56	$0.00
LEO SUPAK 11800 WHILSHIRE BLVD NE ALBUQUERQUE NM 87122	$0.96	$0.00
GRAND TOTAL	$2,308.45	$400.66

* Amounts provided under the "Commissions Paid" column include all earned commission paid on all lines of business relative to your account during this reporting period.

** Amounts provided under the "Fees Paid" column include the total value of any fees, awards, prizes, bonuses or other forms of non-monetary compensation paid relative to your account. These amounts are calculated based on a calendar year. Some bonuses, fees, and contests are paid based on the aggregate amount of sales for all accounts throughout the calendar year. To determine the value of these items relative to your account, the amount of sales for your account is divided by the total amount of sales during the reporting period. This percentage is then multiplied by the value of the bonus, fee or contest.

SCHEDA2

GREYHOUND LINES, INC. - NATIONAL LOCAL 1700
OF THE AMALGAMATED TRANSIT UNION HEALTH
& WELFARE PLAN

PLAN NUMBER 529

2009 FORM 5500

ATTACHMENT TO SCHEDULE A

ACCOUNT ID: XS121

XS12100029

SCHEDULE A EARNINGS REPORT

PLEASE USE THE FOLLOWING INFORMATION
TO COMPLETE YOUR SCHEDULE A

MARCH 03, 2010

NAME OF PLAN SPONSOR

AFLAC ACCOUNT # XS121
GREYHOUND / ATU
UNION OFFICERS
350 N SAINT PAUL ST STE 16
DALLAS TX 75201-4216

NAME OF INSURANCE CARRIER	APPROXIMATE NUMBER OF PERSONS COVERED AT END OF PLAN YEAR	PLAN YEAR FROM TO
Aflac 1932 Wynnton Road Columbus, GA 31999 Contract Number 58-0663085	4	01/01/09 - 12/31/09 **NAIC CODE** 60380

TOTAL PREMIUM COLLECTED
$3,043.80

INSURANCE FEES AND COMMISSIONS PAID TO AGENTS

NAME AND ADDRESS OF AGENTS	COMMISSIONS PAID*	FEES PAID**
RONALD SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92673	$60.11	$0.00
WILLIAM NEWBERRY 13762 ASPEN LEAF LN CORONA CA 92880	$57.42	$0.00
SONIA CALDERON 2321 E 4TH C-433 SANTA ANA CA 92705	$49.92	$0.00
PEGGY SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92672	$28.78	$0.00
CAROLYN GARRISON 908 CLOVIS AVENUE CAPITAL HEIGHTS MD 20743	$25.08	$0.00
DEBORAH HEARD 7610 PENNSYLVANIA AVE STE 307 FORESTVILLE MD 20747	$17.96	$0.00
LAURIE HAMILTON 413 N AVALON ST MEMPHIS TN 38112	$17.16	$0.00
GARY WARE JR 2306 VALLEYBROOK DR CHAMPAIGN IL 61822	$12.72	$0.00
CHARLENE BELTON 601 PENNSYLVANIA AVE NORTH BUILDING STE 708 WASHINGTON DC 20004	$7.86	$0.00

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GREYHOUND / ATU		
ALDEAN PEARSON 604 DOVER HEIGHTS TRAIL MANSFIELD TX 76063	$5.98	$0.00
DIANNE BRADLEY 6263 POPLAR AVE SUITE 540 MEMPHIS TN 38119	$5.52	$0.00
FRANCES SHAFFER P O BOX 189 GLOUCESTER VA 23061	$4.61	$0.00
ROBERT GOBLE 7076 PEACHTREE IND BLVD SUITE 101 NORCROSS GA 30092	$1.56	$0.00
SCOTT BLACKSHEAR 11400 SE 8TH STREET #375 BELLEVUE WA 98004	$0.96	$0.00
GRAND TOTAL	$295.64	$0.00

* Amounts provided under the "Commissions Paid" column include all earned commission paid on all lines of business relative to your account during this reporting period.

** Amounts provided under the "Fees Paid" column include the total value of any fees, awards, prizes, bonuses or other forms of non-monetary compensation paid relative to your account. These amounts are calculated based on a calendar year. Some bonuses, fees, and contests are paid based on the aggregate amount of sales for all accounts throughout the calendar year. To determine the value of these items relative to your account, the amount of sales for your account is divided by the total amount of sales during the reporting period. This percentage is then multiplied by the value of the bonus, fee or contest.

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2009

(a) Identity of Parties Involved	(b) Description of Asset	Number of Transactions	Number of Sales	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset
Single transactions:						
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	$ 236,000	$ -	$ 236,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	191,000	-	191,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	72,000	72,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	827,000	-	827,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	185,000	-	185,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	122,000	122,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	206,000	206,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	111,000	111,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	161,000	-	161,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	89,000	89,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	95,000	95,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	233,000	-	233,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	821,000	-	821,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	112,000	112,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	228,000	228,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	175,000	175,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	212,000	-	212,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	82,000	82,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	176,000	176,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	225,000	-	225,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	108,000	108,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	428,000	428,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	609,000	-	609,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	119,000	-	119,000

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2009

(a) Identity of Parties Involved	(b) Description of Asset	Number of Transactions	Number of Sales	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	87,000	87,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	77,000	77,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	88,000	88,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	106,000	-	106,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	83,000	83,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	781,000	-	781,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	71,000	71,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	192,000	-	192,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	186,000	186,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	111,000	111,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	232,000	232,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	205,000	-	205,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	703,000	-	703,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	182,000	182,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	89,000	89,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	164,000	-	164,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	89,000	89,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	182,000	182,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	127,000	-	127,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	138,000	138,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	771,000	-	771,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	87,000	87,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	137,000	-	137,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	106,000	106,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	217,000	217,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	170,000	170,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	781,000	-	781,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	151,000	151,000

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2009

(a) Identity of Parties Involved	(b) Description of Asset	Number of Transactions	Number of Sales	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	181,000	-	181,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	85,000	85,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	138,000	-	138,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	182,000	182,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	238,000	238,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	208,000	-	208,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	112,000	112,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	608,000	-	608,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	141,000	141,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	127,000	127,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	98,000	98,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	113,000	113,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	178,000	-	178,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	798,000	-	798,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	81,000	81,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	101,000	-	101,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	72,000	72,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	73,000	73,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	725,000	-	725,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	206,000	-	206,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	100,000	100,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	214,000	-	214,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	206,000	206,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	109,000	-	109,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	89,000	89,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	139,000	139,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	774,000	-	774,000

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2009

(a) Identity of Parties Involved	(b) Description of Asset	Number of Transactions	Number of Sales	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	426,000	426,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	120,000	-	120,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	137,000	137,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	195,000	-	195,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	97,000	97,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	190,000	190,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	138,000	138,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	196,000	-	196,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	110,000	110,000
* Merrill Lynch	FFI Premier Institutional Fund	1	1	-	250,000	250,000
Series of transactions:						
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	52	207	12,648,122	11,776,000	11,776,000

* Indicates party-in-interest to the Plan