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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GULLY TRANSPORTATION, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1986

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

3820 WISMANN LANE
QUINCY, IL 62305-0000

2b Employer Identification Number (EIN) 37-0646764

2c Sponsor's telephone number 217-224-0770

2d Business code (see instructions) 484120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/30/2011	MICHAEL GULLY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
GULLY TRANSPORTATION

3820 WISMANN LANE
QUINCY, IL 62305-0000

3b Administrator's EIN
37-0646764

3c Administrator's telephone number
217-224-0770

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**	177
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**	90
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	67
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	158
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	158
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	129
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GULLY TRANSPORTATION, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
GULLY TRANSPORTATION

D Employer Identification Number (EIN)
37-0646764

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
METLIFE INSURANCE COMPANY OF CONNECTICUT

(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
06-0566090	87726	926162	129	01/01/2010	12/31/2010

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
4600	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

MORGAN STANLEY SMITH BARNEY LLC
2000 WESTCHESTER AVENUE
PURCHASE, NY 10577

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4600			4

(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	2305023

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	124437
c	Additions: (1) Contributions deposited during the year	7c(1)	4232		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	3809		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	8041
d	Total of balance and additions (add **b** and **c(6)**)			7d	132478
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	256		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	256
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	132222

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GULLY TRANSPORTATION, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GULLY TRANSPORTATION

D Employer Identification Number (EIN)
37-0646764

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

(b) Enter name and EIN or address of person who provided you disclosure 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)

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

(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?
15 37 64	RECORDKEEPER	14311	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GULLY TRANSPORTATION, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GULLY TRANSPORTATION

D Employer Identification Number (EIN)
37-0646764

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	12757	12060
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	60210	33285
(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)	2221634	2305034
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	124426	132222
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2419027	2482601
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2419027	2482601

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)		
	(B) Participants	2a(1)(B)	94619	
	(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)		94619
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	3486	
	(F) Other	2b(1)(F)	3809	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7295
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		197757
c Other income	2c		-455
d Total income. Add all **income** amounts in column (b) and enter total	2d		299216
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	221331	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		221331
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	14311	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		14311
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		235642
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		63574
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BKD LLP (2) EIN: 44-0160260

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		325000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GULLY TRANSPORTATION, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GULLY TRANSPORTATION

D Employer Identification Number (EIN)
37-0646764

Part I Distributions

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

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

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

EIN(s): 04-3581074

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BKD LLP
CPAs & Advisors

One Metropolitan Square
211 N. Broadway, Suite 600
St. Louis, MO 63102-2733
314.231.5544 Fax 314.231.9731 www.bkd.com

Independent Accountants' Report

Plan Administrator
Gully Transportation, Inc. 401(k) Plan
Quincy, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits of Gully Transportation, Inc. 401(k) Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended and the accompanying supplemental schedules. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, auditing procedures with respect to the information summarized in Note 4, which was certified by MetLife Insurance Company of Connecticut, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

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

BKD, LLP

St. Louis, Missouri
August 23, 2011

Federal Employer Identification Number: 44-0160260

experienceBKD

Praxity
MEMBER
GLOBAL ALLIANCE OF INDEPENDENT FIRMS

5500 PLAN 001 PLAN YEAR 20100101 20101231

GULLY TRANSPORTATION PLAN #:001 37-0646764

PART IV SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(B) IDENTITY OF ISSUE	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
American Fnds Glbl Grth-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	16,598.87	16,088.12
American Fnds Grth-CL 2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	43,441.94	44,710.53
American Fnds Grth-Inc 2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	38,803.13	35,859.41
Barclays Cap Aggrgate Bnd	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	2,117.45	2,299.47
BlackRock High Yield	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	2,923.68	2,970.46
BlackRock Legacy Lcap	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	37,110.97	55,307.34
BlackRock Money Mkt Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	401,436.63	398,637.89
Blackrock Agg Gr Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	9,238.67	11,076.21
Blackrock Bnd Inc Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	2,477.73	2,637.29
Clarion Gl Real Estate	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	76,445.86	76,285.69
Davis Venture Value Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	40,327.93	38,662.51
Fi Value Leaders Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	5,173.86	5,903.18
Fidelity VIP Contrafund-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	18,580.67	18,257.11
Fidelity VIP Mid Cap 2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	69,962.07	98,874.77
Fixed Account	VALUE OF FUNDS HELD IN INSURANCE COMPANY GENERAL ACCOUNT	114,410.35	132,211.10
Franklin Sml-Mid Cap Gr-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	4,347.36	5,640.30
Harris Oakmark Intl Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	15,226.64	19,119.29
Janus Asp Enterprise Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	10,787.86	14,977.84
Janus Forty	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	141,073.62	177,747.84
Jennison Growth Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	84.66	103.88
LM Cbridge LgCap V	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	13,743.78	15,551.05
LM Cbridge SmCap V	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	8,578.15	10,833.76
LM Western Corp Bnd	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	7,905.10	8,744.61
Lazard Mid Cap Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	16,569.24	19,915.93
Legg CBridge Var SmCp Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	9,215.96	12,636.07
Legg CBridge Var Eq Inc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	665,825.62	751,494.73
Legg CBridge Var LCap Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	4,811.91	5,783.57
Legg CBridge Var Aggr Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	8,114.54	10,236.22
Legg ClBridge VarApp Prt	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	13,359.96	17,604.37
Legg Inv Cnsl VarSoc Awr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	11,935.11	15,394.80
Legg Wstrn Glb Hi Yld Bnd	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	12,095.18	14,160.67
Legg Wstrn Var AdjRateInc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	52,245.84	56,152.93
Loan Fund	LOANS TO PARTICIPANTS: OTHER	33,285.43	33,285.43
Lord Abbett Bnd Deb Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	9,160.15	12,302.30
Lord Abbett Grwth And Inc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	33,015.99	32,564.14
Lord Abbett Mid Cap Val	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	1,429.39	1,572.79
MFS Total Return Port.	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	54,184.76	66,439.82
MFS Value Portfolio	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	14,665.35	12,727.90
MetLife Conv Alloc Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	6,465.48	6,450.84
MetLife Mod Alloc Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	85.75	101.62
MetLife Stock Index	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	863.42	963.45
Morgan Stanley EAFE Index	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	9,054.67	9,269.15
PIMCO Total Ret Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	53,123.42	54,621.33
Pioneer Fund Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	171.40	211.11

PART IV SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(B) IDENTITY OF ISSUE	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
Pioneer Strategic Income	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	7,473.65	8,365.93
Russell 2000 Index	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	932.77	954.44
T Rowe Price Small Cap Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	31,574.36	39,354.90
T. Rowe Pr Lrg Cp Grow B	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	4,357.95	5,009.00
Templeton Dev Mkts Sec-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	34,506.55	38,662.80
Templeton Foreign Secur-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	3,087.79	3,192.80
Templeton Growth Fund	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	11,917.80	12,249.47
Third Ave Small Cap Value	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	10,477.00	12,716.43
Western Asset Mgmt US Gov	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	20,182.31	23,624.48

Gully Transportation, Inc. 401(k) Plan

EIN 37-0646764 PN 001

Accountants' Report and Financial Statements

December 31, 2010 and 2009

Gully Transportation, Inc. 401(k) Plan

December 31, 2010 and 2009

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BKD LLP
CPAs & Advisors

One Metropolitan Square
211 N. Broadway, Suite 600
St. Louis, MO 63102-2733
314.231.5544 Fax 314.231.9731 www.bkd.com

Independent Accountants' Report

Plan Administrator
Gully Transportation, Inc. 401(k) Plan
Quincy, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits of Gully Transportation, Inc. 401(k) Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended and the accompanying supplemental schedules. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, auditing procedures with respect to the information summarized in Note 4, which was certified by MetLife Insurance Company of Connecticut, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

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

BKD, LLP

St. Louis, Missouri
August 23, 2011

Federal Employer Identification Number: 44-0160260

experienceBKD

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

Gully Transportation, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

	2010	2009
Investments, At Fair Value	$ 2,437,245	$ 2,346,060
Receivables		
Notes receivable from participants	33,285	60,210
Participants' contributions	12,060	12,757
	45,345	72,967
Net Assets Available for Benefits	$ 2,482,590	$ 2,419,027

See Notes to Financial Statements

Gully Transportation, Inc. 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2010 and 2009

	2010	2009
Investment Income		
Net appreciation in fair value of investments	$ 197,291	$ 356,673
Interest	3,809	3,123
	201,100	359,796
Interest Income from Notes Receivable from Participants	3,486	5,298
Participant Contributions	94,619	106,465
Total additions	299,205	471,559
Deductions		
Benefits paid to participants	221,331	341,839
Administrative expenses	14,311	32,199
Total deductions	235,642	374,038
Net Increase	63,563	97,521
Net Assets Available for Benefits, Beginning of Year	2,419,027	2,321,506
Net Assets Available for Benefits, End of Year	$ 2,482,590	$ 2,419,027

See Notes to Financial Statements

Gully Transportation, Inc. 401(k) Plan

Notes to Financial Statements

December 31, 2010 and 2009

Note 1: Description of the Plan

The following description of Gully Transportation, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document and *Summary Plan Description* for a more complete description of the Plan's provisions, which are available from the Plan Administrator.

General

The Plan is a defined contribution plan sponsored by Gully Transportation, Inc. (the "Company") for the benefit of its non-union employees who have at least one year of service, are age 21 or older and have provided at least 1,000 hours of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). ING Institutional Plan Services, LLC is the Trustee of the Plan. MetLife Insurance Company of Connecticut serves as the Plan Custodian.

Contributions

The Plan permits eligible employees through a salary deferral election to have the Company make annual contributions of up to 92% of eligible compensation. Employee rollover contributions are also permitted. The Plan also permits discretionary matching contributions as determined by the Company. Contributions are subject to certain limitations.

Participant Investment Account Options

Investment account options available include various funds. Each participant has the option of directing his contributions into any of the separate investment accounts and may change the allocation daily.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's contribution, plan earnings and forfeitures of terminated participants' nonvested accounts and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefits to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting in the Company's contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is fully vested after six years of continuous service. The nonvested balance is forfeited upon termination of service. Forfeitures may be used to reduce Company contributions or pay administrative expenses. At December 31, 2010 and 2009, there were $49,183 and $58,826, respectively, of forfeitures that have not yet been applied.

Payment of Benefits

Upon termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his account or a joint and survivor annuity.

Participant Loans

The Plan document includes provisions authorizing loans from the Plan to active eligible participants. Loans are made to any eligible participant demonstrating a qualifying need. The minimum amount of a loan shall be $1,000. The maximum amount of a participant's loan is determined by the available loan balance restricted to the lesser of $50,000 or 50% of the participant's vested account balance. All loans are covered by demand notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence) through payroll withholdings unless the participant is paying the loan in full. Interest on the loans is based on prime rate plus 2%.

Notes receivable from participants are reported at amortized principal balance plus accrued but unpaid interest.

Plan Termination

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

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Pooled separate accounts are valued based on quoted market prices of underlying assets as determined by the Custodian. The investment contract is valued at estimated fair value as provided by the Custodian.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

Risks and Uncertainties

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

Plan Tax Status

The Plan operates under a standardized adoption agreement in connection with a prototype 401(k) profit-sharing plan and trust sponsored by ING Life Insurance and Annuity Company. This prototype plan document has been filed with the appropriate agency and has obtained a determination letter from the Internal Revenue Service stating that the prototype constitutes a qualified plan under Section 401 of the Internal Revenue Code and that the related trust was tax-exempt. The Plan is no longer subject to U.S. federal income tax examination by tax authorities for years before 2007.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

Subsequent Events

Subsequent events have been evaluated through August 23, 2011, which is the date the financial statements were available to be issued.

Reclassifications

Certain reclassifications have been made to the 2009 financial statements to conform to the 2010 financial statement presentation. These reclassifications had no effect on changes in net assets available for benefits.

Note 3: Investments, Investment Return and Fair Value of Plan Assets

Accounting Standards Codification Topic 820, *Fair Value Measurements*, defines fair value as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Topic 820 also specifies a fair value hierarchy which requires a plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets

Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy.

Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. There are no Level 1 investments. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of investments with similar characteristics or discounted cash flows. Level 2 investments consist of pooled separate accounts. In certain cases where Level 1 or Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy and consist of the guaranteed investment contract.

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2010 and 2009. Investments that represent 5% or more of Plan assets are separately identified:

Gully Transportation, Inc. 401(k) Plan

Notes to Financial Statements

December 31, 2010 and 2009

	2010			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled Separate Accounts				
Asset Allocation Portfolios	$ 6,553	$ -	$ 6,553	$ -
Emerging Markets	38,663	-	38,663	-
Small Cap Growth	51,991	-	51,991	-
Mid Cap Growth	130,569	-	130,569	-
Small Cap Blend	11,788	-	11,788	-
Small Cap Value	12,716	-	12,716	-
Mid Cap Blend	19,916	-	19,916	-
Global Real Estate	76,286	-	76,286	-
Large Cap Growth				
Janus Forty Portfolio	177,748	-	177,748	-
Others	121,162	-	121,162	-
International	31,581	-	31,581	-
Mid Cap Value	1,573	-	1,573	-
Global Equity	28,337	-	28,337	-
Large Cap Blend	105,459	-	105,459	-
Large Cap Value	72,845	-	72,845	-
High Yield Bond	29,433	-	29,433	-
Moderate Allocation				
Legg Mason ClearBridge Variable Equity Income Builder	751,495	-	751,495	-
Others	81,835	-	81,835	-
Multi-Sector Bond	8,366	-	8,366	-
Intermediate-Term Bond	124,456	-	124,456	-
Intermediate-Government Bond	23,624	-	23,624	-
Money Market				
Black Rock Money Market Portfolio	398,638	-	398,638	-
Guaranteed Investment Contract	132,211	-	-	132,211
	$ 2,437,245	$ -	$ 2,305,034	$ 132,211

Gully Transportation, Inc. 401(k) Plan

Notes to Financial Statements

December 31, 2010 and 2009

	2009			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled Separate Accounts				
Asset Allocation Portfolios	$ 2,151	$ -	$ 2,151	$ -
Emerging Markets	26,990	-	26,990	-
Small Cap Growth	37,604	-	37,604	-
Mid Cap Growth	118,047	-	118,047	-
Small Cap Blend	8,173	-	8,173	-
Small Cap Value	11,358	-	11,358	-
Mid Cap Blend	16,361	-	16,361	-
Global Real Estate	2,396	-	2,396	-
Large Cap Growth				
Janus Forty Portfolio	196,198	-	196,198	-
Others	100,590	-	100,590	-
International	72,372	-	72,372	-
Mid Cap Value	1,222	-	1,222	-
Global Equity	24,748	-	24,748	-
Large Cap Blend	101,471	-	101,471	-
Large Cap Value	61,730	-	61,730	-
High Yield Bond	43,462	-	43,462	-
Moderate Allocation				
Legg Mason ClearBridge Variable Equity Income Builder	746,187	-	746,187	-
Others	74,272	-	74,272	-
Multi-Sector Bond	7,552	-	7,552	-
Intermediate-Term Bond	68,281	-	68,281	-
Intermediate-Government Bond	21,963	-	21,963	-
Money Market				
Legg Mason Variable Money Market	478,495	-	478,495	-
Guaranteed Investment Contract	124,437	-	-	124,437
	$ 2,346,060	$ -	$ 2,221,623	$ 124,437

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompanying statements of net assets available for benefits using significant unobservable (Level 3) inputs:

	Guaranteed Investment Contract
Balance, January 1, 2009	$ 61,319
Purchases, issuances and settlements, net	63,118
Balance, December 31, 2009	124,437
Purchases, issuances and settlements, net	7,774
Balance, December 31, 2010	$ 132,211

During the years ended 2010 and 2009, the Plan's pooled separate accounts (including gains and losses on investments bought, sold and held during the year) appreciated in value by $197,291 and $356,673, respectively.

Interest realized on the Plan's investments for the years ended 2010 and 2009 was $3,809 and $3,123, respectively.

Note 4: Information Provided by the Custodian

MetLife Insurance Company of Connecticut (the "Custodian") has certified the completeness and accuracy of certain information which management used in preparing the financial statements, supplemental schedules and accompanying notes. Accordingly, this information was not audited. The following is a summary of information, which the Custodian has furnished:

- Investments and notes receivable from participants as reported in the Statements of Net Assets Available for Benefits at December 31, 2010 and 2009.
- Investment income and interest income from notes receivable from participants as reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2010 and 2009.
- Investments and notes receivable from participants at December 31, 2010, as reported in the supplemental Schedule of Assets (Held at End of Year).

Note 5: Party-in-interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, a person who owns 50% or more of such an employer or relatives of such persons.

The Plan incurs expenses related to general administration and record keeping. The Company pays certain of these expenses and provides certain administrative services at no cost to the Plan.

Note 6: Nonexempt Transactions

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets, but no later than the 15th business day of the month following the month in which the participant contributions are withheld by the employer. While the Company remitted all employee contributions to the Plan, contributions of $14,618 were not remitted within the required time period during the year ended December 31, 2009. Excise tax was paid by the Company in 2010 on the amount of imputed interest on nonexempt transactions from 2009. The Company determined and credited the applicable interest to the Plan in 2010 in order to fully correct the late remittances.

Supplemental Schedules

Gully Transportation, Inc. 401(k) Plan

EIN 37-0646764 PN 001

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

Year Ended December 31, 2010

		Total that Constitute Nonexempt Prohibited Transactions			
	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2009	$ 14,618	$ -	$ 14,618	$ -	$ -

?ART IV SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(B) IDENTITY OF ISSUE	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
merican Fnds Glbl Grth-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	16,598.87	16,088.12
merican Fnds Grth-CL 2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	43,441.94	44,710.53
merican Fnds Grth-Inc 2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	38,803.13	35,859.41
rclays Cap Aggrgate Bnd	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	2,117.45	2,299.47
lackRock High Yield	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	2,923.68	2,970.46
.ackRock Legacy Lcap	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	37,110.97	55,307.34
.ackRock Money Mkt Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	401,436.63	398,637.89
.ackrock Agg Gr Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	9,238.67	11,076.21
lackrock Bnd Inc Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	2,477.73	2,637.29
larion Gl Real Estate	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	76,445.86	76,285.69
vis Venture Value Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	40,327.93	38,662.51
Value Leaders Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	5,173.86	5,903.18
.delity VIP Contrafund-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	18,580.67	18,257.11
.delity VIP Mid Cap 2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	69,962.07	98,874.77
.xed Account	VALUE OF FUNDS HELD IN INSURANCE COMPANY GENERAL ACCOUNT	114,410.35	132,211.10
anklin Sml-Mid Cap Gr-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	4,347.36	5,640.30
rris Oakmark Intl Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	15,226.64	19,119.29
nus Asp Enterprise Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	10,787.86	14,977.84
nus Forty	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	141,073.62	177,747.84
nnison Growth Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	84.66	103.88
Cbridge LgCap V	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	13,743.78	15,551.05
Cbridge SmCap V	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	8,578.15	10,833.76
Western Corp Bnd	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	7,905.10	8,744.61
zard Mid Cap Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	16,569.24	19,915.93
gg CBridge Var SmCp Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	9,215.96	12,636.07
gg CBridge Var Eq Inc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	665,825.62	751,494.73
gg CBridge Var LCap Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	4,811.91	5,783.57
gg CBridge Var Aggr Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	8,114.54	10,236.22
gg ClBridge VarApp Prt	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	13,359.96	17,604.37
gg Inv Cnsl VarSoc Awr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	11,935.11	15,394.80
gg Wstrn Glb Hi Yld Bnd	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	12,095.18	14,160.67
gg Wstrn Var AdjRateInc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	52,245.84	56,152.93
an Fund	LOANS TO PARTICIPANTS: OTHER	33,285.43	33,285.43
rd Abbett Bnd Deb Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	9,160.15	12,302.30
rd Abbett Grwth And Inc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	33,015.99	32,564.14
rd Abbett Mid Cap Val	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	1,429.39	1,572.79
S Total Return Port.	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	54,184.76	66,439.82
S Value Portfolio	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	14,665.35	12,727.90
tLife Conv Alloc Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	6,465.48	6,450.84
tLife Mod Alloc Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	85.75	101.62
tLife Stock Index	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	863.42	963.45
rgan Stanley EAFE Index	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	9,054.67	9,269.15
MCO Total Ret Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	53,123.42	54,621.33
oneer Fund Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	171.40	211.11

ART IV SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(B) ENTITY OF ISSUE	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
oneer Strategic Income	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	7,473.65	8,365.93
ssell 2000 Index	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	932.77	954.44
Rowe Price Small Cap Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	31,574.36	39,354.90
Rowe Pr Lrg Cp Grow B	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	4,357.95	5,009.00
mpleton Dev Mkts Sec-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	34,506.55	38,662.80
mpleton Foreign Secur-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	3,087.79	3,192.80
mpleton Growth Fund	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	11,917.80	12,249.47
ird Ave Small Cap Value	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	10,477.00	12,716.43
stern Asset Mgmt US Gov	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	20,182.31	23,624.48