

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>COYOTE 401(K) SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/2006</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/2006</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/01/2006</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>COYOTE LOGISTICS, LLC</u> <u>ATTN AMY KANE-STANLEY</u> <u>960 N POINT PKWY STE 150</u> <u>ALPHARETTA, GA 30005</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-4688357</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>678-775-5198</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>488510</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-4688357</u>	2c Sponsor's telephone number <u>678-775-5198</u>	2d Business code (see instructions) <u>488510</u>	
2b Employer Identification Number (EIN) <u>20-4688357</u>					
2c Sponsor's telephone number <u>678-775-5198</u>					
2d Business code (see instructions) <u>488510</u>					

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.	09/27/2011	AMY KANE-STANLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2011	AMY KANE-STANLEY
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") COYOTE LOGISTICS, LLC ATTN AMY KANE-STANLEY 960 N POINT PKWY STE 150 ALPHARETTA, GA 30005	3b Administrator's EIN 20-4688357 3c Administrator's telephone number 678-775-5198
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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
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5 Total number of participants at the beginning of the plan year	5	326
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	502
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	502
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	502
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	262
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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) ☒ 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) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ ¹ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan COYOTE 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. COYOTE LOGISTICS, LLC		
D Employer Identification Number (EIN) 20-4688357		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-819341	262	01/01/2010	12/31/2010

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
31297	1659

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERRILL LYNCH LIFE AGENCY 1215 4TH AVENUE 26THFL SEATTLE, WA 98161

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31297			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERRILL LYNCH PIERCE FENNER SMITH I 4800 DEER LAKE DRIVE EAST JACKSONVILLE, FL 32246

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1659	SALES/MARKETING	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	4356057

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 COYOTE 401(K) SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COYOTE LOGISTICS, LLC		D Employer Identification Number (EIN) 20-4688357

Part I	Service Provider Information (see instructions)
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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
HARTFORD LIFE INS. CO.
06-0974148

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

HARTFORD LIFE INS. CO.

06-0974148

(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 23 37 38 50 54 56 59 60 62 63 64 65 66 99	NONE	934	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MESIROW FINANCIAL INVESTMENT MANAGE

36-3429599

(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?
27	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	116	Yes ☐ No ☒

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

MESIROW FINANCIAL INVESTMENT MANAGE

36-3429599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	44	Yes ☐ No ☒

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

SMITH & HOWARD

58-1250486

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	9000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARTFORD LIFE INS. CO.	15 23 37 38 50 54 56 59 60 62 63 64 65 66 99	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	SEE ATTACHED	
06-0974148		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MESIROW FINANCIAL INVESTMENT MANAGE	27 49	160
(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 LIFE INS. CO.	SEE ATTACHED	
06-0974148		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>COYOTE 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COYOTE LOGISTICS, LLC</u>	D Employer Identification Number (EIN) <u>20-4688357</u>	

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: <u>HARTFORD ADVANTAGE TK2</u>			
b Name of sponsor of entity listed in (a): <u>HARTFORD LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>06-0974148-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1636836</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT 11</u>			
b Name of sponsor of entity listed in (a): <u>HARTFORD LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>06-0974148-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>284953</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT 401</u>			
b Name of sponsor of entity listed in (a): <u>HARTFORD LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>06-0974148-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>204243</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT 457</u>			
b Name of sponsor of entity listed in (a): <u>HARTFORD LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>06-0974148-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2230024</u>	
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
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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
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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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 COYOTE 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 COYOTE LOGISTICS, LLC	D Employer Identification Number (EIN) 20-4688357	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	1969066	
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)	0	0
	(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)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	0	0
	(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)	0	19863
	(9) Value of interest in common/collective trusts	1c(9)	0	0
	(10) Value of interest in pooled separate accounts	1c(10)	0	4356057
	(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)	0	0
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
	(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(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	1969066	4375920

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1969066	4375920
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	1104689	
(C) Others (including rollovers)	2a(1)(C)	121114	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1225803

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	1278	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1278

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	66060	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		66060

(3) Rents	2b(3)		
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(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)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		344143
(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)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1637284

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	229336	
(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)		229336
f Corrective distributions (see instructions)	2f		28915
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	9933	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9933
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		268184

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1369100
l Transfers of assets:			
(1) To this plan.....	2l(1)		1037754
(2) From this plan	2l(2)		0

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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: SMITH & HOWARD PC

(2) EIN: 58-1250486

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

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

A Name of plan <u>COYOTE 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COYOTE LOGISTICS, LLC</u>	D Employer Identification Number (EIN) <u>20-4688357</u>

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): <u>06-0974148</u>	
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 <u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
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	<u>0</u>	
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
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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
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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.
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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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

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):

- 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):

COYOTE 401(k) SAVINGS PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009
and
SUPPLEMENTAL SCHEDULE

with
INDEPENDENT AUDITORS' REPORT

TABLE OF CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITORS' REPORT	3
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS	4
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	5
NOTES TO FINANCIAL STATEMENTS	6-13
SUPPLEMENTAL SCHEDULE	
SCHEDULE OF ASSETS (HELD AT END OF YEAR)	15

INDEPENDENT AUDITORS' REPORT

Plan Administrator Coyote 401(k) Savings Plan

We were engaged to audit the accompanying statement of net assets available for plan benefits of the Coyote 401(k) Savings Plan (the "Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assets available for plan benefits 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 administrator.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Hartford Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. The Plan administrator has informed us that the custodian holds the Plan's investment assets and loans and executes investment and loan transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2010 and for the year then ended that the information provided to the Plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and 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 custodians, 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.

Smith & Howard

Atlanta, GA
September 6, 2011

COYOTE 401(K) SAVINGS PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
Assets		
Cash, non-interest bearing (Note 1)	\$ <u>-</u>	\$ <u>1,969,066</u>
Receivables:		
Participant contributions	-	20,890
Participant loans	<u>19,863</u>	<u>-</u>
	<u>19,863</u>	<u>20,890</u>
Investments, at fair value (Notes 3 and 4)	<u>4,356,057</u>	<u>-</u>
Total Assets	<u>4,375,920</u>	<u>1,989,956</u>
Liabilities		
Excess contributions payable	<u>81,544</u>	<u>-</u>
Total Liabilities	<u>81,544</u>	<u>-</u>
Net Assets Available for Plan Benefits	<u>\$ 4,294,376</u>	<u>\$ 1,989,956</u>

The accompanying notes are an integral part of these financial statements

COYOTE 401(K) SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2010

Contributions:	
Participant	\$ 1,002,255
Rollover	<u>121,114</u>
	1,123,369
Net Appreciation in Fair Value of Pooled Separate Accounts	410,203
Interest Income on Participant Loans	<u>1,278</u>
Total Additions	<u>1,534,850</u>
Expenses:	
Benefits paid to participants	(258,251)
Administrative expenses	<u>(9,933)</u>
	<u>(268,184)</u>
Net Increase	1,266,666
Net Assets Available for Plan	
Benefits at Beginning of Year	1,989,956
Transfer In (Note 1)	<u>1,037,754</u>
Net Assets Available for Plan	
Benefits at End of Year	<u>\$ 4,294,376</u>

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

**COYOTE 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of Coyote Logistics, LLC (the “Company”) retirement plan, the Coyote 401(k) Savings Plan (the “Plan”), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

(a) General

The Plan, established on October 1, 2006, is a defined contribution plan covering all eligible employees who are nineteen years of age or older and have completed thirty days of service. Participants may enroll in the Plan on the first day of each month following eligibility. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

On December 23, 2008, the Company acquired General Freight Services, Inc. As a result of this acquisition, the General Freight Services, Inc. Retirement Plan was merged into the Plan effective January 1, 2010. All participants previously eligible to participate in the General Freight Services, Inc. Retirement Plan will be eligible to participate in the Plan, with previous years of service credited towards vesting in the Plan. Assets of approximately \$1,038,000 were transferred into the Plan on January 1, 2010.

The Plan was amended and restated effective January 1, 2010 to transfer the custodian and recordkeeper to Hartford Life Insurance Company. All pooled separate accounts and the stable value fund from the prior custodian were liquidated on December 31, 2009 and transferred to a non-interest bearing cash account held by the prior custodian. These funds that totaled \$1,969,066 were then reinvested in pooled separate accounts and a common/collective trust fund held by Hartford Life Insurance Company.

(b) Contributions

Participants can contribute any amount of their eligible compensation up to the maximum allowed by certain statutory limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. If a participant has attained age 50 prior to the end of the Plan year, they are eligible to make catch-up contributions.

**COYOTE 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

(b) Contributions (Continued)

The Company may contribute to the Plan an additional discretionary amount on behalf of each participant, as determined by the Company's board of directors. There were no discretionary contributions in 2010.

Participants direct the investment of their contributions, including employer contributions, if any, into various investment options offered by the Plan. A current description of the investment funds may be obtained from the Plan administrator.

(c) Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution and (b) Plan earnings and losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

(d) Vesting

Participants are immediately vested in their voluntary contributions and any earnings thereon. Employer matching contributions vest according to the following schedule:

<u>Years of Service:</u>	<u>Vested Percentage</u>
Less than one	0%
One	20%
Two	40%
Three	60%
Four	80%
Five	100%

(e) Forfeitures

Forfeitures of terminated participants' non-vested accounts can be used to pay plan expenses or to reduce the future matching contributions of the Company. During the year ended December 31, 2010, the Company utilized \$9,000 in forfeitures to reduce administrative expenses. At December 31, 2010 and 2009, the balance of forfeited non-vested accounts totaled \$16,846 and \$7,168, respectively.

**COYOTE 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

(f) Participant Loans

A participant may borrow from his or her account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. The loans are secured by the participant's account balance and are payable through regular payroll deductions not to exceed five years, unless for the purchase of a primary residence. The interest rate on a participant's loan is determined by the Plan administrator based on prevailing interest rates at the time of the loan. Interest rates range from 4.25% to 6.00% for loans outstanding at December 31, 2010.

(g) Payment of Benefits

A participant's vested account balance may be withdrawn upon retirement (on or after the attainment of normal retirement age), termination of employment, disability, or death. Participants may elect to have distributions paid in a lump-sum, installments or a combination of both. Withdrawals from the Plan may also be made upon circumstances of hardship, in accordance with provisions specified by the Plan.

(h) Plan Expenses

Certain administrative expenses of the Plan are paid by the Plan as provided in the Plan document. Certain other administrative expenses of the Plan are paid by the Company. Investment fees are paid by the Plan in the form of reductions of net investment income earned by Plan participants.

(i) Excess Contributions

Contributions received from participants for 2010 are net of payments of \$81,544 made in February and March 2011 to certain active participants to return to them excess deferral contributions as required to satisfy the relevant non-discrimination provisions of the Plan. That amount is also included in the Plan's statement of net assets available for plan benefits as excess contributions payable at December 31, 2010.

**COYOTE 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

The financial statements of the Plan were prepared using the accrual basis of accounting. The Plan follows accounting standards set by the Financial Accounting Standards Board ("FASB"). The FASB sets accounting principles generally accepted in the United States of America ("GAAP").

(b) New Accounting Pronouncements

The Plan adopted Accounting Standards Update ("ASU") 2010-06, Improving Disclosures about Fair Value Measurements, which when adopted did not have any impact on the Plan's financial statements. The adoption of this statement did not change the underlying account; rather, it requires new fair value measurement classification disclosures and clarifies existing disclosures.

The Plan adopted ASU 2010-25, Reporting Loans to Participants by Defined Contribution Pension Plans, which when adopted did not have any impact on the Plan's financial statements. The adoption of this statement did not change the underlying accounting; rather, it requires a reclassification of participant loans on the Statement of Net Assets Available for Plan Benefits.

(c) Use of Accounting Estimates

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

(d) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price).

Pooled Separate Accounts

Units of each pooled separate account are stated at fair value, as determined by the custodian, based on quoted market prices of the securities underlying the pooled separate accounts.

**COYOTE 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(d) Investment Valuation and Income Recognition (Continued)

Common/Collective Trust Fund

The SEI Stable Asset Fund is a common/collective trust fund valued at the net asset value based on the last reported sales price of the underlying investments held. The Plan's interest in the collective trust is based on information reported by the investment advisor using the audited financial statements of the collective trust at year-end. The investment income is allocated to participants based on their proportionate share of the net assets of the fund. In accordance with GAAP, collective trusts held by a defined-contribution plan are required to be reported at fair value. Fair value approximated contract value at December 31, 2010. The contract is fully benefit-responsive.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(e) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(f) Risks and Uncertainties

The Plan's investments are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and amounts reported in the statements of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

(g) Subsequent Events

Management has evaluated subsequent events through September 6, 2011, the date which the financial statements were available to be issued.

**COYOTE 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 3 – INVESTMENTS (Unaudited)

Hartford Life Insurance Company, the Plan custodian, holds the Plan's investments and loans and executes investment and loan transactions. The custodian has provided certification that the financial information included in the financial statements and supporting schedule as of December 31, 2010 and for the year then ended provided to the Plan is complete and accurate. The information as to investment assets and loans and transactions therein and investment and loan interest income included in the accompanying financial statements and supplemental schedule as of December 31, 2010 and for the year then ended is covered by such certification and has not been audited by independent auditors.

Individual investments that represent 5% or more of the Plan's net assets as of December 31 are as follows:

	<u>2010</u>
Alger Capital Appreciation Institutional R	\$ 357,074
BlackRock Lifepath 2040 A	492,633
BlackRock Lifepath 2050 A	284,953
Hartford Capital Appreciation R3	242,327
Mutual Shares R	392,641
Thornburg International Value R3	244,470

NOTE 4 – FAIR VALUE MEASUREMENTS

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs in which little or no market data exists (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described below:

Basis of Fair Value Measurement

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

**COYOTE 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level within the fair value hierarchy the Plan investment assets and investment liabilities at fair value, as of December 31, 2010. As required by GAAP, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	\$ -	\$ 4,215,296	\$ -	\$ 4,215,296
Common/collective trust fund	-	140,761	-	140,761
	<u>\$ -</u>	<u>\$ 4,356,057</u>	<u>\$ -</u>	<u>\$ 4,356,057</u>

NOTE 5 – INCOME TAX STATUS

Prior to January 1, 2010, the Plan was based on the Prototype Non-Standardized Profit Sharing Plan of Transamerica Financial Life Insurance Company, which received an opinion letter from the Internal Revenue Service ("IRS") dated May 30, 2008, stating that the Prototype Plan was designed in accordance with the provisions of the Internal Revenue Code ("IRC"). Effective January 1, 2010, the Plan adopted the PDS Advantage Volume Submitter 401(k) Savings/PS Plan provided by Hartford Life Insurance Company, which received an opinion letter from the IRS dated March 31, 2008, stating that the Prototype Plan was designed in accordance with the provisions of the IRC. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. The Company believes that the Plan continues to qualify and to operate as designed. Accordingly, the Plan's net investment income is exempt from income taxes. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS

All Plan investments are managed by Hartford Life Insurance Company. Hartford Life Insurance Company is the custodian of the Plan and therefore these transactions qualify as party-in-interest. Participant loans are also defined by ERISA as party-in-interest transactions.

NOTE 7 – PLAN TERMINATION

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

**COYOTE 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE (H) OF FORM 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements to the Form 5500 as of December 31:

	<u>2010</u>	<u>2009</u>
Net assets available for plan benefits per the financial statements	\$ 4,294,376	\$ 1,989,956
Less contributions receivable	-	(20,890)
Plus excess contributions payable	<u>81,544</u>	<u>-</u>
Net assets available for plan benefits per Schedule (H) of Form 5500	<u>\$ 4,375,920</u>	<u>\$ 1,969,066</u>

The following is a reconciliation of participant contributions per the financial statements for the Form 5500 for the year ended December 31, 2010:

Contributions per the financial statements	\$ 1,123,369
Plus contributions receivable at December 31, 2009	20,890
Plus excess contributions payable at December 31, 2010	<u>81,544</u>
Contributions per Schedule (H) of Form 5500	<u>\$ 1,225,803</u>

NOTE 9 – SUBSEQUENT EVENT

The Plan was amended and restated effective January 17, 2011 to automatically enroll eligible participants at a deferral rate of 3% of their compensation, as defined by the Plan document. Each participant's deferral rate will be automatically increased by 1%, up to a total deferral rate of 6%, each year subsequent to enrollment.

SUPPLEMENTAL SCHEDULE

COYOTE 401(k) SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)
DECEMBER 31, 2010

EMPLOYER IDENTIFICATION NUMBER: 20-4688357

PLAN NUMBER: 001

FORM: 5500

(a)	(b)	(c)	(d)	(e)
	Issuer or Borrower	Description of Assets	Cost	Market
*	Hartford	Alger Capital Appreciation Institutional R	N/A	\$ 357,074
*	Hartford	Alger Small-Cap Growth Institutional R	N/A	124,880
*	Hartford	BlackRock Global Allocation R	N/A	44,784
*	Hartford	BlackRock Lifepath 2020 A	N/A	192,330
*	Hartford	BlackRock Lifepath 2030 A	N/A	164,952
*	Hartford	BlackRock Lifepath 2040 A	N/A	492,633
*	Hartford	BlackRock Lifepath 2050 A	N/A	284,953
*	Hartford	BlackRock Lifepath Retirement A	N/A	76,008
*	Hartford	Hartford Capital Appreciation R3	N/A	242,327
*	Hartford	Eaton Vance Income of Boston R	N/A	60,776
*	Hartford	Fidelity Advisor Leveraged Company Stock T	N/A	132,862
*	Hartford	Franklin Small-Cap Value R	N/A	59,923
*	Hartford	Franklin Strategic Income R	N/A	81,044
*	Hartford	Goldman Sachs Government Income R	N/A	127,288
*	Hartford	Index HLS IB	N/A	140,761
*	Hartford	Invesco Real Estate R	N/A	24,512
*	Hartford	Ivy Global Natural Resources R	N/A	31,123
*	Hartford	Janus Overseas R	N/A	204,243
*	Hartford	Lord Abbett Small-Cap Blend R3	N/A	118,798
*	Hartford	Mutual Shares R	N/A	392,641
*	Hartford	Oppenheimer Global N	N/A	15,974
*	Hartford	Oppenheimer International Bond N	N/A	72,079
*	Hartford	PIMCO Real Return R	N/A	64,706
*	Hartford	PIMCO Total Return R	N/A	158,601
*	Hartford	Pioneer Emerging Markets R	N/A	120,247
*	Hartford	Prudential Jennison Mid Cap Growth R	N/A	76,372
*	Hartford	Putnam International Capital Opportunities R	N/A	24
*	Hartford	Ridgeworth Mid-Cap Value Equity A	N/A	65,909
*	Hartford	SEI Stable Asset 19	N/A	183,763
*	Hartford	Thornburg International Value R3	N/A	244,470
				<u>4,356,057</u>
*	Participant Loans	Interest rates ranging from 4.25% to 6.00%	N/A	19,863
				<u>\$ 4,375,920</u>

* Indicates a party-in-interest to the Plan as defined by ERISA.

Note: Cost information has not been included in Column (d) because all investments are participant directed.

Note: The above data is based upon information that has been certified as complete and accurate by Hartford Life Insurance Company, custodian of the Plan.

2010 Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator (“you”) in understanding the fees and compensation associated with your plan. If your plan is required to complete a *Form 5500 Schedule C*, this report identifies the different types of reportable compensation paid with respect to the Hartford product utilized by the retirement plan.

As permitted under the Schedule C reporting rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate, or a formula or rate.

- Where it is an actual dollar amount, no further notation is provided.
- Where it is an estimate, we have used a reasonable method to arrive at the estimate and described the method used to arrive at the estimated amount.
- Where a formula or rate is provided, the formula may be disclosed under the Schedule C reporting rules. Alternatively, for purposes of Schedule C or for your fiduciary review of the compensation paid with respect to the plan’s product, you may calculate an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies. Thus, much of the compensation information being provided can be expressed in the form of a formula.

Please note that all compensation is being reported for the 2010 calendar year. This report includes compensation actually paid to or by The Hartford within the 2010 calendar year as part of your Hartford product. This report does not include amounts deducted from plan assets and paid to third parties (other than The Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here directly from other service providers.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. These service codes are listed in the 2010 Instructions for Schedule C (Form 5500). Please review with your experienced benefits counsel and other professionals to determine the most appropriate service codes for your plan.

Please contact your Hartford Client Service Team should you require additional information regarding the compensation paid to or by The Hartford with respect to your plan.

Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice or accounting or other professional services. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

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

COYOTE 401(K) SAVINGS PLAN (819341)
PLAN YEAR END: 12/31

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

Recipient: Hartford Life Insurance Company EIN: 06-0974148

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

1. Direct Compensation **\$9,933.81**

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 Hartford Life Insurance Company received **\$933.81**. 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 Hartford Life Insurance Company 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

Float compensation **\$15.88**

Bank accounts and investments associated with short-term investment pool, 200 Hopmeadow Road, Simsbury, CT 06089

This is an estimate based on the annual average rate of float (0.1415% for 2010) earned on the bank accounts and investment associated with the short-term investment pool for the 2010 calendar year multiplied by an estimate of the assets related to uncashed checks. This estimate does not include float earned for any other reason (e.g., if amounts remitted to Hartford cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

Compensation paid with respect to Underlying Funds

<i>Investment Option Name</i>	<i>EIN</i>	<i>Fees Received from investment options on your Plan's Menu (rates as of 12/31/10)</i>	<i>Total Annual Expenses² (as of 12/31/10)</i>
ALGER CAP APP INSTITUTIONAL R	13-2665689	0.80% x assets	1.72%
ALGER SMALLCAP GROWTH INSTITUT R	13-2665689	0.80% x assets	1.74%
BLACKROCK GLOBAL ALLOCATION R	22-2937779	0.75% x assets	1.48%
BLACKROCK LIFEPATH 2020 A	51-0318674	0.75% x assets	0.97%
BLACKROCK LIFEPATH 2030 A	51-0318674	0.75% x assets	0.95%
BLACKROCK LIFEPATH 2040 A	51-0318674	0.75% x assets	0.94%
BLACKROCK LIFEPATH 2050 A	51-0318674	0.75% x assets	0.85%
BLACKROCK LIFEPATH RETIREMENT A	51-0318674	0.75% x assets	1.00%
EATON VANCE INC FUND OF BOSTON R	13-2706484	0.75% x assets	1.36%
FIDELITY ADVISOR LEVRGD CO STK T	04-3335387	0.65% x assets	1.37%
FRANKLIN SMALL CAP VALUE R	13-3151768	0.60% x assets plus \$12/participant	1.57%
FRANKLIN STRATEGIC INCOME R	13-3151768	0.60% x assets plus \$12/participant	1.13%

<i>Investment Option Name</i>	<i>EIN</i>	<i>Fees Received from investment options on your Plan's Menu (rates as of 12/31/10)</i>	<i>Total Annual Expenses² (as of 12/31/10)</i>
GOLDMAN SACHS GOVERNMENT INC R	13-4019460	0.70% x assets	1.16%
HARTFORD INDEX HLS IB	22-2937447	0.50% x assets	0.60%
INVESCO REAL ESTATE R	76-0343427	0.75% x assets	1.58%
IVY GLOBAL NATURAL RESOURCES R	04-6006759	0.75% x assets	1.58%
JANUS OVERSEAS R	84-0592523	0.75% x assets	1.47%
LORD ABBETT SMALL CAP BLEND R3	22-3805271	0.70% x assets	1.51%
MUTUAL SHARES R	22-2894171	0.60% x assets plus \$12/participant	1.33%
OPPENHEIMER GLOBAL N	13-2649093	0.50% x assets plus \$12/participant	1.47%
OPPENHEIMER INTERNATIONAL BOND N	84-1308320	0.50% x assets plus \$12/participant	1.38%
PIMCO REAL RETURN R	33-0629048	0.65% x assets	1.15%
PIMCO TOTAL RETURN R	33-0629048	0.65% x assets	1.15%
PIONEER EMERGING MARKETS R	04-3233999	0.75% x assets	2.17%
PRU JENNISON MID CAP GROWTH R	13-2631108	0.75% x assets	1.33%
PUTNAM INTERNATIONAL CAP OPPS R	04-3251560	0.75% x assets	1.87%
RIDGEWORTH MIDCAP VALUE EQUITY A	23-2678674	0.75% x assets	1.32%
SEI STABLE ASSET 19	NA ¹	1.00% x assets	1.30%
THE HARTFORD CAPITAL APPREC R3	22-2937447	0.85% x assets	1.40%
THORNBURG INTERNATIONAL VALUE R3	06-1158764	0.75% x assets	1.45%

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

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Hartford Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

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 Hartford received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option 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 investment option 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.

² This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. Please note that affiliates of Hartford Life Insurance Company act as advisor to the Hartford funds. Such affiliates are identified in the fund's prospectus and receive management fees in the following amounts:

Hartford Index HLS Inv Opt	0.30% x assets
The Hartford Capital Appreciation Inv Opt	0.65% x assets

Recipient: Mesirow Financial Investment Management, Inc. EIN: 36-3429599

Annual fee and basis point fee for Mesirow plan fiduciary service **\$116.35**
Service code: 27

Payor: Hartford Life Insurance Company EIN: 06-0974148

This is an estimate based on the annual flat fee plus the basis point fee paid to Mesirow divided by the number of plans using this feature.

Annual platform package fee ("Model My Goals") **\$44.20**
Service code: 49

Payor: Hartford Life Insurance Company EIN: 06-0974148

This is an estimate based on the annual platform package fee paid to Mesirow divided by the number of plans using this feature.

COYOTE 401(k) SAVINGS PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009
and
SUPPLEMENTAL SCHEDULE

with
INDEPENDENT AUDITORS' REPORT

TABLE OF CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITORS' REPORT	3
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS	4
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	5
NOTES TO FINANCIAL STATEMENTS	6-13
SUPPLEMENTAL SCHEDULE	
SCHEDULE OF ASSETS (HELD AT END OF YEAR)	15

INDEPENDENT AUDITORS' REPORT

Plan Administrator Coyote 401(k) Savings Plan

We were engaged to audit the accompanying statement of net assets available for plan benefits of the Coyote 401(k) Savings Plan (the "Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assets available for plan benefits 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 administrator.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Hartford Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. The Plan administrator has informed us that the custodian holds the Plan's investment assets and loans and executes investment and loan transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2010 and for the year then ended that the information provided to the Plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and 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 custodians, 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.

Smith & Howard

Atlanta, GA
September 6, 2011

COYOTE 401(K) SAVINGS PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
Assets		
Cash, non-interest bearing (Note 1)	\$ <u>-</u>	\$ <u>1,969,066</u>
Receivables:		
Participant contributions	-	20,890
Participant loans	<u>19,863</u>	<u>-</u>
	<u>19,863</u>	<u>20,890</u>
Investments, at fair value (Notes 3 and 4)	<u>4,356,057</u>	<u>-</u>
Total Assets	<u>4,375,920</u>	<u>1,989,956</u>
Liabilities		
Excess contributions payable	<u>81,544</u>	<u>-</u>
Total Liabilities	<u>81,544</u>	<u>-</u>
Net Assets Available for Plan Benefits	<u>\$ 4,294,376</u>	<u>\$ 1,989,956</u>

The accompanying notes are an integral part of these financial statements

COYOTE 401(K) SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2010

Contributions:	
Participant	\$ 1,002,255
Rollover	<u>121,114</u>
	1,123,369
Net Appreciation in Fair Value of Pooled Separate Accounts	410,203
Interest Income on Participant Loans	<u>1,278</u>
Total Additions	<u>1,534,850</u>
Expenses:	
Benefits paid to participants	(258,251)
Administrative expenses	<u>(9,933)</u>
	<u>(268,184)</u>
Net Increase	1,266,666
Net Assets Available for Plan	
Benefits at Beginning of Year	1,989,956
Transfer In (Note 1)	<u>1,037,754</u>
Net Assets Available for Plan	
Benefits at End of Year	<u>\$ 4,294,376</u>

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

**COYOTE 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of Coyote Logistics, LLC (the “Company”) retirement plan, the Coyote 401(k) Savings Plan (the “Plan”), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

(a) General

The Plan, established on October 1, 2006, is a defined contribution plan covering all eligible employees who are nineteen years of age or older and have completed thirty days of service. Participants may enroll in the Plan on the first day of each month following eligibility. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

On December 23, 2008, the Company acquired General Freight Services, Inc. As a result of this acquisition, the General Freight Services, Inc. Retirement Plan was merged into the Plan effective January 1, 2010. All participants previously eligible to participate in the General Freight Services, Inc. Retirement Plan will be eligible to participate in the Plan, with previous years of service credited towards vesting in the Plan. Assets of approximately \$1,038,000 were transferred into the Plan on January 1, 2010.

The Plan was amended and restated effective January 1, 2010 to transfer the custodian and recordkeeper to Hartford Life Insurance Company. All pooled separate accounts and the stable value fund from the prior custodian were liquidated on December 31, 2009 and transferred to a non-interest bearing cash account held by the prior custodian. These funds that totaled \$1,969,066 were then reinvested in pooled separate accounts and a common/collective trust fund held by Hartford Life Insurance Company.

(b) Contributions

Participants can contribute any amount of their eligible compensation up to the maximum allowed by certain statutory limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. If a participant has attained age 50 prior to the end of the Plan year, they are eligible to make catch-up contributions.

**COYOTE 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

(b) Contributions (Continued)

The Company may contribute to the Plan an additional discretionary amount on behalf of each participant, as determined by the Company's board of directors. There were no discretionary contributions in 2010.

Participants direct the investment of their contributions, including employer contributions, if any, into various investment options offered by the Plan. A current description of the investment funds may be obtained from the Plan administrator.

(c) Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution and (b) Plan earnings and losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

(d) Vesting

Participants are immediately vested in their voluntary contributions and any earnings thereon. Employer matching contributions vest according to the following schedule:

<u>Years of Service:</u>	<u>Vested Percentage</u>
Less than one	0%
One	20%
Two	40%
Three	60%
Four	80%
Five	100%

(e) Forfeitures

Forfeitures of terminated participants' non-vested accounts can be used to pay plan expenses or to reduce the future matching contributions of the Company. During the year ended December 31, 2010, the Company utilized \$9,000 in forfeitures to reduce administrative expenses. At December 31, 2010 and 2009, the balance of forfeited non-vested accounts totaled \$16,846 and \$7,168, respectively.

**COYOTE 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

(f) Participant Loans

A participant may borrow from his or her account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. The loans are secured by the participant's account balance and are payable through regular payroll deductions not to exceed five years, unless for the purchase of a primary residence. The interest rate on a participant's loan is determined by the Plan administrator based on prevailing interest rates at the time of the loan. Interest rates range from 4.25% to 6.00% for loans outstanding at December 31, 2010.

(g) Payment of Benefits

A participant's vested account balance may be withdrawn upon retirement (on or after the attainment of normal retirement age), termination of employment, disability, or death. Participants may elect to have distributions paid in a lump-sum, installments or a combination of both. Withdrawals from the Plan may also be made upon circumstances of hardship, in accordance with provisions specified by the Plan.

(h) Plan Expenses

Certain administrative expenses of the Plan are paid by the Plan as provided in the Plan document. Certain other administrative expenses of the Plan are paid by the Company. Investment fees are paid by the Plan in the form of reductions of net investment income earned by Plan participants.

(i) Excess Contributions

Contributions received from participants for 2010 are net of payments of \$81,544 made in February and March 2011 to certain active participants to return to them excess deferral contributions as required to satisfy the relevant non-discrimination provisions of the Plan. That amount is also included in the Plan's statement of net assets available for plan benefits as excess contributions payable at December 31, 2010.

**COYOTE 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

The financial statements of the Plan were prepared using the accrual basis of accounting. The Plan follows accounting standards set by the Financial Accounting Standards Board ("FASB"). The FASB sets accounting principles generally accepted in the United States of America ("GAAP").

(b) New Accounting Pronouncements

The Plan adopted Accounting Standards Update ("ASU") 2010-06, Improving Disclosures about Fair Value Measurements, which when adopted did not have any impact on the Plan's financial statements. The adoption of this statement did not change the underlying account; rather, it requires new fair value measurement classification disclosures and clarifies existing disclosures.

The Plan adopted ASU 2010-25, Reporting Loans to Participants by Defined Contribution Pension Plans, which when adopted did not have any impact on the Plan's financial statements. The adoption of this statement did not change the underlying accounting; rather, it requires a reclassification of participant loans on the Statement of Net Assets Available for Plan Benefits.

(c) Use of Accounting Estimates

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

(d) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price).

Pooled Separate Accounts

Units of each pooled separate account are stated at fair value, as determined by the custodian, based on quoted market prices of the securities underlying the pooled separate accounts.

**COYOTE 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(d) Investment Valuation and Income Recognition (Continued)

Common/Collective Trust Fund

The SEI Stable Asset Fund is a common/collective trust fund valued at the net asset value based on the last reported sales price of the underlying investments held. The Plan's interest in the collective trust is based on information reported by the investment advisor using the audited financial statements of the collective trust at year-end. The investment income is allocated to participants based on their proportionate share of the net assets of the fund. In accordance with GAAP, collective trusts held by a defined-contribution plan are required to be reported at fair value. Fair value approximated contract value at December 31, 2010. The contract is fully benefit-responsive.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(e) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(f) Risks and Uncertainties

The Plan's investments are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and amounts reported in the statements of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

(g) Subsequent Events

Management has evaluated subsequent events through September 6, 2011, the date which the financial statements were available to be issued.

**COYOTE 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 3 – INVESTMENTS (Unaudited)

Hartford Life Insurance Company, the Plan custodian, holds the Plan's investments and loans and executes investment and loan transactions. The custodian has provided certification that the financial information included in the financial statements and supporting schedule as of December 31, 2010 and for the year then ended provided to the Plan is complete and accurate. The information as to investment assets and loans and transactions therein and investment and loan interest income included in the accompanying financial statements and supplemental schedule as of December 31, 2010 and for the year then ended is covered by such certification and has not been audited by independent auditors.

Individual investments that represent 5% or more of the Plan's net assets as of December 31 are as follows:

	<u>2010</u>
Alger Capital Appreciation Institutional R	\$ 357,074
BlackRock Lifepath 2040 A	492,633
BlackRock Lifepath 2050 A	284,953
Hartford Capital Appreciation R3	242,327
Mutual Shares R	392,641
Thornburg International Value R3	244,470

NOTE 4 – FAIR VALUE MEASUREMENTS

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs in which little or no market data exists (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described below:

Basis of Fair Value Measurement

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

**COYOTE 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level within the fair value hierarchy the Plan investment assets and investment liabilities at fair value, as of December 31, 2010. As required by GAAP, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	\$ -	\$ 4,215,296	\$ -	\$ 4,215,296
Common/collective trust fund	-	140,761	-	140,761
	<u>\$ -</u>	<u>\$ 4,356,057</u>	<u>\$ -</u>	<u>\$ 4,356,057</u>

NOTE 5 – INCOME TAX STATUS

Prior to January 1, 2010, the Plan was based on the Prototype Non-Standardized Profit Sharing Plan of Transamerica Financial Life Insurance Company, which received an opinion letter from the Internal Revenue Service ("IRS") dated May 30, 2008, stating that the Prototype Plan was designed in accordance with the provisions of the Internal Revenue Code ("IRC"). Effective January 1, 2010, the Plan adopted the PDS Advantage Volume Submitter 401(k) Savings/PS Plan provided by Hartford Life Insurance Company, which received an opinion letter from the IRS dated March 31, 2008, stating that the Prototype Plan was designed in accordance with the provisions of the IRC. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. The Company believes that the Plan continues to qualify and to operate as designed. Accordingly, the Plan's net investment income is exempt from income taxes. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS

All Plan investments are managed by Hartford Life Insurance Company. Hartford Life Insurance Company is the custodian of the Plan and therefore these transactions qualify as party-in-interest. Participant loans are also defined by ERISA as party-in-interest transactions.

NOTE 7 – PLAN TERMINATION

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

**COYOTE 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE (H) OF FORM 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements to the Form 5500 as of December 31:

	<u>2010</u>	<u>2009</u>
Net assets available for plan benefits per the financial statements	\$ 4,294,376	\$ 1,989,956
Less contributions receivable	-	(20,890)
Plus excess contributions payable	<u>81,544</u>	<u>-</u>
Net assets available for plan benefits per Schedule (H) of Form 5500	<u>\$ 4,375,920</u>	<u>\$ 1,969,066</u>

The following is a reconciliation of participant contributions per the financial statements for the Form 5500 for the year ended December 31, 2010:

Contributions per the financial statements	\$ 1,123,369
Plus contributions receivable at December 31, 2009	20,890
Plus excess contributions payable at December 31, 2010	<u>81,544</u>
Contributions per Schedule (H) of Form 5500	<u>\$ 1,225,803</u>

NOTE 9 – SUBSEQUENT EVENT

The Plan was amended and restated effective January 17, 2011 to automatically enroll eligible participants at a deferral rate of 3% of their compensation, as defined by the Plan document. Each participant's deferral rate will be automatically increased by 1%, up to a total deferral rate of 6%, each year subsequent to enrollment.

SUPPLEMENTAL SCHEDULE

COYOTE 401(k) SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)
DECEMBER 31, 2010

EMPLOYER IDENTIFICATION NUMBER: 20-4688357

PLAN NUMBER: 001

FORM: 5500

(a)	(b)	(c)	(d)	(e)
	Issuer or Borrower	Description of Assets	Cost	Market
*	Hartford	Alger Capital Appreciation Institutional R	N/A	\$ 357,074
*	Hartford	Alger Small-Cap Growth Institutional R	N/A	124,880
*	Hartford	BlackRock Global Allocation R	N/A	44,784
*	Hartford	BlackRock Lifepath 2020 A	N/A	192,330
*	Hartford	BlackRock Lifepath 2030 A	N/A	164,952
*	Hartford	BlackRock Lifepath 2040 A	N/A	492,633
*	Hartford	BlackRock Lifepath 2050 A	N/A	284,953
*	Hartford	BlackRock Lifepath Retirement A	N/A	76,008
*	Hartford	Hartford Capital Appreciation R3	N/A	242,327
*	Hartford	Eaton Vance Income of Boston R	N/A	60,776
*	Hartford	Fidelity Advisor Leveraged Company Stock T	N/A	132,862
*	Hartford	Franklin Small-Cap Value R	N/A	59,923
*	Hartford	Franklin Strategic Income R	N/A	81,044
*	Hartford	Goldman Sachs Government Income R	N/A	127,288
*	Hartford	Index HLS IB	N/A	140,761
*	Hartford	Invesco Real Estate R	N/A	24,512
*	Hartford	Ivy Global Natural Resources R	N/A	31,123
*	Hartford	Janus Overseas R	N/A	204,243
*	Hartford	Lord Abbett Small-Cap Blend R3	N/A	118,798
*	Hartford	Mutual Shares R	N/A	392,641
*	Hartford	Oppenheimer Global N	N/A	15,974
*	Hartford	Oppenheimer International Bond N	N/A	72,079
*	Hartford	PIMCO Real Return R	N/A	64,706
*	Hartford	PIMCO Total Return R	N/A	158,601
*	Hartford	Pioneer Emerging Markets R	N/A	120,247
*	Hartford	Prudential Jennison Mid Cap Growth R	N/A	76,372
*	Hartford	Putnam International Capital Opportunities R	N/A	24
*	Hartford	Ridgeworth Mid-Cap Value Equity A	N/A	65,909
*	Hartford	SEI Stable Asset 19	N/A	183,763
*	Hartford	Thornburg International Value R3	N/A	244,470
				<u>4,356,057</u>
*	Participant Loans	Interest rates ranging from 4.25% to 6.00%	N/A	19,863
				<u>\$ 4,375,920</u>

* Indicates a party-in-interest to the Plan as defined by ERISA.

Note: Cost information has not been included in Column (d) because all investments are participant directed.

Note: The above data is based upon information that has been certified as complete and accurate by Hartford Life Insurance Company, custodian of the Plan.