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
FRED LOYA INSURANCE 401K RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/2009

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

1800 LEE TREVINO, SUITE 201
EL PASO, TX 79936

2b Employer Identification Number (EIN) 81-0586757

2c Sponsor's telephone number 915-926-5128

2d Business code (see instructions) 524210

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.	09/19/2011	JOE RAMIREZ
	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")

EP LOYA GROUP, LP

1800 LEE TREVINO, SUITE 201
EL PASO, TX 79936

3b Administrator's EIN
81-0586757

3c Administrator's telephone number
915-926-5128

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**	1012
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**	1126
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	14
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1140
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1140
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	177
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 2T 3D 3H

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

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

a Pension Schedules

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

b General Schedules

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

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
FRED LOYA INSURANCE 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EP LOYA GROUP, LP

D Employer Identification Number (EIN)
81-0586757

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

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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)

JP MORGAN RETIREMENT PLAN SERVICES

71-0930784

(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 38 49 50 52 59 60 63 64 65 71 72 99	NONE	8535	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

RELIANCE TRUST COMPANY

58-1428634

(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?
19 99	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	69	Yes [ ] No [X]

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

HARTFORD RETIREMENT SERVICES, LLC

26-1589907

(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 38 49 64 65 99	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	11746	Yes [ ] No [X]

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

GPC SECURITIES, INC.

58-1517899

(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 64 65	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	276	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 [ ]

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
JP MORGAN RETIREMENT PLAN SERVICES	52 59 60 63	0

(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.
SEE ATTACHED FEE DISCLOSURE REPORT 12-3456789	SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RELIANCE TRUST COMPANY	19 99	69

(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.
HARTFORD RETIREMENT SERVICES 26-1589907	SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HARTFORD RETIREMENT SERVICES, LLC	15 37 38 49 64 65 99	11746

(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.
JP MORGAN RETIREMENT PLAN SERVICES 71-0930784	SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED

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
GPC SECURITIES, INC.	15 64 65	276
(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.	
HARTFORD RETIRMENT SERVICES, LLC 26-1589907	SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED	

(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

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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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
FRED LOYA INSURANCE 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
EP LOYA GROUP, LP

D Employer Identification Number (EIN)
81-0586757

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN STABLE ASSET INCOME

b Name of sponsor of entity listed in (a): JP MORGAN CHASE NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-1978950-001	C	142461

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
FRED LOYA INSURANCE 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EP LOYA GROUP, LP

D Employer Identification Number (EIN)
81-0586757

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		6050
(9) Value of interest in common/collective trusts	1c(9)	66416	142461
(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)	485672	1238002
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	552088	1386513
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	552088	1386513

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)	280893	
(B) Participants	2a(1)(B)	458397	
(C) Others (including rollovers)	2a(1)(C)	1678	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		740968
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)	33	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		33
(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)	20928	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		20928
(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)		1874
(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)		119446
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		883249
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	40289	
(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)		40289
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	8535	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		8535
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		48824
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		834425
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: WEAVER AND TIDWELL, LLC **(2)** EIN: 75-0786316

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		100000
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
FRED LOYA INSURANCE 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EP LOYA GROUP, LP

D Employer Identification Number (EIN)
81-0586757

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): 06-0974148

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FRED LOYA INSURANCE 401(K) PLAN

FINANCIAL REPORT AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2010

C O N T E N T S

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FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits.....2

Statement of Changes in Net Assets Available for Benefits.....3

Notes to Financial Statements.....4

SUPPLEMENTAL SCHEDULE *

Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....12

* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

weaver

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Fred Loya Insurance 401(k) Plan
El Paso, Texas

We were engaged to audit the accompanying statements of net assets of Fred Loya Insurance 401(k) Plan (the Plan) as of December 31, 2010 and 2009, the related statement of changes in net assets for the year ended December 31, 2010, and the supplemental schedule as of December 31, 2010 as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 3, which was certified by JP Morgan Chase Bank, N.A. (the Trustee), except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the plan administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, 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.

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Dallas, Texas
August 23, 2011

FRED LOYA INSURANCE 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Investments, at fair value		
Pooled separate accounts	$ 1,238,002	$ 485,670
Collective trust fund	140,993	66,416
Total investments	1,378,995	552,086
Receivables:		
Employer contributions	4,973	-
Employee contributions	7,742	-
Notes receivable from participants	6,050	-
	18,765	-
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	1,397,760	552,086
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	1,468	2,842
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,399,228	$ 554,928

The Notes to Financial Statements are an integral part of these statements.

FRED LOYA INSURANCE 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

CHANGES IN NET ASSETS ATTRIBUTABLE TO:		
Investment income		
Interest and dividends	$	20,928
Interest from participant loans		33
Net appreciation in fair value of investments		118,476
Total investment income		139,437
Contributions:		
Employer		285,866
Employees		466,139
Rollovers		1,678
Total contributions		753,683
Deductions:		
Benefits distributed		40,289
Administrative fees and other		8,531
Total deductions		48,820
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		844,300
NET ASSETS AVAILABLE FOR BENEFITS, beginning of period		554,928
NET ASSETS AVAILABLE FOR BENEFITS, end of period	$	1,399,228

The Notes to Financial Statements are an integral part of this statement.

FRED LOYA INSURANCE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF PLAN

The following description of the Fred Loya Insurance 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan is a Safe Harbor 401(k) Plan covering all eligible employees of EP Loya Group, LP (the Employer) who have attained age 21 and have completed one year of service. The provisions of the Plan became effective on February 1, 2009.

Administration

For the year ended December 31, 2010, the Plan was administered by a committee composed of members who are either officers or employees of the Company and other persons appointed by the Company.

Contributions

Participating employees and the Employer make contributions to the Plan. Participants may contribute 1% to 90% of their annual compensation, as defined by the Plan Agreement, with the contributions and earnings thereon being nontaxable until withdrawn from the Plan. The employer is required to make matching dollar for dollar contributions up to 3% of the participating employee's contribution, and an additional 50% contribution up to the next 2% of the participating employee's contribution. Participants may also contribute amounts representing rollover distributions from other qualified plans. In addition, as of each plan year, the Employer may make a special discretionary contribution equal to a certain percentage of employee compensation. Each participant's share is based on the ratio of their compensation to the total compensation for all participants. For a participant to qualify for a matching contribution and special discretionary contribution, the following conditions apply:

- To have completed a year of service and be actively employed on the last day of the plan year.
- If not actively employed on the last day of plan year, the participant will not qualify for a share in the contribution regardless of the number of hours of service credited for the plan year.
- In the event of death, disability or retirement, the participant qualifies for a share in the contribution regardless of the number of hours of service.

In addition to the Employer's contribution, the participant's account will be credited each business day to reflect any investment earnings or losses for each investment option.

At the discretion of the administrator, the employee may be permitted to deposit or rollover into the Plan assets received from other plans. The rollovers will be placed in a separate account called a "participant's rollover account" which would be 100% vested.

NOTE 1. DESCRIPTION OF PLAN – CONTINUED

Vesting

The "vested percentage" in the participant's account is determined under the following schedule and is based on vesting years of service.

Years of Credited Service	Vested Percentage
1	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

However, the participant will always be 100% vested upon the normal retirement age. Regardless of this vesting schedule, participants will be 100% vested in their own contributions to the Plan.

Forfeitures

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeited amounts are used to reduce the Employer's contributions to the Plan. At December 31, 2010, there were no forfeitures used to offset employer contributions for the period.

Notes Receivable from Participants

Participants may borrow from their vested fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the participant's vested account balance, whichever is less. All loans must have a definite repayment period and the term of the loan may not exceed 5 years. However, if the loan is used to acquire a principal residence, the repayment may be over a reasonable period of time that may be longer than 10 years. The loans are collateralized by the balance in the participant's accounts and bear an interest rate of 3.25%, which was determined to be a reasonable interest charged by a bank or other professional lender. Principal and interest payments are made through payroll deductions. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

Administrative Expenses

Costs incurred in connection with investment transactions and benefits, professional and administrative fees, and other expenses are paid by the employer. Expenses relating to specific participant transactions (i.e. loan setup, distribution request, etc.) are charged directly against the appropriate participant account.

NOTE 1. DESCRIPTION OF PLAN – CONTINUED

Benefit Payments

A participant will be entitled to 100% of their account balance as soon as administratively practicable following the participant's separation from service. Such account balances are distributed in a lump-sum payment without regard to amount. For termination of service for any other reasons, a participant is entitled to receive only the value of the vested interest in his or her account and the remainder non-vested interest will be forfeited, in accordance with the applicable provisions of the Plan document. The Plan also allows for distributions upon proven financial hardship. Benefits are recorded when paid.

Plan Termination

Although it has not expressed any intent to do so, the Employer 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 ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting. Employee contributions are recorded in the period during which the Employer makes payroll deductions from the Plan participants' earnings. Employer matching contributions are recorded in the same period. Benefit payments are recorded in the period from which they are distributed. Income and expense are recorded in the period earned and incurred, respectively.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Pooled separate accounts are reported at fair value as determined by quoted market prices. Units held in common collective trust are valued at the unit value as reported by the investment manager. Purchases and sales of investments are recorded on a trade date basis. Interest is allocated to participant accounts on a pro-rata basis depending on the participants' account balance. Dividends are allocated based on the number of shares in a participant's account.

NOTE 2. SUMMARY OF ACCOUNTING POLICIES – CONTINUED

Market and Credit Risks

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

Uncertain Tax Positions

The Plan has implemented accounting guidance related to accounting for uncertainties in income taxes. Accounting standards relating to the accounting for uncertainties in income taxes prescribes a minimum recognition threshold that a tax position is required to meet before being recognized in the financial statements. The Plan is required to recognize in their financial statements the financial effects of a tax position, if that position is more likely than not of being sustained upon examination, including resolution of any appeals or litigation, based upon the technical merits of the position. Accordingly, the Plan has not recorded an income tax liability for uncertain tax benefits. The Plan files annual informational tax returns. The Plan's tax years 2007 through 2009 remain subject to examination.

Recently Adopted Accounting Guidance

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-06, Improving Disclosures about Fair Value Measurements (ASU 2010-06). ASU 2010-06 requires additional disclosures about fair value measurements including transfers in and out of Levels 1 and 2 as well as the reasons for the transfers and a greater level of disaggregation for each class of assets and liabilities. For the reconciliation of Level 3 fair value measurements, information about purchases, sales, issuances, and settlements are presented separately rather than one net number. This standard is effective for interim and annual reporting periods beginning after December 15, 2009 with the exception of revised Level 3 disclosure requirements, which are effective for interim and annual reporting periods beginning after December 15, 2010. The Plan adopted the provisions of this standard to its financial statement disclosure for the year ending December 31, 2010.

In January 2010, the FASB issued ASU No. 2010-25, "Plan Accounting – Defined Contribution Pension Plans" (ASU 2010-25), which requires disclosure and measurement changes related to participant loans. For reporting purposes, participant loans shall be classified as notes receivable from participants and are no longer subject to fair value measurement disclosure requirements. In addition, notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. The Plan adopted the amendments in ASU 2010-25 effective January 1, 2010, and they have been retrospectively applied throughout the Plan's financial statements.

NOTE 3. CERTIFIED FINANCIAL DATA (UNAUDITED)

The investments of the Plan are participant-directed and consist of mutual funds. Investments were held at JP Morgan Chase Banks, N.A. (the Trustee) for the year ended December 31, 2010.

As permitted by 29 CFR Section 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, no audit procedures were performed with respect to investments and investment related income certified by the Trustee as being complete and accurate at December 31, 2010 and 2009. The Trustee certified investments of $1,380,463 and $552,086 at December 31, 2010 and 2009, respectively, and investment related income of $142,282 for the year ended December 31, 2010.

NOTE 4. FEDERAL INCOME TAX STATUS

As of December 31, 2010, the Plan has not filed for an individual determination letter regarding its tax exempt status under Section 401(a) of the Internal Revenue code of 1986 (IRC). The Plan operates under a volume submitter plan document. The volume submitter obtained a determination letter on January 30, 2006 in which the Internal Revenue Service stated that the volume submitter plan, as then designed, is in compliance with the applicable requirements of the Internal Revenue Code of 1986 (IRC), as amended.

The Plan has been amended since the date of this letter; however, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable section and requirements of the IRC. Therefore, no provision for income taxes has been made in the accompanying financial statements.

NOTE 5. INVESTMENTS

The following investments represent 5% or more of the net assets available for benefits as of December 31, 2010 and 2009 (unaudited):

	December 31, 2010	December 31, 2009
JPMorgan Smartretirement 2040	$ 178,226	$ 65,608
JPMorgan Smartretirement 2035	99,086	42,200
JPMorgan Smartretirement 2025	186,200	82,833
JPMorgan Smartretirement 2045	69,967	
JPMorgan Smartretirement 2050	102,972	31,460
JPMorgan Stable Asset Income Fund	142,461	66,416
American Funds Europacific Fund		31,102
JPMorgan Core Bond Fund		33,072

NOTE 6. PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor Regulations as any Fiduciary of the Plan, any party rendering services to the Plan, and certain others. As such, transactions conducted by the Trustee qualify as party-in-interest transactions.

NOTE 7. FAIR VALUE MEASUREMENT

Fair value measurements guidance defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

Fair value measurements guidance also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The guidance describes three levels of input that may be used to measure fair value:

Level 1 inputs: Unadjusted quoted prices in active markets for identical, unrestricted assets and liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 inputs: Inputs other than quoted prices included within Level 1 that are observable for the asset and liability or can be corroborated with observable market data for substantially the entire contractual term of the asset or liability.

Level inputs: Unobservable inputs that reflect the entity's own assumptions about the assumption market participants would use in the pricing of the asset or liability and are consequently not based on market activity but rather through particular valuation techniques.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Pooled Separate Accounts

Pooled Separate Accounts are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate, and mutual funds. The Net Asset Value (NAV) of Pooled Separate Accounts is based on the market value of its underlying investments. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy.

NOTE 7. FAIR VALUE MEASUREMENT – CONTINUED

Collective Trust Fund

These investments are fixed investment options offered under a group annuity contract or funding agreement. These accounts are valued based on both underlying investment and contractual components which have observable Level 1 or Level 2 pricing inputs, including quoted prices for similar assets which have non-active markets, and are classified within Level 2 of the valuation hierarchy based on the lowest level of observable input.

Below are the Plan's financial instruments carried at fair value on a recurring basis by the fair value hierarchy levels described above as of December 31, 2010:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Signficant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Pooled Separate Accounts				
Fixed income	$ 64,986	$ -	$ -	$ 64,986
Small and mid cap	132,311	-	-	132,311
Large cap	125,245	-	-	125,245
Balanced	852,316	-	-	852,316
International	63,144	-	-	63,144
Collective investment trust	-	140,993	-	140,993
Total assets	$ 1,238,002	$ 140,993	$ -	$ 1,378,995

Below are the Plan's financial instruments carried at fair value on a recurring basis by the fair value hierarchy levels described above as of December 31, 2009:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Signficant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Pooled Separate Accounts				
Fixed income	$ 33,072	$ -	$ -	$ 33,072
Small and mid cap	37,341	-	-	37,341
Large cap	46,057	-	-	46,057
Balanced	338,098	-	-	338,098
International	31,102	-	-	31,102
Collective investment trust	-	66,416	-	66,416
Total assets	$ 485,670	$ 66,416	$ -	$ 552,086

NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets per the financial statements to net assets per Schedule H of Form 5500 as of December 31, 2010 and 2009:

	2010	2009
Net assets available for benefits per the financial statements	$ 1,399,228	$ 554,928
Adjustment from fair value to contract value of investments	-	(2,842)
Employer contribution receivable	(4,973)	-
Employee contribution receivable	(7,742)	-
Net assets available for benefits per Schedule H of Form 5500	$ 1,386,513	$ 552,086

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2010:

Increase in net assets available for benefits per the financial statements	$ 844,300
Contributions not reported on Schedule H of Form 5500	(12,715)
Adjustment from fair value to contract value of investments	2,840
Increase in net assets available for benefits per Schedule H of Form 5500	$ 834,425

NOTE 9. SUBSEQUENT EVENTS

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

SUPPLEMENTAL SCHEDULE

FRED LOYA INSURANCE 401(K) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 81-0586757
PLAN NUMBER 001
DECEMBER 31, 2010

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of investment, collateral, par, or maturity value	(d) Cost	(e) Current value
*	JPMorgan	JPMorgan Equity Index Fund	$ N/A	$ 34,922
*	JPMorgan	JPMorgan Smartretirement 2015	N/A	27,889
*	JPMorgan	JPMorgan Smartretirement 2020	N/A	45,678
*	JPMorgan	JPMorgan Smartretirement 2030	N/A	64,699
*	JPMorgan	JPMorgan Smartretirement 2040	N/A	178,226
*	JPMorgan	JPMorgan Smartretirement Income Fund	N/A	61,221
*	JPMorgan	JPMorgan Smartretirement 2010	N/A	16,378
*	JPMorgan	JPMorgan Smartretirement 2035	N/A	99,086
*	JPMorgan	JPMorgan Smartretirement 2025	N/A	186,200
*	JPMorgan	JPMorgan Smartretirement 2045	N/A	69,967
*	JPMorgan	JPMorgan Smartretirement 2050	N/A	102,972
*	JPMorgan	JPMorgan Stable Asset Income Fund	N/A	142,461
	Eaton Vance	Eaton Vance Large Cap Value Fund	N/A	39,210
	American Funds	American Funds Europacific Fund	N/A	63,144
	American Funds	American Funds Growth Fund of America	N/A	51,113
	Blackrock	Blackrock Mid-Cap Value Fund	N/A	20,499
	Blackrock	Blackrock Small Cap Growth Equity Portfolio	N/A	27,767
*	JPMorgan	JPMorgan Core Bond Fund	N/A	64,986
*	JPMorgan	JPMorgan Mid Cap Growth Fund	N/A	42,218
*	JPMorgan	JPMorgan Small Cap Value Fund	N/A	41,827
	Participant loans		-0-	6,050
				$ 1,386,513

* A defined party-in-interest.

This supplemental schedule lists assets held for investment purposes at December 31, 2010, as required by the Department of Labor's Rules and Regulations for Reporting and Disclosure.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

FRED LOYA INSURANCE 401K RET. PLAN (070249)
PLAN YEAR END: 12/31

For use with lines 2(h), 3(c), 3(d), 3(e)

Recipient: J.P. Morgan EIN: 71-0930784

Service Codes: 15, 37, 38, 49, 52, 59, 60, 63, 64, 65, 71, 72, 99, 50 (if direct compensation amount reflected below)

1. Direct Compensation **$8,535.00**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction. Of this amount, our records indicate that J.P. Morgan received **$8,535.00** . Please review your records to determine what other service providers (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, plan auditor) received all or any portion of the remaining amount.

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to J.P. Morgan are the net result of aggregating direct compensation after the effects of adjustments processed in 2010, some of which may have pertained to prior years.

2. Indirect Compensation

Compensation paid with respect to Underlying Funds

Investment Option Name	*EIN*	*Fees Received from Funds on your Plan's Menu (rates as of 12/31/10)*	*Fund's Total Annual Expenses (as of 12/31/10)*
AMERICAN FNDS GRWTH FD OF AM-R3	52-0792143	0.65% x assets	0.97%
AMERICAN FUNDS EUROPACIFIC-R3	95-1411037	0.65% x assets	1.15%
BLACKROCK MID-CAP VALUE-A	51-0318674	0.45% x assets plus $16/participant	1.29%
BLACKROCK SMALL CAP GR EQ PORT-A	51-0318674	0.45% x assets plus $16/participant	1.22%
EATON VANCE LARGE CAP VALUE FD-A	04-6039283	0.45% x assets plus $16/participant	1.03%
JPMCB STABLE ASSET INC FD SVC	NA[1]		0.60%
JPMORGAN CORE BOND-A	26-3613641	0.45% x assets plus $16/participant	0.73%
JPMORGAN EQUITY INDEX FUND-A	26-3613641	0.45% x assets plus $16/participant	0.45%
JPMORGAN MID CAP GROWTH-A	26-3613641	0.45% x assets plus $16/participant	1.24%
JPMORGAN SMALL CAP VALUE-A	26-3613641	0.45% x assets plus $16/participant	1.25%
JPMORGAN SMARTRETIREMENT 2010-A	33-1043149	0.45% x assets plus $16/participant	0.29%
JPMORGAN SMARTRETIREMENT 2015-A	33-1043149	0.45% x assets plus $16/participant	0.29%
JPMORGAN SMARTRETIREMENT 2020-A	33-1043149	0.45% x assets plus $16/participant	0.29%
JPMORGAN SMARTRETIREMENT 2025-A	33-1043149	0.45% x assets plus $16/participant	0.30%
JPMORGAN SMARTRETIREMENT 2030-A	33-1043149	0.45% x assets plus $16/participant	0.30%
JPMORGAN SMARTRETIREMENT 2035-A	33-1043149	0.45% x assets plus $16/participant	0.30%
JPMORGAN SMARTRETIREMENT 2040-A	33-1043149	0.45% x assets plus $16/participant	0.30%
JPMORGAN SMARTRETIREMENT 2045-A	33-1043149	0.45% x assets plus $16/participant	0.30%

Investment Option Name	*EIN*	*Fees Received from Funds on your Plan's Menu (rates as of 12/31/10)*	*Fund's Total Annual Expenses (as of 12/31/10)*
JPMORGAN SMARTRETIREMENT 2050-A	33-1043149	0.45% x assets plus $16/participant	0.30%
JPMORGAN SMARTRETIREMENT INC-A	33-1043149	0.45% x assets plus $16/participant	0.28%

[1] At the time this report was generated this information was not available.

The list includes any investment option held by the plan during the 2010 calendar year. To arrive at an estimate of the dollar amount that JP Morgan received from each fund, multiply the rate of fees received from each fund by your plan's year-end balance (or if the fund was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the fund at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

JPMorgan funds are distributed by JPMorgan Distribution Services, Inc., which is an affiliate of J.P. Morgan Retirement Plan Services LLC and JPMorgan Chase & Co. Affiliates of JPMorgan Chase & Co. receive fees for providing various services to JPMorgan funds, including fees for investment management, shareholder servicing, administration, distribution, custody, fund accounting, securities lending and other services.

Recipient: Reliance Trust Company EIN: 58-7428634

Indirect Compensation

Custodial/Trust service fee **$69.02**
Service Codes: 19, 99

Payors: Hartford Life Insurance Company EIN: 06-0974148
Hartford Retirement Services, LLC EIN: 26-1589907

Recipient: Hartford Retirement Services, LLC EIN: 26-1589907

Service Codes: 15, 37, 38, 49, 64, 65, 99

Base Fees	Payor: J.P. Morgan	EIN: 71-0930784	**$10,135.75**
Ancillary Fees	Payor: J.P. Morgan	EIN: 71-0930784	**$1,609.91**

Recipient: GPC Securities, Inc. EIN: 58-1517899

Service Codes: 15, 64, 65

Indirect Compensation

Transaction Processing Services	Payor: Hartford Retirement Services, LLC	EIN: 26-1589907	**$276.09**

FRED LOYA INSURANCE 401(K) PLAN

FINANCIAL REPORT AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2010

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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

weaver

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Fred Loya Insurance 401(k) Plan
El Paso, Texas

We were engaged to audit the accompanying statements of net assets of Fred Loya Insurance 401(k) Plan (the Plan) as of December 31, 2010 and 2009, the related statement of changes in net assets for the year ended December 31, 2010, and the supplemental schedule as of December 31, 2010 as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 3, which was certified by JP Morgan Chase Bank, N.A. (the Trustee), except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the plan administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, 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.

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Dallas, Texas
August 23, 2011

FRED LOYA INSURANCE 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Investments, at fair value		
Pooled separate accounts	$ 1,238,002	$ 485,670
Collective trust fund	140,993	66,416
Total investments	1,378,995	552,086
Receivables:		
Employer contributions	4,973	-
Employee contributions	7,742	-
Notes receivable from participants	6,050	-
	18,765	-
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	1,397,760	552,086
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	1,468	2,842
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,399,228	$ 554,928

The Notes to Financial Statements are an integral part of these statements.

FRED LOYA INSURANCE 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

CHANGES IN NET ASSETS ATTRIBUTABLE TO:		
Investment income		
Interest and dividends	$	20,928
Interest from participant loans		33
Net appreciation in fair value of investments		118,476
Total investment income		139,437
Contributions:		
Employer		285,866
Employees		466,139
Rollovers		1,678
Total contributions		753,683
Deductions:		
Benefits distributed		40,289
Administrative fees and other		8,531
Total deductions		48,820
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		844,300
NET ASSETS AVAILABLE FOR BENEFITS, beginning of period		554,928
NET ASSETS AVAILABLE FOR BENEFITS, end of period	$	1,399,228

The Notes to Financial Statements are an integral part of this statement.

FRED LOYA INSURANCE 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF PLAN

The following description of the Fred Loya Insurance 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan is a Safe Harbor 401(k) Plan covering all eligible employees of EP Loya Group, LP (the Employer) who have attained age 21 and have completed one year of service. The provisions of the Plan became effective on February 1, 2009.

Administration

For the year ended December 31, 2010, the Plan was administered by a committee composed of members who are either officers or employees of the Company and other persons appointed by the Company.

Contributions

Participating employees and the Employer make contributions to the Plan. Participants may contribute 1% to 90% of their annual compensation, as defined by the Plan Agreement, with the contributions and earnings thereon being nontaxable until withdrawn from the Plan. The employer is required to make matching dollar for dollar contributions up to 3% of the participating employee's contribution, and an additional 50% contribution up to the next 2% of the participating employee's contribution. Participants may also contribute amounts representing rollover distributions from other qualified plans. In addition, as of each plan year, the Employer may make a special discretionary contribution equal to a certain percentage of employee compensation. Each participant's share is based on the ratio of their compensation to the total compensation for all participants. For a participant to qualify for a matching contribution and special discretionary contribution, the following conditions apply:

- To have completed a year of service and be actively employed on the last day of the plan year.
- If not actively employed on the last day of plan year, the participant will not qualify for a share in the contribution regardless of the number of hours of service credited for the plan year.
- In the event of death, disability or retirement, the participant qualifies for a share in the contribution regardless of the number of hours of service.

In addition to the Employer's contribution, the participant's account will be credited each business day to reflect any investment earnings or losses for each investment option.

At the discretion of the administrator, the employee may be permitted to deposit or rollover into the Plan assets received from other plans. The rollovers will be placed in a separate account called a "participant's rollover account" which would be 100% vested.

NOTE 1. DESCRIPTION OF PLAN – CONTINUED

Vesting

The "vested percentage" in the participant's account is determined under the following schedule and is based on vesting years of service.

Years of Credited Service	Vested Percentage
1	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

However, the participant will always be 100% vested upon the normal retirement age. Regardless of this vesting schedule, participants will be 100% vested in their own contributions to the Plan.

Forfeitures

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeited amounts are used to reduce the Employer's contributions to the Plan. At December 31, 2010, there were no forfeitures used to offset employer contributions for the period.

Notes Receivable from Participants

Participants may borrow from their vested fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the participant's vested account balance, whichever is less. All loans must have a definite repayment period and the term of the loan may not exceed 5 years. However, if the loan is used to acquire a principal residence, the repayment may be over a reasonable period of time that may be longer than 10 years. The loans are collateralized by the balance in the participant's accounts and bear an interest rate of 3.25%, which was determined to be a reasonable interest charged by a bank or other professional lender. Principal and interest payments are made through payroll deductions. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

Administrative Expenses

Costs incurred in connection with investment transactions and benefits, professional and administrative fees, and other expenses are paid by the employer. Expenses relating to specific participant transactions (i.e. loan setup, distribution request, etc.) are charged directly against the appropriate participant account.

NOTE 1. DESCRIPTION OF PLAN – CONTINUED

Benefit Payments

A participant will be entitled to 100% of their account balance as soon as administratively practicable following the participant's separation from service. Such account balances are distributed in a lump-sum payment without regard to amount. For termination of service for any other reasons, a participant is entitled to receive only the value of the vested interest in his or her account and the remainder non-vested interest will be forfeited, in accordance with the applicable provisions of the Plan document. The Plan also allows for distributions upon proven financial hardship. Benefits are recorded when paid.

Plan Termination

Although it has not expressed any intent to do so, the Employer 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 ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting. Employee contributions are recorded in the period during which the Employer makes payroll deductions from the Plan participants' earnings. Employer matching contributions are recorded in the same period. Benefit payments are recorded in the period from which they are distributed. Income and expense are recorded in the period earned and incurred, respectively.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Pooled separate accounts are reported at fair value as determined by quoted market prices. Units held in common collective trust are valued at the unit value as reported by the investment manager. Purchases and sales of investments are recorded on a trade date basis. Interest is allocated to participant accounts on a pro-rata basis depending on the participants' account balance. Dividends are allocated based on the number of shares in a participant's account.

NOTE 2. SUMMARY OF ACCOUNTING POLICIES – CONTINUED

Market and Credit Risks

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

Uncertain Tax Positions

The Plan has implemented accounting guidance related to accounting for uncertainties in income taxes. Accounting standards relating to the accounting for uncertainties in income taxes prescribes a minimum recognition threshold that a tax position is required to meet before being recognized in the financial statements. The Plan is required to recognize in their financial statements the financial effects of a tax position, if that position is more likely than not of being sustained upon examination, including resolution of any appeals or litigation, based upon the technical merits of the position. Accordingly, the Plan has not recorded an income tax liability for uncertain tax benefits. The Plan files annual informational tax returns. The Plan's tax years 2007 through 2009 remain subject to examination.

Recently Adopted Accounting Guidance

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In January 2010, the FASB issued ASU No. 2010-25, "Plan Accounting – Defined Contribution Pension Plans" (ASU 2010-25), which requires disclosure and measurement changes related to participant loans. For reporting purposes, participant loans shall be classified as notes receivable from participants and are no longer subject to fair value measurement disclosure requirements. In addition, notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. The Plan adopted the amendments in ASU 2010-25 effective January 1, 2010, and they have been retrospectively applied throughout the Plan's financial statements.

NOTE 3. CERTIFIED FINANCIAL DATA (UNAUDITED)

The investments of the Plan are participant-directed and consist of mutual funds. Investments were held at JP Morgan Chase Banks, N.A. (the Trustee) for the year ended December 31, 2010.

As permitted by 29 CFR Section 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, no audit procedures were performed with respect to investments and investment related income certified by the Trustee as being complete and accurate at December 31, 2010 and 2009. The Trustee certified investments of $1,380,463 and $552,086 at December 31, 2010 and 2009, respectively, and investment related income of $142,282 for the year ended December 31, 2010.

NOTE 4. FEDERAL INCOME TAX STATUS

As of December 31, 2010, the Plan has not filed for an individual determination letter regarding its tax exempt status under Section 401(a) of the Internal Revenue code of 1986 (IRC). The Plan operates under a volume submitter plan document. The volume submitter obtained a determination letter on January 30, 2006 in which the Internal Revenue Service stated that the volume submitter plan, as then designed, is in compliance with the applicable requirements of the Internal Revenue Code of 1986 (IRC), as amended.

The Plan has been amended since the date of this letter; however, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable section and requirements of the IRC. Therefore, no provision for income taxes has been made in the accompanying financial statements.

NOTE 5. INVESTMENTS

The following investments represent 5% or more of the net assets available for benefits as of December 31, 2010 and 2009 (unaudited):

	December 31, 2010	December 31, 2009
JPMorgan Smartretirement 2040	$ 178,226	$ 65,608
JPMorgan Smartretirement 2035	99,086	42,200
JPMorgan Smartretirement 2025	186,200	82,833
JPMorgan Smartretirement 2045	69,967	
JPMorgan Smartretirement 2050	102,972	31,460
JPMorgan Stable Asset Income Fund	142,461	66,416
American Funds Europacific Fund		31,102
JPMorgan Core Bond Fund		33,072

NOTE 6. PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor Regulations as any Fiduciary of the Plan, any party rendering services to the Plan, and certain others. As such, transactions conducted by the Trustee qualify as party-in-interest transactions.

NOTE 7. FAIR VALUE MEASUREMENT

Fair value measurements guidance defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

Fair value measurements guidance also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The guidance describes three levels of input that may be used to measure fair value:

Level 1 inputs: Unadjusted quoted prices in active markets for identical, unrestricted assets and liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 inputs: Inputs other than quoted prices included within Level 1 that are observable for the asset and liability or can be corroborated with observable market data for substantially the entire contractual term of the asset or liability.

Level inputs: Unobservable inputs that reflect the entity's own assumptions about the assumption market participants would use in the pricing of the asset or liability and are consequently not based on market activity but rather through particular valuation techniques.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Pooled Separate Accounts

Pooled Separate Accounts are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate, and mutual funds. The Net Asset Value (NAV) of Pooled Separate Accounts is based on the market value of its underlying investments. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy.

NOTE 7. FAIR VALUE MEASUREMENT – CONTINUED

Collective Trust Fund

These investments are fixed investment options offered under a group annuity contract or funding agreement. These accounts are valued based on both underlying investment and contractual components which have observable Level 1 or Level 2 pricing inputs, including quoted prices for similar assets which have non-active markets, and are classified within Level 2 of the valuation hierarchy based on the lowest level of observable input.

Below are the Plan's financial instruments carried at fair value on a recurring basis by the fair value hierarchy levels described above as of December 31, 2010:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Signficant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Pooled Separate Accounts				
Fixed income	$ 64,986	$ -	$ -	$ 64,986
Small and mid cap	132,311	-	-	132,311
Large cap	125,245	-	-	125,245
Balanced	852,316	-	-	852,316
International	63,144	-	-	63,144
Collective investment trust	-	140,993	-	140,993
Total assets	$ 1,238,002	$ 140,993	$ -	$ 1,378,995

Below are the Plan's financial instruments carried at fair value on a recurring basis by the fair value hierarchy levels described above as of December 31, 2009:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Signficant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Pooled Separate Accounts				
Fixed income	$ 33,072	$ -	$ -	$ 33,072
Small and mid cap	37,341	-	-	37,341
Large cap	46,057	-	-	46,057
Balanced	338,098	-	-	338,098
International	31,102	-	-	31,102
Collective investment trust	-	66,416	-	66,416
Total assets	$ 485,670	$ 66,416	$ -	$ 552,086

NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets per the financial statements to net assets per Schedule H of Form 5500 as of December 31, 2010 and 2009:

	2010	2009
Net assets available for benefits per the financial statements	$ 1,399,228	$ 554,928
Adjustment from fair value to contract value of investments	-	(2,842)
Employer contribution receivable	(4,973)	-
Employee contribution receivable	(7,742)	-
Net assets available for benefits per Schedule H of Form 5500	$ 1,386,513	$ 552,086

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2010:

Increase in net assets available for benefits per the financial statements	$ 844,300
Contributions not reported on Schedule H of Form 5500	(12,715)
Adjustment from fair value to contract value of investments	2,840
Increase in net assets available for benefits per Schedule H of Form 5500	$ 834,425

NOTE 9. SUBSEQUENT EVENTS

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

SUPPLEMENTAL SCHEDULE

FRED LOYA INSURANCE 401(K) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 81-0586757
PLAN NUMBER 001
DECEMBER 31, 2010

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of investment, collateral, par, or maturity value	(d) Cost	(e) Current value
*	JPMorgan	JPMorgan Equity Index Fund	$ N/A	$ 34,922
*	JPMorgan	JPMorgan Smartretirement 2015	N/A	27,889
*	JPMorgan	JPMorgan Smartretirement 2020	N/A	45,678
*	JPMorgan	JPMorgan Smartretirement 2030	N/A	64,699
*	JPMorgan	JPMorgan Smartretirement 2040	N/A	178,226
*	JPMorgan	JPMorgan Smartretirement Income Fund	N/A	61,221
*	JPMorgan	JPMorgan Smartretirement 2010	N/A	16,378
*	JPMorgan	JPMorgan Smartretirement 2035	N/A	99,086
*	JPMorgan	JPMorgan Smartretirement 2025	N/A	186,200
*	JPMorgan	JPMorgan Smartretirement 2045	N/A	69,967
*	JPMorgan	JPMorgan Smartretirement 2050	N/A	102,972
*	JPMorgan	JPMorgan Stable Asset Income Fund	N/A	142,461
	Eaton Vance	Eaton Vance Large Cap Value Fund	N/A	39,210
	American Funds	American Funds Europacific Fund	N/A	63,144
	American Funds	American Funds Growth Fund of America	N/A	51,113
	Blackrock	Blackrock Mid-Cap Value Fund	N/A	20,499
	Blackrock	Blackrock Small Cap Growth Equity Portfolio	N/A	27,767
*	JPMorgan	JPMorgan Core Bond Fund	N/A	64,986
*	JPMorgan	JPMorgan Mid Cap Growth Fund	N/A	42,218
*	JPMorgan	JPMorgan Small Cap Value Fund	N/A	41,827
	Participant loans		-0-	6,050
				$ 1,386,513

* A defined party-in-interest.

This supplemental schedule lists assets held for investment purposes at December 31, 2010, as required by the Department of Labor's Rules and Regulations for Reporting and Disclosure.