Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GREYHOUND LINES, INC. - NATIONAL LOCAL 1700 OF THE AMALGAMATED TRANSIT UNION HEALTH & WELFARE

1b Three-digit plan number (PN) ▶ 529

1c Effective date of plan 08/01/1993

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

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

2b Employer Identification Number (EIN)
86-0572343

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

2d Business code (see instructions)
485510

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2011	LYNNE MARTY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2011	BILL GIESEKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
JOINT BOARD OF TRUSTEES

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

3b Administrator's EIN
75-2599025

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

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	2992
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**	2923
b	Retired or separated participants receiving benefits	**6b**	23
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2946
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4A 4B 4D 4E 4F 4L 4Q

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	12	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

1 Coverage Information:

(a) Name of insurance carrier
AFLAC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0807803	60380	NB562	130	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
10684	618

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10684	618	OTHER COMPENSATION PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	53207
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

1 Coverage Information:

(a) Name of insurance carrier
AFLAC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-0663085	60380	BX702	1236	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
128063	5843

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
128063	5843	OTHER COMPENSATION PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	944393
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

1 Coverage Information:

(a) Name of insurance carrier
CONNECTICUT GENERAL LIFE INSURANCE COMPANY AND AFFILIATES

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0303370	62308	2461738	1749	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
43510	0

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

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

ROBIN DUSANG
PO BOX 56268
METAIRIE, LA 70055

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
43510			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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(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**	823690
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-2761537	81396	TX-03850	1791	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	504790
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

1 Coverage Information:

(a) Name of insurance carrier
LIFE INSURANCE COMPANY OF NORTH AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	GL-016523	2864	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
30760	0

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

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

ROBIN J DUSANG
PO BOX 56268
METAIRIE, LA 70055

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30760			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	279570
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

1 Coverage Information:

(a) Name of insurance carrier
LIFE INSURANCE COMPANY OF NORTH AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	C0AOO1255	1323	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	8067
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MHN SERVICES

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
95-4146179	48511	5565	1189	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
482	0

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

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

THE SEGAL COMPANY
170 BELLAIRE DRIVE
NEW ORLEANS, LA 70124

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
482			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(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**	32162
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
06-1227840	39616	12173151	1469	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
1956	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE SEGAL COMPANY
2018 POWERS FERRY RD SE
ATLANTA, GA 30339-7200

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
1956			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [X] 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)**	130367		
(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)**	130367
b Benefit charges (1) Claims paid	**9b(1)**	121775		
(2) Increase (decrease) in claim reserves	**9b(2)**	727		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	122502
(4) Claims charged			**9b(4)**	122502
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)**	20859		
(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)**	20859
(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)**	30444
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

1 Coverage Information:

(a) Name of insurance carrier
AFLAC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-0663085	60380	BX770	121	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
10208	599

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10208	599	OTHER COMPENSATION PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	56051
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

1 Coverage Information:

(a) Name of insurance carrier
MHN SERVICES

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-4146179	48511	1454	1750	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
1602	0

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

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

THE SEGAL COMPANY
170 BELLAIRE DRIVE
NEW ORLEANS, LA 70124

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1602			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(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**	106830
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

1 Coverage Information:

(a) Name of insurance carrier
AFLAC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
58-0663085	60380	A1U74	8	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
177	0

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
177	0	OTHER COMPENSATION PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	1607
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

1 Coverage Information:

(a) Name of insurance carrier
AFLAC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-0663085	60380	XS121	3	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
268	0

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
268	0		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	2578
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶	
GREYHOUND LINES, INC. - NATIONAL LOCAL 1700 OF THE AMALGAMATED TRANSIT UNION HEALTH & WELFARE		529
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
GREYHOUND LINES, INC.	86-0572343	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

CIGNA

P.O. BOX 20643
LEHIGH VALLEY, PA 18002

06-0303370

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	941788	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

EMPLOYEE A

75-2599025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76830	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

MHN

95-4146179

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	61794	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

EMPLOYEE B

75-2599025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46750	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

YPI ONE DALLAS CENTRE, LLC

14-1997171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	40882	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

EMPLOYEE C

75-2599025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40554	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

EMPLOYEE D

75-2599025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	32613	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

EMPLOYEE F

75-2599025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	20020	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

EMPLOYEE E

75-2599025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	19515	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

CLIFTON GUNDERSON LLP

37-0802863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	19500	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

BLAKE & UHLIG

48-0918231

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	15925	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

DYNAMARC

20-3555695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	10102	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	70620	70120
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	782285	0
(2) Participant contributions	1b(2)	8440	195169
(3) Other	1b(3)	3433	900
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1867371	5209744
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	689	733

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	1445	1156
f	Total assets (add all amounts in lines 1a through 1e)	1f	2734283	5477822
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	1752	2706
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1752	2706
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2732531	5475116

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	10962855	
	(B) Participants	2a(1)(B)	6124343	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		17087198
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2515	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2515
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		17089713
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10002627	
(2) To insurance carriers for the provision of benefits	2e(2)	2904466	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		12907093
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	39002	
(2) Contract administrator fees	2i(2)	1003582	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	397451	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1440035
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14347128
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2742585
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

FINANCIAL STATEMENTS

December 31, 2010 and 2009

Clifton Gunderson LLP
Certified Public Accountants & Consultants

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Clifton Gunderson LLP
Certified Public Accountants & Consultants

Independent Auditor's Report

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

We have audited the accompanying statements of net assets available for benefits and of plan benefit obligations of Greyhound Lines, Inc. – National Local 1700 of the Amalgamated Transit Union Health & Welfare Plan (the Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2010 and 2009, and the changes in its financial status for the years then ended in conformity with accounting principles generally accepted in the United States of America.

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

Clifton Gunderson LLP

West Des Moines, Iowa
October 5, 2011

Offices in 17 states and Washington, DC

Member of HLB International

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010 and 2009

	2010	2009
ASSETS		
Cash	$ 70,120	$ 70,620
Investment in money market accounts	5,209,744	1,867,371
Total cash and money market accounts	5,279,864	1,937,991
Receivable from employer	-	782,285
Receivable from employees	195,169	8,440
Other	900	3,433
Total receivables	196,069	794,158
Other Assets	1,889	2,134
Total assets	5,477,822	2,734,283
LIABILITIES		
Accounts payable and accrued expenses	2,706	1,752
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,475,116	$ 2,732,531

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

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2010 and 2009

	2010	2009
ADDITIONS:		
Employer contributions	$ 10,962,855	$ 9,665,334
Participants' contributions	6,027,141	5,732,203
COBRA contributions	97,202	119,054
Interest and dividend income	2,515	10,079
Stop loss reimbursement	-	25,342
Total additions	17,089,713	15,552,012
DEDUCTIONS:		
Medical claims	10,002,627	9,853,969
Insurance premiums	3,908,047	3,872,641
Administrative expenses	436,454	493,487
Total deductions	14,347,128	14,220,097
NET CHANGE	2,742,585	1,331,915
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	2,732,531	1,400,616
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 5,475,116	$ 2,732,531

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

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
STATEMENTS OF PLAN BENEFIT OBLIGATIONS
December 31, 2010 and 2009

	2010	2009
PLAN BENEFIT OBLIGATIONS		
Claims payable	$ 130,135	$ 159,738
Claims incurred but not reported	1,094,666	967,825
TOTAL PLAN BENEFIT OBLIGATIONS	$ 1,224,801	$ 1,127,563

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

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS
Years Ended December 31, 2010 and 2009

	2010	2009
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Claims payable:		
Balance at beginning of year	$ 159,738	$ 134,656
Claims reported and approved for payment	9,973,024	9,879,051
Claims paid	(10,002,627)	(9,853,969)
Balance at end of year	130,135	159,738
Insurance premiums payable:		
Balance at beginning of year	-	-
Insurance premium expense	3,908,047	3,872,641
Insurance premium paid	(3,908,047)	(3,872,641)
Balance at end of year	-	-
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE		
Claims incurred but not reported:		
Balance at beginning of year	967,825	1,132,695
Net change during year	126,841	(164,870)
Balance at end of year	1,094,666	967,825
TOTAL PLAN BENEFIT OBLIGATIONS AT END OF YEAR	$ 1,224,801	$ 1,127,563

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

NOTE 1 - DESCRIPTION OF THE PLAN

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

General

The Plan, a defined benefit health and welfare benefit plan, was established as a result of a collective bargaining agreement between Greyhound and the National Local Union 1700 of the Amalgamated Transit Union (the ATU). Certain benefits are provided by the Plan through insurance, although medical, mental health, and substance abuse benefits are on a self-insured basis. The Plan receives its funding through the Greyhound Lines, Inc. Welfare Benefits Trust for Represented Employees (the Trust). In the event that Plan liabilities exceed assets, the Trustees will either reduce the level of Plan benefits or raise participant premiums. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974.

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

Contributions

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

Benefits

The Plan provides medical benefits to qualified full-time active employees of Greyhound who are represented by the ATU Collective Bargaining Agreement and to covered dependents. A full-time active employee is one who is scheduled to work 1,500 hours or more per year. The medical benefits are offered through two points of service plans. The Plan has a stop loss policy to cover any individually large claims incurred. Additional benefits are described as follows:

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

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

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

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

***Benefits** (continued)*

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

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

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

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

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

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

Plan administration

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

Amendment and termination of the Plan Agreement

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of presentation

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

Use of estimates in preparation of financial statements

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Money market accounts

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

Claims payable

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

Claims incurred but not reported

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

Administrative expenses

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

Recent accounting pronouncements

In January 2010, the Plan adopted the Financial Accounting Standards Board's Accounting Standards Update 2010-06, *Fair Value Measurements and Disclosures (Topic 820) – Improving Disclosures about Fair Value Measurements*. This guidance requires: (i) separate disclosure of significant transfers between Level 1 and Level 2 and reasons for the transfers; (ii) disclosure, on a gross basis, of purchases, sales, issuances, and net settlements within Level 3; (iii) disclosures by class of assets and liabilities; and, (iv) a description of the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements. The Level 3 disclosure requirements will be effective for fiscal years beginning after December 15, 2010. Other disclosures required by this update, if applicable, were made at December 31, 2010. The Plan financial statements were not impacted by this guidance.

NOTE 3 - FINANCIAL INSTRUMENT RISK

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

NOTE 4 - FAIR VALUE MEASUREMENTS

GAAP established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the standard are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

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

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

	Level 1	Level 2	Level 3	Total
2010				
Money market accounts	$ -	$ 5,209,744	$ -	$ 5,209,744
2009				
Money market accounts	$ -	$ 1,867,371	$ -	$ 1,867,371

NOTE 5 - FEDERAL INCOME TAX STATUS

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

NOTE 6 - EXEMPT PARTY-IN-INTEREST TRANSACTIONS

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

NOTE 7 - OPERATING LEASE AGREEMENTS

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

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

Year Ending December 31	Amount
2011	$ 35,266
2012	32,776
Total	$ 68,042

Rental expense under the above operating agreement was $40,882 and $51,851 for the years ended December 31, 2010 and 2009, respectively.

NOTE 8 - RISKS AND UNCERTAINTIES

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

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

NOTE 9 - SUBSEQUENT EVENTS

Management evaluated subsequent events through October 5, 2011, the date the financial statements were available to be issued. Events or transactions occurring after December 31, 2010, but prior to October 5, 2011, that provided additional evidence about conditions that existed at December 31, 2010, have been recognized in the financial statements for the year ended December 31, 2010. Events or transactions that provided evidence about conditions that did not exist at December 31, 2010 but arose before the financial statements were available to be issued have not been recognized in the financial statements for the year ended December 31, 2010.

SUPPLEMENTAL SCHEDULES

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2010

(a)	(b) Identity of Party Involved	(c) Description of Asset	(d) Cost	(e) Current Value
*	M&I Marshall & Ilsley Bank	Marshall Money Market Fund, interest of 0.0001%	$ 4,175,440	$ 4,175,440
*	M&I Marshall & Ilsley Bank	Business checking account, no interest	70,120	70,120
*	Merrill Lynch	Merrill Lynch Premier Institutional Fund, interest of 0.22%	1,034,304	1,034,304
TOTAL CASH AND MONEY MARKET ACCOUNTS			$ 5,279,864	$ 5,279,864

* Indicates a party-in-interest to the Plan

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2010

(a) Identity of Parties Involved	(b) Description of Asset	Number of Transactions	Number of Sales	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset
Single transactions:						
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	$ 738,000	$ -	$ 738,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	953,000	-	953,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	168,000	168,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	196,000	-	196,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	146,000	146,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	856,000	-	856,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	247,000	247,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	153,000	-	153,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	166,000	166,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	239,000	239,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	180,000	180,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	175,000	175,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	966,000	-	966,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	311,000	-	311,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	138,000	138,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	181,000	-	181,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	164,000	164,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	686,000	-	686,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	160,000	-	160,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	204,000	204,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	1,120,000	-	1,120,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	199,000	-	199,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	868,000	-	868,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	184,000	184,000

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2010

(a) Identity of Parties Involved	(b) Description of Asset	Number of Transactions	Number of Sales	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	149,000	149,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	137,000	-	137,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	153,000	153,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	165,000	-	165,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	165,000	165,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	148,000	148,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	456,000	-	456,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	173,000	-	173,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	875,000	-	875,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	901,000	-	901,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	167,000	167,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	278,000	278,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	192,000	-	192,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	212,000	212,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	137,000	-	137,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	916,000	-	916,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	138,000	138,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	217,000	-	217,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	209,000	209,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	1,113,000	-	1,113,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	175,000	175,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	277,000	-	277,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	847,000	-	847,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	242,000	242,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	204,000	-	204,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	143,000	-	143,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	259,000	259,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	1,132,000	-	1,132,000

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2010

(a) Identity of Parties Involved	(b) Description of Asset	Number of Transactions	Number of Sales	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	176,000	176,000
Series of transactions:						
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	52	205	15,834,361	12,470,000	12,470,000

* Indicates party-in-interest to the Plan

Note: All transactions are money market transactions, therefore, no gain or loss is recognized.

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2010

(a)	(b) Identity of Party Involved	(c) Description of Asset	(d) Cost	(e) Current Value
*	M&I Marshall & Ilsley Bank	Marshall Money Market Fund, interest of 0.0001%	$ 4,175,440	$ 4,175,440
*	M&I Marshall & Ilsley Bank	Business checking account, no interest	70,120	70,120
*	Merrill Lynch	Merrill Lynch Premier Institutional Fund, interest of 0.22%	1,034,304	1,034,304
TOTAL CASH AND MONEY MARKET ACCOUNTS			$ 5,279,864	$ 5,279,864

* Indicates a party-in-interest to the Plan

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

PLAN NUMBER 529

2010 FORM 5500

ATTACHMENT TO SCHEDULE A

ACCOUNT ID: NB562

NB56200004

SCHEDULE A EARNINGS REPORT

PLEASE USE THE FOLLOWING INFORMATION
TO COMPLETE YOUR SCHEDULE A

APRIL 07, 2011

NAME OF PLAN SPONSOR

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

NAME OF INSURANCE CARRIER	APPROXIMATE NUMBER OF PERSONS COVERED AT END OF PLAN YEAR	PLAN YEAR FROM TO
Aflac 1932 Wynnton Road Columbus, GA 31999 Contract Number 52-0807803	130	01/01/10 - 12/31/10 NAIC CODE 60380

TOTAL PREMIUM COLLECTED
$53,207.08 (10)

INSURANCE FEES AND COMMISSIONS PAID TO AGENTS

NAME AND ADDRESS OF AGENTS			COMMISSIONS PAID*	FEES PAID*
TRACY WILBANKS	$4,736.66	$316		ST 02509
APT 4B NEW YORK NY 10032				
WILLIAM NEWBERRY 13762 ASPEN LEAF LANE CORONA CA 92880			$1,852.16	$27.71
KEVIN GALLAGHER 348 78 STREET BROOKLYN NY 11209			$952.38	$67.35
CHRISTY DAY ASSOCIATES LLC 199 WATER ST 23RD FLOOR NEW YORK NY 10038			$653.00	$51.61
KENNETH C MEIER CORP 401 FRANKLIN AVENUE SUITE 312 GARDEN CITY NY 11530			$590.92	$67.35
BRIEN C FLETCHER 15 GARDEN AVE CARLE PLACE NY 11514			$368.96	$0.00
RONALD SALMON 2203 AVE OLIVA SAN CLEMENTE CA 92673			$220.21	$0.00
GLYNDA MYERS PO BOX 1142 NEW YORK NY 10026			$174.21	$0.00
JAMES GRIMES AFLAC STATE OFFICE PO BOX 218 HAMPTON FALLS NH 03844			$133.41	$0.00

NB56200604

NB56200004

GREYHOUND / ATU *		
MICHAEL S CHILLE $118.19 $0 RD 4TH FLOOR ALBANY NY 12211	.	E WOODS BOULEVA
JULIETTE MCRAE 218-29 132ND AVE LAURELTON NY 11413	$109.18	$0.00
PEGGY K SALMON 2203 AVE. OLIVA SAN CLEMENTE CA 92673	$107.63	$0.00
ARTLENE T RUSSO 7013 DAWN DRIVE NIAGARA FALLS NY 14304	$85.81	$27.00
JIM KOKKORIS 23-56 28 STREET ASTORIA NY 11105	$80.01	$0.00
BRIAN MOYNIHAN 84 TROY ROAD EAST GREENBUSH NY 12061	$66.48	$0.00
GARY WARE 2306 VALLEYBROOK DR CHAMPAIGN IL 61822	$49.70	$0.00
DEBRA PARKER 1000 PITTSFORD-VICTOR RD PITTSFORD NY 14534	$46.80	$0.00
MARY COLEMAN 25 SHERWOOD AVENUE RENSSELEAR NY 12144	$43.34	$24.70
STASH WOJESKI 695 COLUMBIA TPKE EAST GREENBUSH NY 12061	$36.54	$0.00
BENITO A ROTONDI II INC 401 FRANKLIN AVE SUITE 312 GARDEN CITY NY 11530	$34.11	$4.94
JOSEPH CALARCO PO BOX 130 AUBURN NY 13021	$25.42	$5.40
SCOTT BLACKSHEAR 11400 SE 8TH STREET #375 BELLEVUE WA 98004	$23.67	$2.47
BETH SERFILIPPI 8 HILLSTONE CT BALLSTON LAKE NY 12019	$21.89	$4.94

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GREYHOUND / ATU *				
DIANA CARABALLO	$19.44	$0		N AVENUE 001
MILLVILLE NJ 08332				
WILLIAM J LOEFFERT 555 BROAD HOLLOW RD SUITE 426 MELVILLE NY 11747			$19.02	$0.00
CALLISTA JACKSON 16 W SUMMERSET LN LEFT AMHERST NY 14228			$12.82	$5.40
CHRISTINE PINEIRO 199 WATER STREET 23RD FLOOR NEW YORK NY 10038			$12.82	$0.00
ALAN ARPIN 7 QUAIL HOLLOW CLIFTON PARK NY 12065			$11.52	$0.00
JEFF DALABA 8500 GILLY FLOWER COURT BALDWINSVILLE NY 13027			$11.49	$5.40
JAMES BOADA 2 HARTWOOD WAY ALISO VIEJO CA 92656			$11.43	$0.00
RICHARD TOBIAS 416 JEFFERSON AVENUE LINWOOD NJ 08221			$10.80	$0.00
FRANK SILVERBERG 1641 THIRD AVENUE NEW YORK NY 10128			$8.06	$0.00
MELTON & ASSOCIATES INC 18167 US HIGHWAY 19 N CLEARWATER FL 33764			$6.62	$4.94
LORENZO V CUTAIA AUGUSTA PROFESSIONAL CENTER 858 S WHITE HORSE PIKE STE B-6 HAMMONTON NJ 08037			$5.52	$0.00
LISA J BRENNAN-JONES 1014 CATHERINE WOODS SCHENECTADY NY 12309			$5.06	$0.00
BRIAN MCLAUCHLAN 303 FOREST DRIVE NORTH SYRACUSE NY 13212			$3.66	$0.00
G B S MARKETING, INC 158 PRINTERS LANE NEW LONDON NC 28127			$2.88	$0.00

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NB56200005

GREYHOUND / ATU *				
JOY GUNDERSON ANAHEIM CA 92807	$1.85	$2		EDIN CIRCLE
GRAND TOTAL			$10,683.65 (11)	$617.70 (12)

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

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

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

PLAN NUMBER 529

2010 FORM 5500

ATTACHMENT TO SCHEDULE A

ACCOUNT ID: BX702

BX702000006

SCHEDULE A EARNINGS REPORT

PLEASE USE THE FOLLOWING INFORMATION
TO COMPLETE YOUR SCHEDULE A

APRIL 07, 2011

NAME OF PLAN SPONSOR

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

NAME OF INSURANCE CARRIER	APPROXIMATE NUMBER OF PERSONS COVERED AT END OF PLAN YEAR	PLAN YEAR FROM TO
Aflac 1932 Wynnton Road Columbus, GA 31999 Contract Number 58-0663085	1,236	01/01/10 - 12/31/10 NAIC CODE 60380

TOTAL PREMIUM COLLECTED
$944,392.92 (13)

INSURANCE FEES AND COMMISSIONS PAID TO AGENTS

NAME AND ADDRESS OF AGENTS	COMMISSIONS PAID*	FEES PAID*
WILLIAM NEWBERRY 13762 ASPEN LEAF LN CORONA CA 92880	$23,206.28	$920.21
AYSUN BALEY 210 WOODCREEK WAY ACWORTH GA 30101	$6,608.03	$271.08
RONALD SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92673	$5,385.44	$38.69
CRAIG RIVENS 720 S DEARBORN ST APT 206 CHICAGO IL 60605	$3,176.04	$171.52
DENNIS JENKINS PO BOX 665 SANDSTON VA 23150	$2,893.31	$277.40
HERMAN SELF JR 109 SCALEYBARK CT WHITEHEAD NC 27376	$2,811.93	$108.43
STEVEN PALAZZOLO 820 N ORLEANS SUITE 323 CHICAGO IL 60610	$2,347.98	$0.00
MARK IGIH 39003 HALIFAX STREET WICKLIFFE OH 44092	$2,033.64	$0.00
PEGGY SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92672	$1,974.92	$6.45

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GREYHOUND / ATU		
MICHELLE HALL P O BOX 1478 DUBLIN OH 43017	$1,799.20	$271.95
CAROLYN GARRISON 908 CLOVIS AVENUE CAPITAL HEIGHTS MD 20743	$1,724.29	$253.35
DIANNE BRADLEY 6263 POPLAR AVE SUITE 540 MEMPHIS TN 38119	$1,632.07	$68.28
MELTON & ASSOCIATES INC 18167 US HIGHWAY 19 N CLEARWATER FL 33764	$1,529.80	$0.00
KENNETH GOODWIN 13 HEARTHSIDE RD ASTON PA 19014	$1,416.38	$120.63
JOSEPHINE MILLER 103 MOUNTAIN DRIVE BILTMORE LAKE NC 28715	$1,389.26	$241.26
DORIS BRACKETT 7076 PEACHTREE IND BLVD STE 101 NORCROSS GA 30071	$1,342.87	$45.20
CAROL BRATTEN 5006 ATLANTIC AVE WILDWOOD NJ 08260	$1,186.29	$0.00
JOSEPH WILLIAMS 14191 ABINGTON DETROIT MI 48227	$1,176.46	$42.07
JOY GUNDERSON 990 SOUTH HEDIN CIRCLE ANAHEIM HILLS CA 92807	$1,155.37	$280.45
DEBORAH HEARD 7610 PENNSYLVANIA AVE STE 307 FORESTVILLE MD 20747	$1,150.49	$0.00
KLS AND ASSOCIATES INC 3150 N LAKESHORE DR UNIT 27 B CHICAGO IL 60657	$1,144.64	$0.00
DIANE SMUGALA 2733 E 9725 S SANDY UT 84092	$1,028.27	$20.93
ERIC FELDER 4913 WYNN LN APT 201 MIDLOTHIAN VA 23112	$971.95	$55.40

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GREYHOUND / ATU		
JAMES KNIGHT JR 6616 AUTUMNWOOD DR NASHVILLE TN 37221	$917.79	$0.00
ROBERT WEBB 1856 PENSHURST DRIVE COLLIERVILLE TN 38017	$928.40	$0.00
TINA WAY 8121 S YORK CT CENTENNIAL CO 80122	$922.15	$99.68
GREGORY WAY 5750 DTC PARKWAY STE 160 GREENWOOD VILLAGE CO 80111	$919.51	$0.00
CLAUDIA ALBA 5814 E HADRIANS CRES ANAHEIM CA 92807	$906.90	$0.00
CYNTHIA MELENDEZ 11049 WHITEHALL DRIVE EL PASO TX 79934	$900.80	$0.00
THE LEE GROUP AND ASSOCIATES INC 820 NORTH ORLEANS SUITE 320 CHICAGO IL 60610	$695.05	$34.41
MAURICE WATSON 408 WALKING STICK TRAIL CLINTON NC 28328	$676.86	$21.76
KAREN DENNIS 19521 PERRY HIGHWAY SUITE 105 WEXFORD PA 15090	$852.80	$58.95
GARY WARE JR 2306 VALLEYBROOK DR CHAMPAIGN IL 61822	$842.97	$0.00
ROSALIND CIESLEWICZ 11731 CANYON VISTA LANE TOMBALL TX 77375	$797.90	$31.52
JOAN FIALKOWSKI 701 DELAWARE AVE VIRGINIA BEACH VA 23451	$736.74	$0.00
SCOTT BLACKSHEAR 11100 SE 8TH STREET #375 BELLEVUE WA 98004	$721.94	$194.26
JOHN JONES JR 4899 FINLAY ST. STE A RICHMOND VA 23231	$691.07	$0.00

GREYHOUND / ATU		
MIRIAM WATKINS 3456 EXMOUTH LANE TALLAHASSEE FL 32317	$677.83	$67.58
MARK BARBIER 414 N ORLEANS ST STE 601 CHICAGO IL 60654	$668.69	$26.04
BETTY ANSLEY 4300 SAN MATEO NE B 187 ALBUQUERQUE NM 87110	$656.78	$57.76
CLEMENT DANIEL II 4725 STONE OAK DR BELTON TX 76513	$652.53	$0.00
ADAM H MICHAELS & ASSOC LTD 414 N ORLEANS ST STE 601 CHICAGO IL 60610	$620.13	$52.26
LAWRENCE POTWIN 97 HIDDEN LANE WHITE RIVER JCT VT 05001	$600.62	$0.00
THERESA MIHILL 10017 MEDLOCK DR DALLAS TX 75218	$598.66	$0.00
CHRISTOPHER D SBROW 5171 EDISON AVENUE SUITE C CHINO CA 91710	$577.18	$0.00
DAVID ABOULAFIA 6657 SEA COVE AVE W ST AUGUSTINE FL 32086	$559.34	$0.00
YVETTE TURNER 2857 NORTH DRUID HILLS RD SUITE A ATLANTA GA 30329	$544.02	$0.00
ALDEAN PEARSON 604 DOVER HEIGHTS TRAIL MANSFIELD TX 76063	$513.09	$0.00
MARTIN ADAMS P O BOX 1927 CLINTON NC 28329	$509.79	$21.70
TERRANCE LUCZAJ INSURANCE SVCS INC 255 E RINCON STREET SUITE 110 CORONA CA 92879	$508.71	$10.63

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GREYHOUND / ATU		
ROBERT JOHNSON 511 WACKER LANE MOBILE AL 36608	$502.49	$77.17
CHARLENE BELTON 601 PENNSYLVANIA AVE NORTH BUILDING STE 708 WASHINGTON DC 20004	$495.81	$0.00
SHARON LONDON 2016 WESTGATE TER HIGHLAND PARK IL 60035	$491.54	$0.00
ARMIN LEONHARDT 9000 FRANCINE LANE POWELL OH 43065	$490.44	$0.00
THOMAS BURNETT 2908 BROWNSBORO ROAD STE 118 LOUISVILLE KY 40206	$490.36	$0.00
WENDY POOLE PYNE 200 EAST UNION STREET ASHLAND MA 01721	$485.50	$36.72
JACQUELINE VIZCAINO-SUEDRETH 72 DRISKELL AVE SW MARIETTA GA 30126	$474.81	$0.00
ROBINA WHITE 9953 SOUTH UNION AVE CHICAGO IL 60628	$443.84	$0.03
JAMES DAVIDSON 7503 DERRYCLARE DRIVE RICHMOND VA 23228	$440.20	$0.00
KYLE MCALISTER P O BOX 2533 ABILENE TX 79604	$426.85	$0.00
DAVID CLOUD JR 1301 SHILOH RD NW STE 1020 KENNESAW GA 30144	$421.69	$45.20
ALBERT WELCH III 4209 LAKELAND MS #369 FLOWOOD MS 39232	$418.89	$39.82
FRANHARGARTEN III 96015 LONG BEACH DR FERNANDINA BEACH FL 32034	$418.57	$10.13
CHRIS BIALKA 8240 BECKETT PARK DR STE B HAMILTON OH 45011	$401.66	$54.43

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GREYHOUND / ATU		
STEPHANIE CONNOR 6608 NW ROCK GARDEN ROAD PARKVILLE MO 64152	$386.27	$19.85
RUTH YOUNG 809 WIGGINGTON RD SUITE B LYNCHBURG VA 24502	$378.84	$0.00
JAMES BOADA 2 HEARTWOOD WAY ALISO VIEJO CA 92656	$363.09	$0.00
WENDY HOOK 5 GREAT VALLEY PARKWAY SUITE 100 MALVERN PA 19355	$346.34	$24.16
BRITTAIN HARDMAN 5611 11TH PLACE #13 LUBBOCK TX 79416	$339.59	$0.00
JOSEPH HARRIS 1033 MCCOY STREET BIRMINGHAM AL 35218	$338.50	$0.00
FRANCES SHAFFER 14025 TOWER RD SMITHSBURG MD 21783	$329.90	$0.00
LINDA KING 25900 GREENFIELD RD STE 105 OAK PARK MI 48237	$320.76	$0.00
SCOTT WEBB 8755 W KELTON LN BLDG B1 STE 110 PEORIA AZ 85382	$313.81	$9.36
KRISTIN QUINLAN 137 SENECANON LN RENFREW PA 16053	$304.84	$11.80
TGBG MARKETING INC 2100 FOREST VIEW RD AIKEN SC 29803	$302.29	$0.00
GLOBAL CARE GROUP LLC 6120 WEST COLDLEAF CIRCLE SUITE 103 LOS ANGELES CA 90056	$291.88	$33.77
MICHAEL FATHERREE 1021 ESE LOOP 323 STE 350 TYLER TX 75701	$290.10	$55.48

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GREYHOUND / ATU		
DAVID BERGAN 6196 A POSEY LN. PARADISE CA 95969	$286.81	$0.00
ELLEN HORTON 2165 JEFFEY DRIVE HILLIARD OH 43026	$282.97	$0.00
ANTHONY SWEETER 901 WHWY 10 ANOKA MN 55303	$280.63	$69.54
JONATHAN CHEEKS 412 S WELLS 2ND FLOOR CHICAGO IL 60607	$280.49	$34.41
DEBORAH SCNN 15042 N 6TH STRCCT PHOCNIX AZ 85022	$278.23	$72.11
MAKOWSKI INS AGCY INC 9150 SOUTH HILLS BLVD SUITE 253 BROADVIEW HTS OH 44147	$277.64	$0.00
DAVID MORGAN 3781 WESTERRE PARKWAY STE E RICHMOND VA 23233	$277.14	$71.70
JOHN FEEHAN 146 CRESTVIEW AVE ABSECON NJ 08201	$277.66	$86.26
MATTHEW EVANS 11285 DOVEDALE CT STE 2 MARRIOTTSVILLE MD 2' 104	$277.25	$50.89
ROBERT SWANGO 4823 HARVEST HILL RD DALLAS TX 75244	$273.43	$29.05
GLADYS HLTY 1110 SOUTHWESTERN DR. RICHARDSON TX 75081	$273.11	$0.00
JAMES HARBOUR 1100 ALAKEA STREET SUITE 3200 HONOLULU HI 96813	$272.62	$0.00
SAIC INC 4245 NILGEN ROAD COLUMBUS GA 31907	$271.44	$15.43

GREYHOUND / ATU		
CRP BENEFIT SERVICES INC 5765 CRANGER ROAD 615 INDEPENDENCE OH 44131	$270.97	$0.00
KENNETH WOOD 10224 MANORVILLE DR JACKSONVILLE FL 32221	$270.34	$50.56
EDWARD HAGER I 8266 STARBURST ROAD MENTOR OH 44060	$266.65	$0.00
LINDA SEDAR 101 CONCORD CHURCH RD BADEN PA 15005	$261.42	$0.00
KENT HORSMAN 188 W INDUSTRIAL DRIVE SUITE 200 ELMHURST IL 60126	$246.95	$0.00
KATHRYN _ KITE LLC 6024 4TH ST NW SUITE B ALBUQUERQUE NM 87107	$244.91	$3.63
DEBORAH POPPERT 1001 RAY COUSTIN WAY #1601 MURRELLS INLET SC 29576	$242.11	$0.00
LYDIA PALACIOS 7336 DALE RD EL PASO TX 79915	$240.58	$0.00
MARYANN MEYERS 6704 PLEASURE AVE B SEA ISLE CITY NJ 08243	$239.28	$0.00
FRANK SMITH 10 KIRKWOOD CT SAINT PETERS MO 63376	$235.88	$0.00
MICHAEL MCDONALD 12361 SONDRA COVE TRAIL N JACKSONVILLE FL 32225	$234.20	$0.00
RICHARD TOBIAS 416 JEFFERSON AVE LINWOOD NJ 08221	$222.61	$17.23
MICHAEL KAMINSKI 13400 TINKERS CREEK ROAD VALLEY VIEW OH 44125	$215.74	$0.00
LEO GILLES P O BOX 34293 HOUSTON TX 77234	$213.19	$6.29

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GREYHOUND / ATU		
DAVID MOBLEY 3412 BAY TO BAY BLVD TAMPA FL 33629	$212.52	$0.00
WEN-IYAA SOO 1948 E TROWBRIDGE ST MILWAUKEE WI 53207	$207.31	$0.00
BENJAMIN THOMPSON SR 2012 GAMEWAY COURT MIDLOTHIAN VA 23113	$206.43	$3.16
BEVERLY BUTSCHEK 11323 CARRIAGE LAKE DRIVE HOUSTON TX 77065	$206.04	$0.00
ROBERT GOBLE 7076 PEACHTREE IND BLVD SUITE 101 NORCROSS GA 30071	$202.43	$11.39
DUANE ADAMS 9781 WESTERRE PKWY SUITE E RICHMOND VA 23233	$196.85	$52.32
GERRID POUND 3501 RIDGE CREST DR BIRMINGHAM AL 35216	$195.28	$0.00
ALAN LECLAIRE 5750 DTC PKWY STE 160 GREENWOOD VILLAGE CO 80111	$194.95	$16.62
BRAUNWYNN STAPLES 2041 SPRING END CT LAWRENCEVILLE GA 30044	$190.60	$0.00
CAROL JOSSERAND 104 SAND TRAP RD #101 MIRAMAR BEACH FL 32550	$185.95	$0.00
ROBERT HARE 7814 CRAINDOW CT DUBLIN OH 43017	$184.56	$54.43
THOMAS POPPERT 1762 MIDDLETOWN ROAD GLEN MILLS PA 19342	$183.92	$0.00
LINDA PERKOWSKI 111 DESERT RD MESQUITE NV 89027	$181.17	$0.00
MICHAEL NORRIS 116 MEADOWVIEW DR OXFORD PA 19363	$177.75	$0.00

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GREYHOUND / ATU		
BRE T HILTON 11 LACEY AVE IVYLAND PA 18974	$175.60	$0.00
MELANIE MUNSTER 8332 CHARING LANE GLEN ALLEN VA 23059	$173.63	$0.00
CHARLES HAYES JR 499 LEWETT HILL ROAD ASHBY MA 01431	$173.35	$0.00
JERRY LOCKHART 4000 SOUTH GEORGIA STE B2 AMARILLO TX 79189	$173.00	$0.00
MARTY MC COMBS 11443 SE 186TH STREET RENTON WA 98055	$169.93	$20.64
SINDY STAGGERS 17325 NE 85TH PL APT N120 REDMOND WA 98052	$169.60	$9.38
CAROL VENN 5 SPYGLASS COURT CINCINNATI OH 45241	$168.64	$46.48
TONYA SHELTON 647 LAUREL ROAD SEYMOUR TN 37865	$168.23	$10.35
RITA JONES INC PO BOX 20474 HOT SPRINGS AR 71903	$166.92	$0.00
DONALD CAUDLE 9904 LIBERTY BELL CT CHARLOTTE NC 28269	$166.40	$0.00
JOSH MURILLO 5959 GATEWAY WEST SUITE 623 EL PASO TX 79925	$165.81	$7.92
TYE ELLIOTT 504 HAPTON COURT GERMANTOWN HILLS IL 61548	$165.34	$11.80
DARREN GALGANO 4701 SW MIDLOTHIAN PARKWAY CRESTWOOD IL 60445	$164.92	$27.67
ELIZABETH GASPAROVIC 1653 N BELMONT COURT ARLINGTON HEIGHTS IL 60004	$156.09	$0.00

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GREYHOUND / ATU		
MICHAEL BISHOP 6938 BRENTWOOD DR BOISE ID 83709	$155.22	$12.11
LORENZO CUTAIA 858 S WHITE HORSE PIKE STE B-6 HAMMONTON NJ 08037	$153.31	$17.23
THOMAS GIDDENS 2950 CHEROKEE ST NW BUILDING 1000 KENNESAW GA 30144	$152.04	$0.00
CAROLINE MORNINGSTAR 11275 DOVEDALE CT MARRIOTSVILLE MD 21104	$151.45	$50.69
CLAUDIA FELDMAN 9037 E CASITAS DEL RIO DR SCOTTSDALE AZ 85255	$150.27	$23.61
KRAIG SEXTON 736 W GRAND RIVER AVE BRIGHTON MI 48116	$145.89	$0.00
JERRY SHULER 13500 MIDWAY RD SUITE 401 DALLAS TX 75244	$142.72	$0.00
DB BENEFITS INC PO BOX 286 WICKLIFFE OH 44092	$142.51	$0.00
LYNN WENTWORTH 137 EXECUTIVE DR STE E MADISON MS 39110	$141.76	$7.97
ERIC MACDOUGALL & ASSOC INC 301 OXFORD VALLEY ROAD SUITE 205 A YARDLEY PA 19067	$139.60	$24.16
BIANCA MELONE PO BOX 811621 BOCA RATON FL 33481	$138.74	$71.74
EDWARD MARTINA III 11615 SOUTHFORK AVE STE 202 BATON ROUGE LA 70816	$138.43	$0.00
BRIAN LYPOLITT 67 ALLISON PLACE EGG HARBOR TWP NJ 08234	$138.36	$17.23

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GREYHOUND / ATU		
MATTHEW STRONG 1910 HARDY STREET STE D HATTIESBURG MS 39401	$137.56	$0.00
MARK STEWART 6301 WINDHAVEN PKWY #151C PLANO TX 75093	$135.38	$0.00
VICTOR VELEZ 401 CUMBRIAN COURT WEST CHESTER PA 19382	$135.29	$0.00
RICHARD BLOUNT 9801 FAIRWAY CIRCLE LEESBURG FL 34788	$134.99	$0.00
JONATHAN KIRKLAND 155 INVERNESS DRIVE WEST SUITE 300 ENGLEWOOD CO 80112	$134.87	$16.62
BRENT FORD 11503 JONES MALTSBERGER RD STE 184 SAN ANTONIO TX 78216	$133.92	$0.00
STEVEN KARAS AFLAC 2020 COMMONWEALTH AVE AUBURNDALE MA 02466	$132.50	$6.14
K W D & ASSOC INC 1640 W OAKLAND PARK BLVD STE 202 OAKLAND PARK FL 33311	$130.04	$0.00
THE PERRY GROUP INC 1650 SAND LAKE RD SUITE 201 D ORLANDO FL 32809	$129.42	$14.34
RAND SIMKINS 1520 MCGREGI ANE CARROLLTON TX 75010	$126.07	$0.00
DEANNE CUMMINGS P O BOX 21897 BILLINGS MT 59104	$125.25	$0.00
FRANKLIN DAVIES 7408 ROUND HILL RD MCKINNEY TX 75070	$123.79	$0.00
MEREDITH CONI ON 653 SOUTH GULPH RD KING OF PRUSSIA PA 19406	$119.74	$4.92

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GREYHOUND / ATU		
DOROTHY CREED 237 E BETHEL RD COPPELL TX 75019	$119.67	$0.00
LEANN POTTER 6636 W ROBIN LANE GLENDALE AZ 85310	$119.59	$0.00
KRISTY GRAMLICH INC 9131 N BOOTH CT KANSAS CITY MO 64157	$119.04	$0.00
TIOMA GROUP & ASSOCIATES LTD P O BOX 978 CHESTERTON IN 46304	$118.96	$0.00
VICKIE REYNOLDS 259 SUNCREST ROAD CHERRYVILLE NC 28021	$118.22	$0.00
JERRY HOKE 11075 S STATE STREET #13 SANDY UT 84070	$118.13	$0.00
ERIC GRACE 10041 GRANITE HILL DRIVE PARKER CO 80134	$117.62	$0.00
DAVID EZZELL 5952 TEMPLE ROAD NASHVILLE TN 37221	$117.15	$0.00
DAVID MORNINGSTAR 11275 DOVEDALE CT. MARRIOTTSVILLE MD 21104	$116.97	$51.18
JEROME BROCKWAY 15617 BROOKRIDGE BLVD BROOKSVILLE FL 34613	$114.45	$0.00
JOHN THOMPSON II 12706 ROCK CREEK CT HUMBLE TX 77346	$113.97	$0.00
TIMOTHY QUINLAN 137 SEMICONON LANE RENFREW PA 16053	$113.67	$0.00
VICKIE ROIGER 2800 E CLIFF ROAD SUITE 220 BURNSVILLE MN 55337	$111.29	$0.00
LOUIE ALMANZA 5959 GATEWAY WEST SUITE 655 EL PASO TX 79925	$110.88	$0.00

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GREYHOUND / ATU		
BRUCE MEYER 9922 BREWSTER LANE POWELL OH 43065	$109.18	$54.43
GEORGE RALSTON PO BOX 9830 WICHITA FALLS TX 76308	$108.15	$7.09
RAQUEL PUNTER PO BOX 1357 WALDORF MD 20604	$107.06	$0.00
MIRIAM HUNGERFORD 17401 ARMSTRONG AVE SUITE 200 IRVINE CA 92614	$105.20	$3.64
THOMAS HATCHER JR 6758 CORNTASSEL LN ROANOKE VA 24018	$106.13	$0.00
YARBOROUGH & YARBOROUGH INC 2500 ALMEDA AVE SUITE 111 NORFOLK VA 23513	$104.20	$0.00
SHANE WENBERG 2873 HAWK RIDGE ROAD PRIOR LAKE MN 55372	$99.30	$0.00
BOBBY TOE 2501 PITTLAND LANE BOWIE MD 20716	$98.90	$0.00
BRANDON ADAMS 6817 SOUTHPOINT PKWY STE 1602 JACKSONVILLE FL 32216	$97.93	$10.13
EILEEN GALGANO 8559 BURR STREET CROWN POINT IN 46307	$95.90	$14.48
MICHAEL RUDDER 515 E HENDRONS CHAPEL RD KNOXVILLE TN 37920	$95.78	$0.00
NICHOLAS DUCHENSKY 252 N 15TH ST BLOOMFIELD NJ 07003	$94.42	$0.00
CAROL E MONTGOMERY 2404 E DRACHMAN TUCSON AZ 85719	$94.38	$0.00
CLARENCE DANNELLY 20110 AMBERVINE CIRCLE KATY TX 77450	$94.24	$0.00

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GREYHOUND / ATU		
WALTER LUCAS JR 5365 RED FOX RD JACKSON MS 39211	$93.80	$0.00
MARC BARNES 7795 SOUTHLAKE DR MIDLAND GA 31820	$92.40	$0.00
REX JOHNSON PO BOX 973 BELMONT NC 28012	$91.85	$0.00
LOUIS STEINMILLER 67 WINDCREST DRIVE CECIL PA 15321	$91.50	$0.00
KATTY COHEN 21711 TOWN PLACE DRIVE BOCA RATON FL 33433	$91.04	$0.00
KERRY LEWIS 509 AGORA RD NE RIO RANCHO NM 87124	$89.89	$7.92
MARK HASLEY 2001 E CAMPBELL RD 203 PHOENIX AZ 85016	$89.22	$0.00
AUDRELYN ELLIS 2121 FAIRFIELD AVE SHREVEPORT LA 71104	$88.25	$0.00
JULIE TRULUCK 8917 ABERDEEN CK CIR RIVERVIEW FL 33569	$86.78	$14.34
J BUTLER 125 LUTHER BARGER RD SALISBURY NC 28146	$85.82	$0.00
JULIA MELO 312 N MAY STREET SUITE 21J CHICAGO IL 60607	$85.61	$20.58
MICHAEL RYAN PO BOX 930 MANCHESTER CENTER VT 05255	$84.38	$0.00
K GRAMLICH INC 3100 BROADWAY SUITE 223 KANSAS CITY MO 64111	$83.83	$0.00
TRENT NIELSEN 5846 WHISPER ROSE DRIVE HERRIMAN UT 84096	$83.38	$3.49

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GREYHOUND / ATU		
TROY DESLATTE 12420 SAN JOSE BLVD SUITE 2 JACKSONVILLE FL 32223	$82.19	$0.00
CARL RUSSELL 2307 HUNTLEIGH CT LITTLE ROCK AR 72212	$82.15	$0.00
JOSEPH WILLIS 1853 PENNY ROYAL COURT MONUMENT CO 80132	$81.40	$0.00
BRENDA KING 9732 COTTONWOOD RD OMAHA AR 72662	$81.12	$0.00
LIGIANE DECARVALHO 2331 E SUSQUEHANNA AVENUE PHILADELPHIA PA 19125	$80.65	$19.24
ELLEN PARTAL 8225 SW PFAFFLE ST PORTLAND OR 97223	$80.24	$0.00
C BORLAND 10471 PAUSCH RD LEESBURG OH 45135	$80.16	$0.00
JORGE ACEVEDO-GIERBOLINI P O BOX 221798 EL PASO TX 79913	$80.04	$0.00
RYAN HEEKE 3529 PEACH TREE ST JEFFERSONVILLE IN 47130	$79.31	$0.00
J C ADAMS INC 409 NE 36TH AVE OCALA FL 34470	$78.21	$21.40
KAREN TUCCI 73 STETSON DRIVE MARLBOROUGH MA 01752	$76.91	$6.14
D AND V BUTLER INC 601 CRESENT BLVD #102 RIDGELAND MS 39157	$76.20	$7.97
ANTHONY BECERRA 1765 RUSHDEN DRIVE OCOEE FL 34761	$75.63	$0.00
CHRISTINE LOGSLETT 904 EMERSON AVENUE SOUTH MILWAUKEE WI 53172	$75.18	$0.00

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GREYHOUND / ATU		
RICHARD JONES 7512 E INDEPENDENCE BLVD SUITE 103 CHARLOTTE NC 28227	$74.86	$0.00
D SMITH PO BOX 16871 JACKSON MS 39236	$74.23	$0.00
WILLIAM COVINGTON 6815 WINDHAVEN PARKWAY THE COLONY TX 75056	$74.02	$9.36
ROBERT TRAPNELL JR P O BOX 900 CAPE CANAVERAL FL 32920	$72.41	$0.00
HILARY NEWCOMB 15991 LAUDERDALE AVE BEVERLY HILLS MI 48025	$72.27	$0.00
WILLIAM FLEMING 525 DEERWOOD DRIVE HENDERSON NC 27536	$71.49	$0.00
ROY MUNSTER 901 MOOREFIELD PARK DR STE 111 RICHMOND VA 23236	$69.84	$0.00
CAROL JACKSON PO BOX 1550 MILLBROOK AL 36054	$69.31	$0.00
ROBERT WALLACE 209 INDUSTRIAL PKWY STE E SARALAND AL 36571	$68.91	$15.43
HERBERT SHNIDER 6192 MCNAUGHTEN GROVE LN COLUMBUS OH 43213	$68.22	$0.00
RANDY JACKSON P O BOX 1550 MILLBROOK AL 36054	$67.85	$0.00
JUDY LAFEMINA 213 FRIENDSHIP CIRCLE #57 WEST TAWAKONI TX 75474	$67.12	$0.00
ROSALIND GEORGE 1909 GLENVILLE RD SUITE 186 RICHARDSON TX 75081	$66.49	$3.54
SCOTT SMITH 470 OLDE WORTHINGTON RD SUITE 250 WESTERVILLE OH 43082	$66.28	$9.30

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GREYHOUND / ATU		
NOBLE WILTSHIRE JR 1104 ADAMS ST NEW ORLEANS LA 70118	$65.04	$0.00
TIMOTHY NEFF 218 ELM STREET CHILLICOTHE OH 45601	$65.02	$0.00
T HOWDESHELL 3601 MFARFS DR APT 431 FT WORTH TX 76137	$63.36	$0.00
KELLY LINDEMANN 771 TEXANA DR PROSPER TX 75078	$62.55	$0.00
DANIEL ADAMS 1344 VICKERS RD TALLAHASSEE FL 32303	$62.43	$11.27
MEREDITH SCHAEFER 1117-A NORTH CADSDEN ST TALLAHASSEE FL 32303	$62.19	$0.00
MARC NORBY 7509 WEIL AVENUE ST LOUIS MO 63119	$62.03	$0.00
G B S MARKETING INC 158 PRINTERS LANE NEW LONDON NC 28127	$61.99	$0.00
ALICE KIEREN 10202 N LA CRESTA DR MEQUON WI 53092	$61.85	$0.00
JILL MOORE 6805 E 83RD ST TULSA OK 74133	$60.82	$0.00
MICHAEL ZORN 8 PHEASANT RUN KIMMELON NJ 07405	$60.45	$0.00
JAANA MEEKS TO THE ESTATE OF 1000 CREEK STONE DRIVE MOBILE AL 36608	$60.00	$0.00
BRIAN MCCROSKEY 11639 TRUAN LN CORNELIUS NC 28031	$59.92	$0.00
PENNY MITCHELL 10426 CYPRESSWOOD HOUSTON TX 77070	$59.41	$0.00

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GREYHOUND / ATU		
DAVID BECKSTEAD 670 N 300 W LA VERKIN UT 84745	$59.35	$0.00
ANDREW GLAUB 2150 ASSOCIATION DRIVE SUITE 150 OKEMOS MI 48864	$59.05	$8.00
LYNDA TYSON 3083 MOONLIGHT RIDGE ARC LAS CRUCES NM 88011	$58.55	$0.00
DANIEL CLARK 33 LANDAU ROAD PLAINVILLE MA 02762	$58.54	$6.14
MICHIGAN ACCOUNT SERVICE TEAM INC 645 LOMASNEY LN STE 100 MARYSVILLE MI 48040	$58.45	$8.42
KATHRYN KITE 5024 4TH ST NW SUITE B ALBUQUERQUE NM 87107	$58.09	$7.92
TONY DELBEN 862 BRAWLEY SCHOOL RD STE 205 MOORESVILLE NC 28117	$57.40	$0.00
GREGORY STENZEL 800 E CAMPBELL RD STE 100 RICHARDSON TX 75081	$57.38	$23.61
DAVID SCHMIDT 1033 PIEDMONT CIRCLE ST PETERS MO 63304	$56.72	$0.00
LEEZA BLEVINS 1949 GOLDSMITH LANE STE 102 LOUISVILLE KY 40216	$56.16	$0.00
MICHAEL PATRICK 23995 SE 7TH LANE SAMMAMISH WA 98074	$55.37	$4.13
LANCE ALLEN 930 SUMMIT DR JOPLIN MO 64801	$54.29	$0.00
MARY PETERSON 4233 SE 182ND AVE PMB 364 GRESHAM OR 97030	$53.82	$0.00

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GREYHOUND / ATU		
LARRY GROVES 101 MARTIN STREET DUNN NC 28334	$53.51	$11.39
QUINN, MEYER & ASSOCIATES 8580 MAJORCA LANE NAPLES FL 34114	$52.66	$0.00
MICHAEL D'ANGELO 8251 N SUWANNEE DRIVE TUCSON AZ 85741	$51.92	$0.00
G COOKE 1501 E ORANGETHORPE AVE STE 160 FULLERTON CA 92831	$51.41	$12.55
HERSCHEL HOLT 544 BATTLE RD ANTIOCH TN 37013	$51.00	$0.00
JAMES HILL SR 12820 WEST CREEK PKWY RICHMOND VA 23238	$49.71	$0.00
RAYMOND HIBBERT 13882 E LAUREL LANE SCOTTSDALE AZ 85259	$49.39	$0.00
MICHAEL CURTIS 11927 GRASON LANE BOWIE MD 20715	$48.85	$0.00
DEBORAH WILLIS 15954 JACKSON CREEK PKWY SUITE B 225 MONUMENT CO 80132	$48.71	$0.00
MICHAEL JOHNSON 132 DOGWOOD DR HIGHLAND HEIGHTS KY 41076	$48.52	$9.30
MARIA RECALDE MEDINA 4749 S ADELLE CIRCLE MESA AZ 85212	$48.36	$0.00
R WRIGHT 806 STONE CREEK PKWY STE 4 LOUISVILLE KY 40223	$48.19	$0.00
MARIANNE BOOTH P O BOX 359 TRILBY FL 33593	$47.96	$0.00
JEFFREY WERNER 678-B FRONT AVE NW #91 GRAND RAPIDS MI 49504	$47.47	$0.00

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GREYHOUND / ATU		
ELIZABETH GUZMAN 10623 NW 6 COURT CORAL SPRINGS FL 33071	$47.28	$0.00
KENDALL HUDSON 801 NORTHPOINT PARKWAY STE 35 WEST PALM BEACH FL 33407	$46.45	$0.00
STEVE WHITTEN 7606 UNIVERSITY STE F LUBBOCK TX 79423	$46.24	$0.00
J TAYLOR 5006 MIDDLESEX DR LOUISVILLE KY 40245	$45.35	$0.00
JOHN DALY 2075 S 800 W WOODS CROSS UT 84087	$45.33	$0.00
JOHN THOMPSON 7825 WASHINGTON AVE SOUTH SUITE 425 BLOOMINGTON MN 55439	$45.30	$0.00
SCOTT MARTINA 4134 FLORIDA AVE STE 100 KENNER LA 70065	$44.83	$0.00
DEBRA GAPP LLC 3658 G 7 RD PALISADE CO 81526	$44.53	$0.00
CHARLES CHAPLEAU JR 122 BELLEVUE AVE RUTLAND VT 05701	$44.40	$0.00
MARC J HAIRE 9885 GREENHAVEN PARKWAY BRECKSVILLE OH 44141	$44.18	$0.00
BARBARA BASS 800 E CAMPBELL RD STE 100 RICHARDSON TX 75081	$43.42	$0.00
AG & ASSOCIATES 2150 ASSOCIATION DR SUITE 150 OKEMOS MI 48864	$43.36	$8.42
LAURA SEGEL 360 WEST ILLINOIS ST 9A CHICAGO IL 60610	$43.03	$0.00

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GREYHOUND / ATU		
KIMBERLY MOGER 10655 NE 4TH ST SUITE 212 BELLEVUE WA 98004	$43.01	$1.88
DIVYA JAIN 152 ROLLINS AVE STE 210 ROCKVILLE MD 20852	$42.91	$17.46
JOSEPH SAILERS 9332 WESTMINSTER DR HUNTERSVILLE NC 28078	$42.42	$0.00
MICHELLE KENNEDY 6661 SILVERSTREAM AVE STE 1037 LAS VEGAS NV 89107	$42.12	$0.00
SHARON VINCZE 16810 SW 129TH AVE TIGARD OR 97224	$41.96	$0.00
C HEWITT INC 309 NEWPOINTE DR STE B RIDGELAND MS 39157	$41.38	$7.97
DEWAYNE SIMPSON 4204 COPPER ROCK DR EDMOND OK 73025	$41.35	$0.00
DEREK MANN 1000 LEE RD 368 VALLEY AL 36854	$41.02	$15.43
FRED HUBER 301 MIDDLE WINCHENDON ROAD RINDGE NH 03461	$40.71	$0.00
JAMES STEADMAN 177 CREEK KNOLL LINCOLN AL 35096	$40.12	$0.00
RONALD KIRKLAND 12010 MALLARD BAY DRIVE KNOXVILLE TN 37922	$39.98	$0.00
DENNIS ESARTE 520 CENTRAL PKWY STE 106 PLANO TX 75074	$39.60	$5.82
DAVID CHARLES 208 LAKE VISTA CIRCLE PINEY FLATS TN 37686	$38.54	$0.00

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GREYHOUND / ATU		
ANNE STRENK 1501 E ORANGETHORPE AVE STE 180 FULLERTON CA 92831	$38.02	$0.00
JOHN RIEDLE 535 MT AUBURN STREET WATERTOWN MA 02472	$37.69	$0.00
SHEREE AMOS 312 PITCHFORK LANE CANYON TX 79015	$36.77	$0.00
MILDRED SEVERSON 630 HUDSON BAY DRIVE GRAND JUNCTION CO 81504	$36.77	$0.00
AARON OLSON 2210 SOUTH MEAWDOWVIEW RD GREENACRES WA 99016	$35.67	$0.00
YANIS KALOUDIS 422 RINGWOOD AVE #216 POMPTON LAKES NJ 07442	$35.53	$0.00
BILLY ELKINS 1024 BOURLAND ROAD KELLER TX 76248	$35.10	$0.00
R SAPP P O BOX 310 WAXHAW NC 28173	$35.07	$0.00
CATHY OGLESBY 590 B SCHILLINGER RD SO BOX 61 MOBILE AL 36695	$34.91	$0.00
HENRY TOLBERT SR 4351 JAGER DRIVE NE SUITE B RIO RANCHO NM 87144	$34.83	$0.00
JOHN DRZEWIECKI JR 210 SOUTH STREET SUITE 4 BENNINGTON VT 05201	$34.69	$0.00
LAURIE HAMILTON 413 N AVALON ST MEMPHIS TN 38112	$34.62	$0.00
KIEFER GROUP INS AGCY LC 11629 SOUTH 700 EAST #125 DRAPER UT 84020	$34.61	$0.00
RONALD GILMORE 8515 LANEWOOD CIRCLE LEEDS AL 35094	$34.21	$0.00

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GREYHOUND / ATU		
BARBARA HERMES 156 PRAIRIE DUNE WAY ORLANDO FL 32828	$33.89	$0.00
TODD SHENBERGER 2403 SAN MATEO NE STE P8 ALBUQUERQUE NM 87110	$33.77	$0.00
MICHAEL FORNARO 271 ROUTE 46 WEST STE H-119 FAIRFIELD NJ 07004	$33.67	$0.00
MARIO HAIFA 115 V I P DRIVE SUITE 110 WEXFORD PA 15090	$33.58	$0.00
KANDI MCINTYRE 2000 MALLORY LANE SUITE 130-378 FRANKLIN TN 37067	$33.28	$0.00
CHARLES SHOWALTER 200 PENNY LN ELKVIEW WV 25071	$33.14	$0.00
POWERHOUSE BENEFITS INC 14010 ROOSEVELT BLVD SUITE 701 CLEARWATER FL 33762	$31.82	$0.00
DORIS BELTON 7702 HANOVER PKWY #304 GREENBELT MD 20770	$31.70	$0.00
MURIEL JERNIGAN 9927 COLDWATER CIRCLE DALLAS TX 75228	$31.47	$17.67
DAMON STREETMAN 2961 WEST MAPLE LOOP ROAD SUITE 230 LEHI UT 84043	$31.42	$3.49
PETER BLEIBERG 14 HARRIS STREET BELMONT MA 02478	$31.32	$0.00
TERRY MCLEMORE 2600 PARAMOUNT STE H3 AMARILLO TX 79109	$31.31	$0.00
PAUL ROBEDEAU 904 LA TERRAZA CT MONTEREY CA 93940	$31.05	$6.01

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GREYHOUND / ATU		
JASON NAVILLE 9247 N MERIDIAN SUITE 205 INDIANAPOLIS IN 46260	$30.97	$0.00
MICHAEL SHINN 1209 WARD AVENUE 100 WEST CHESTER PA 19380	$30.86	$0.00
J A FERGUSON & ASSOC. INC 125 W TREMONT AVE SUITE 322 CHARLOTTE NC 28203	$30.24	$0.00
MATTHEW D BUTLER 12923 WILDEN CIR URBANDALE IA 50323	$29.40	$0.00
DONALD LARSON 1528 LOUISVILLE RD ALCOA TN 37701	$29.40	$0.00
JONATHAN DEMPSTER 113 OVERLOOK DR SAULSBURY MD 21806	$29.28	$0.00
CHRISTOPHER EUBANKS 12345 LAMPLIGHT VILLAGE AVE APT 122 AUSTIN TX 78758	$29.06	$0.00
JUDITH J ROSEBERRY 207 ALCOVE DRIVE GRAND JUNCTION CO 81503	$28.84	$0.00
BRADLEY ELLIS 2915 HEATHERSTONE DR CUMMING GA 30041	$27.87	$0.00
SUILSIDO PINEDA 6314 ROOS HOUSTON TX 77074	$27.72	$0.00
WENDY RENARD 1068 S LAKE ST STE 100 FOREST LAKE MN 55025	$27.64	$0.00
KRISTI RALSTON 203 PRAIRIE WIND BLVD STEPHENVILLE TX 76401	$27.52	$1.42
JULIE SLAUGHTER 1816 SUNSET POINT RD APT P CLEARWATER FL 33765	$27.50	$0.00

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GREYHOUND / ATU		
JUSTIN SCHADE 730 CHICKASAW AVE JACKSON MS 39206	$27.46	$0.00
BRADLEY HARRISON 210 PRODO DR JEFFERSON CITY MO 65109	$27.20	$0.00
FREDERICK ROSE 810 RIVER AVENUE SUITE 230 PITTSBURGH PA 15212	$26.94	$11.80
SCOTT LEE 7700 HARWOOD AVE WAUWATOSA WI 53213	$26.79	$0.00
GEORGIANNA STOUT 655 MONTGOMERY ST STE 540 SAN FRANCISCO CA 94111	$26.73	$0.00
GRAVES INC 5336 CAPTAINS CT NEW PORT RICHEY FL 34652	$26.59	$0.00
DAVID MOSKOWITZ 1001 LAKE CAROLYN PKWY APT 223 IRVING TX 75039	$26.54	$0.00
YOLANDA SORDIA 2916 W ASTER DR PHOENIX AZ 85029	$26.28	$0.00
DONALD GREEN 901 E SYLVESTER SPRING PL GREEN VALLEY AZ 85614	$26.18	$0.00
BENJAMIN MORGENEGG 1915 NORTHSHORE HILLS BLVD KNOXVILLE TN 37922	$25.48	$0.00
PREFERRED MARKETING CORP P O BOX 1658 PINE MOUNTAIN GA 31822	$25.30	$0.00
TED MILLER PO BOX 346 OSHKOSH NE 69154	$25.29	$0.00
LOREN MEYER 2604 WEST EUCLID AVE INDIANOLA IA 50125	$25.00	$0.00
JEREMY BULLAS 610 CROWN OAK CENTRE DR LONGWOOD FL 32750	$24.96	$0.00

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GREYHOUND / ATU		
JEREMY FRYE & ASSOCIATES INC 1508 N CHURCH RD SUITE B LIBERTY MO 64068	$24.72	$3.97
RLYMAN INC 4730 WEXFORD DR CUMMING GA 30040	$23.94	$0.00
BRIAN MANN 2210 GATEWAY DRIVE SUITE A OPELIKA AL 36801	$23.70	$0.00
BRAD FISHER 6912 220TH STREET SW 207 MOUNTLAKE TERRACE WA 98043	$23.30	$0.00
JASON SCZEPANIAK 4001 FELLAND ROAD STE 106 MADISON WI 53718	$23.29	$0.00
JEREMY FRYE 1508 N CHURCH RD SUITE B LIBERTY MO 64068	$23.11	$0.00
DARAN WYCKOFF ONE STEWART PLAZA SUITE 2 DUNBAR WV 25064	$22.49	$0.00
EDWARD MARTINA JR 4134 FLORIDA AVE STE 100 KENNER LA 70065	$22.36	$0.00
KEITH BELICH 2740 CENTRAL PKWY MONTGOMERY AL 36106	$21.78	$0.00
C HUDSON AND ASSOCIATES 700 OCEAN ROYAL WAY APT 405 JUNO BEACH FL 33408	$21.74	$0.00
DAVID AESOPH 5032 S BUR OAK PLACE STE 111 SIOUX FALLS SD 57108	$21.56	$0.00
FRANK PALMER 345 CLYDE WIX ROAD WESTMORELAND TN 37186	$21.53	$0.00
DANIEL B ELLIS 2121 FAIRFIELD AVE SHREVEPORT LA 71104	$21.49	$0.00

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GREYHOUND / ATU		
GARLAND GRAZIER 3051 HINTZ ROAD OWOSSO MI 48867	$21.15	$8.42
JONATHAN HAJIMOMEN 1501 EAST ORANGETHORPE AVE STE 180 FULLERTON CA 92831	$20.94	$0.00
BRIAN PATTEN 120 MARGUERITE DRIVE SUITE 101 CRANBERRY PA 16066	$20.59	$0.00
ROBERT BARNES 8263 POPLAR AVE STE 540 MT PLEASANT SC 38119	$20.36	$0.00
VICKIE ELIZARDO 4218 STONEY VIEW DRIVE PASADENA TX 77505	$20.29	$6.29
MARGUERITE LEMMON-RINEHART 10165 WOODBROOK CIR LAKELAND TN 38002	$20.02	$0.00
KRYSTAL SCOTT 5500 OLYMPIC DR D-105 GIG HARBOR WA 98335	$19.92	$0.00
JOE SEEWALD 1409 BRANCHWOOD SAN ANTONIO TX 78248	$19.86	$0.00
TERRY ALLEN P O BOX 13406 SPOKANE WA 99213	$19.71	$0.00
KELLY LEBSACK 3300 BATTLEGROUND AVE STE 206 GREENSBORO NC 27410	$19.63	$0.00
M H & ASSOCIATES INC 17401 ARMSTRONG AVE SUITE 200 IRVINE CA 92614	$19.19	$3.74
DOUGLAS DICKISON 7312 WILLOW CREEK DRIVE CHARLOTTE NC 28106	$19.02	$0.00
AMIT JAIN 152 ROLLINS AVE STE 210 ROCKVILLE MD 20852	$18.98	$3.49

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GREYHOUND / ATU		
BRADLEY KAUFFMAN 7500 BROOKTREE DRIVE SUITE 304 WEXFORD PA 15090	$18.72	$0.00
BRANDON DAW 1455 N COLE ROAD BOISE ID 83704	$18.60	$0.00
QUINCY MCCOMAS 1775 EAST PLUMB LANE STE 169 RENO NV 89502	$18.57	$0.00
STACEY LAND 51 SPRINGHOUSE DRIVE COLD SPRING KY 41076	$18.22	$0.00
RAINIE MESEWICZ 4306 VILLAGE CLUB DR POWELL OH 43065	$18.08	$0.00
PETER SARANTIS 3137 DWIGHT ROAD SUITE 400 ELK GROVE CA 95758	$17.39	$2.02
DENISE LUND 2823 KAISER SAN ANTONIO TX 78222	$17.10	$0.00
JEFFREY WEST 322 SPRING HILL DR SUITE A800 SPRING TX 77386	$17.09	$6.29
GWEN-MARIE DAVIS 7749 VALLEY OAK DRIVE ELKRIDGE MD 21075	$17.04	$0.00
JORDAN STEINERT ENTERPRISES INC 3100 BROADWAY STE 223 KANSAS CITY MO 64111	$16.87	$3.97
ALBERT SHUST 300 LANIDEX PLAZA SUITE 3303 PARSIPPANY NJ 07054	$16.66	$0.00
KENNETH HOFFMAN N65 W13544 COBBLESTONE CT MENOMONEE FALLS WI 53051	$16.29	$0.00
IDA ENG 10123 KEMP FOREST HOUSTON TX 77080	$15.84	$0.00

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GREYHOUND / ATU		
DAVID RUBENSTEIN 10 DOWNING CIRCLE DOWNINGTOWN PA 19335	$15.78	$0.00
SCOTT NIELSEN 8905 SW NIMBUS AVE BEAVERTON OR 97008	$15.76	$0.00
ROCKY CUNNINGHAM JR PO BOX 84478 BATON ROUGE LA 70884	$15.60	$1.42
ERIC LEGER 1527 EBERHART AVE COLUMBUS GA 31906	$15.39	$3.63
JOHN TYLER 201 W MCBEE AVE SUITE 301 GREENVILLE SC 29601	$15.28	$0.00
BRIAN DAY 8744 UNION CENTRE BLVD SUITE 500 WEST CHESTER OH 45069	$15.02	$9.30
ALAN MARTIN 123 CENTER PARK DR SUITE 102 KNOXVILLE TN 37922	$14.85	$2.07
SCOTT EDLIN 9565 SPRING BLUSH AVE LAS VEGAS NV 89148	$14.64	$0.00
GSL MARKETING INC 4200 SW 53RD PLACE TRENTON FL 32693	$14.62	$0.00
REUEL DAVIS 1455 N COLE ROAD BOISE ID 83704	$14.49	$0.00
SCOTT STOBAUGH 704 228TH AVENUE NE #774 SAMMAMISH WA 98074	$14.18	$0.00
MKF & ASSOCIATES INC 2461 W SR 426 SUITE 2061 OVIEDO FL 32765	$14.12	$14.34
KOHL INC 5010 CAMINO DE LOS VIENTOS FLAGSTAFF AZ 86004	$14.04	$0.00
DIANE GREY 105 SESAR CT WINCHESTER VA 22602	$13.80	$0.00

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GREYHOUND / ATU		
WILLIAM WENBERG 13024 STACY LANE LITTLE ROCK AR 72211	$13.72	$0.00
DAVID HANCOCK INC P O BOX 418 LAVON TX 75166	$13.49	$0.00
MARK STANLEY 93 FAIRVIEW AVE N PLAINFIELD NJ 07060	$13.29	$0.00
JODI WATSON 4530 NW DAHLIA DRIVE CAMAS WA 98607	$12.80	$0.00
LESLIE KIMBROUGH P O BOX 54468 LEXINGTON KY 40555	$12.51	$0.00
PAUL AMOS II 1932 WYNNTON RD 14TH FLOOR COLUMBUS GA 31999	$12.22	$0.00
DARIN PAVLISH 13965 W PRESERVE BLVD BURNSVILLE MN 55337	$12.02	$0.00
THOMAS GENTZ 8240 BECKETT PARK DRIVE STE B HAMILTON OH 45011	$11.68	$0.00
DEBRA KNIGHT 4715 HIGHGROVE RD TALLAHASSEE FL 32308	$11.52	$0.00
LLOYD HUGHES 3775 N US 52 LEBANON IN 46052	$11.14	$0.00
CRUSER MARKETING INC 7516 BLUEBONNET BLVD 116 BATON ROUGE LA 70810	$11.13	$0.00
DAVID HANNANT 815 S BRIDGEWAY PLACE SUITE 100 EAGLE ID 83616	$11.13	$0.00
KENNETH WIMER 2121 FAIRFIELD AVE STE 150 SHREVEPORT LA 71104	$11.05	$0.00

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GREYHOUND / ATU		
SUSAN MASCARO 18205 KRISTI RD W LIBERTY MO 64068	$10.95	$0.00
JACK HENNINGSGAARD 10311 UPLANDER ST NW COON RAPIDS MN 55433	$10.45	$0.00
RICHARD BEARDEN 68 SPRINGVIEW DR BRANDON MS 39042	$10.30	$0.00
ERIK A WITHERSPOON 8400 VETERANS PKWY COLUMBUS GA 31909	$10.04	$0.00
KENNETH ELDRED 182 TANNER COVE HERNANDO MS 38632	$10.00	$0.00
DAVID ROLL 8002 NE HWY 99 PMB 543 VANCOUVER WA 98665	$9.99	$0.00
THOMAS JOLLEY 11108 133RD ST NW GIG HARBOR WA 98329	$9.97	$1.68
BENJAMIN KLINGER 5503 SPRUCE TREE AVE BETHESDA MD 20814	$9.92	$3.49
LARRY HAAS 2262 TANGLEWOOD RD GRAND JUNCTION CO 81503	$9.62	$0.00
BLAZE FREMIN P O BOX 53871 LAFAYETTE LA 70505	$9.46	$0.00
THERESA FRANCIS 1015 WEATHERSFIELD DRIVE WORTHINGTON OH 43085	$9.24	$0.00
LINDA HAZELTON 1848 8TH STREET NW WASHINGTON DC 20001	$9.24	$0.00
MARK HILL 1701 N EMERALD DR STE B PRESCOTT AZ 86301	$9.21	$0.00
LEO SUPAK 11800 WHILSHIRE BLVD NE ALBUQUERQUE NM 87122	$9.03	$0.00

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GREYHOUND / ATU		
SONIA CALDERON 2321 E 4TH C-433 SANTA ANA CA 92705	$9.00	$0.00
ERIN GIUSTI 4701 BISSONET DR METAIRIE LA 70003	$8.77	$1.42
ABBIE COFFMAN 31 HAWTHORN CIR CROSSVILLE TN 38555	$8.33	$0.00
KATHERINE PRIZY 3435 N ELAINE PL APT 1R CHICAGO IL 60657	$8.25	$0.00
RONALD INFANTINO 343 MAJORCA AVENUE CORAL GABLES FL 33134	$8.16	$0.00
LYNN BARNSON 2980 SUNRIDGE HEIGHTS PKWY HENDERSON NV 89052	$7.78	$0.00
DIANA CARABALLO 1101 WHEATON AVENUE MILLVILLE NJ 08332	$7.68	$0.00
BRIAN SHOWERS 1500 TIFFIN ST BUCYRUS OH 44820	$7.22	$0.00
LAWRENCE THAMES 101 SOUTHWESTERN BLVD STE 113 SUGARLAND TX 77478	$7.08	$0.00
ROGER MCCOY PO BOX 6 GNADENHUTTEN OH 44629	$6.93	$0.00
NATHAN THORPE P O BOX 5811 KNOXVILLE TN 37928	$6.83	$2.07
ADAM MICHAELS 1333 2ND ST STE 550 SANTA MONICA CA 90401	$6.56	$4.36
JACQUELINE YEAGER P O BOX 3185 CARLSBAD NM 88221	$6.54	$0.00
MARK TRIBONE 258 WISES GROVE ROAD NEW BRIGHTON PA 15066	$6.36	$0.00

BX70200022

BX70200022

BX70200022

GREYHOUND / ATU		
MATHEW GAHM 13710 STRUTHERS RD COLORADO SPRINGS CO 80921	$6.24	$0.00
EILEEN HUBER 301 MIDDLE WINCHENDON ROAD RINDGE NH 03461	$5.88	$0.00
ROGER OLSON 471 DAVIS LK RD USK WA 99180	$5.73	$0.00
JAMES BENCIN 11 SHELDRAKE LANE PALM BEACH FL 33418	$5.70	$0.00
CONNIE JOHNSON PO BOX 296 ARGYLE TX 76226	$5.64	$0.00
WILLIAM WARNER 22262 GOLFTIME DRIVE PALO CEDRO CA 96073	$5.40	$4.13
MERLE HALL 950 W BANNOCK STE 1100 BOISE ID 83702	$5.40	$0.00
MINDY SKIDMORE 3100 BROADWAY SUITE 223 KANSAS CITY MO 64111	$5.38	$0.00
BARRY CAMPBELL 2798 COUNTY ROAD 80 ALGER OH 45812	$5.13	$0.00
CASEY HOBSON 6157 S NEVIS AVE BOISE ID 83709	$5.11	$2.02
SPAZ AND GLAUB ENTERPRISES 2150 ASSOCIATION DRIVE SUITE 150 OKEMOS MI 48864	$4.97	$0.00
DAVID BECK 3738 SO 149 STREET STE 101 OMAHA NE 68144	$4.88	$0.00
BARBARA BAROS 5301 GOSHEN CT CORPUS CHRISTI TX 78413	$4.84	$0.00
WILLIAM CANADAY 18 CHERRY STREET ATTLEBORO MA 02703	$4.68	$0.00

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GREYHOUND / ATU		
ALAN BERGMANN 284 TWIN PONDS OKEMOS MI 48864	$4.63	$0.00
MICHELLE HOLZHAUER 10414 SANTA RITA ST CYPRESS CA 90630	$4.60	$0.00
MICHAEL MCCARTHY 8240 BECKETT PARK DRIVE STE B WEST CHESTER OH 45069	$4.47	$0.00
RAYMOND WYLIE 212 BETTY DR. MONTZR LA 70068	$4.36	$0.00
MICHAEL GRASS 21707 KINGSLAND BLVD SUITE 105 KATY TX 77450	$4.32	$0.00
TIS INSURANCE SERVICES INC P O BOX 10328 KNOXVILLE TN 37939	$4.18	$0.00
CHUCK WILSON 1108 HILLIARD AVE SUITE 4 LOUISVILLE KY 40204	$3.88	$0.00
JENNIFER KARSTING 17401 ARMSTRONG AVE SUITE 200 IRVINE CA 92614	$3.79	$0.00
MARSHA HEBERT 29786 ASPEN LANE EVERGREEN CO 80439	$3.24	$0.00
GLEN SCHWEIKERT 2105 HIGHLAND SPRINGS PLACE LOUISVILLE KY 40245	$3.21	$0.00
JULIE PETERSON 16239 N 43RD DR GLENDALE AZ 85306	$3.12	$0.00
BOLTON AND COMPANY 245 S LOS ROBLES AVE #105 PASADENA CA 91102	$3.06	$0.00
DONALD REYNOLDS 8945 HWY 5 STE B LAKE ELMO MN 55042	$2.64	$0.00

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GREYHOUND / ATU		
WILLIAM LENBERG 1228 PEPPOLI LOOP SE RIO RANCHO NM 87124	$2.40	$0.00
DAVID M COUGHLIN 9159 W DESERT INN RD 101 LAS VEGAS NV 89117	$2.28	$0.00
STEVEN BRINGHURST 5388 N HICKORY GLEN PL BOISE ID 83713	$2.24	$0.00
WILLIAM ROBERTSON 880 HWY 15 SOUTH NEW ALBANY MS 38652	$2.10	$0.00
RODNEY BALLANCE JR 1235 GARRETT RD WILLIAMSTON NC 27892	$1.94	$0.00
STEVEN YENNEY 3738 S 149TH ST STE 115 OMAHA NE 68144	$1.92	$0.00
STEPHANIE RINGER P O BOX 6812 NEW ALBANY IN 47151	$1.87	$0.00
CHARLES GREER 943 EAST MAIN ST LEXINGTON SC 29072	$1.80	$2.07
RICHARD KIMBROUGH 1972 MUIRFIELD WAY SE PALM BAY FL 32909	$1.70	$0.00
LES HEINSEN INS SERVICES INC 193 BLUE RAVINE RD STE 140 FOLSOM CA 95630	$1.54	$0.00
JAMES GRIMES PO BOX 218 HAMPTON FALLS NH 03844	$1.47	$0.00
JACQUES DUPUIS 46 HUTCHINSON STREET SANFORD ME 04073	$1.36	$0.00
DAVID JENKINS 15612 NW CLUBHOUSE DR PORTLAND OR 97229	$1.26	$0.00
TEMPLE WOODLEY 153 PERRY HIGHWAY STE 100 PITTSBURGH PA 15229	$1.12	$0.00

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GREYHOUND / ATU		
BRENT GOODE 301 MALLORY STATION RD SUITE 100 FRANKLIN TN 37067	$1.08	$0.00
DARCY KNIGHT 4408 N 210TH STREET ELKHORN NE 68022	$0.92	$0.00
A GOODWIN JR 520 DIXON LANE KODAK TN 37764	$0.90	$0.00
JEFFREY XAVER 4477 WOLVERINE DR WILLIAMBURG MI 49690	$0.88	$0.00
MARY MERICA 3738 SOUTH 149TH STREET SUITE 101 OMAHA NE 68144	$0.84	$0.00
WILLIAM MORGAN 139 THOMPSON ROAD KENNEBUNK ME 04043	$0.81	$0.00
BLAINE LUSHUTE 2625 LAKEWAY DR SEABROOK TX 77586	$0.50	$0.00
MIKE STEWART 19534 GLADEWATER TOMBALL TX 77375	$0.36	$0.00
JAKE ENTERPRISES INC 25 LOCKLAND DRIVE PO BOX 1977 WINDHAM ME 04062	$0.33	$0.00
DAVID KIM 2300 KATHRYN LN 1127 PLANO TX 75025	$0.19	$0.00
GARY WILLINGHAM 25 BANK STREET #2191 WHITE PLAINS NY 10606	$0.06	$0.00
GRAND TOTAL	(14) $126,062.63	(15) $5,843.17

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SCHEDA2

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

PLAN NUMBER 529

2010 FORM 5500

ATTACHMENT TO SCHEDULE A

ACCOUNT ID: BX770

BX77000026

SCHEDULE A EARNINGS REPORT

PLEASE USE THE FOLLOWING INFORMATION
TO COMPLETE YOUR SCHEDULE A

APRIL 07, 2011

NAME OF PLAN SPONSOR

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

NAME OF INSURANCE CARRIER	APPROXIMATE NUMBER OF PERSONS COVERED AT END OF PLAN YEAR	PLAN YEAR FROM TO
Aflac 1932 Wynnton Road Columbus, GA 31999 Contract Number 58-0663085	121	01/01/10 - 12/31/10 **NAIC CODE** 60380

TOTAL PREMIUM COLLECTED
$56,051.23 (4)

INSURANCE FEES AND COMMISSIONS PAID TO AGENTS

NAME AND ADDRESS OF AGENTS	COMMISSIONS PAID*	FEES PAID*
ANNE STRENK 1501 E ORANGETHORPE AVE STE 180 FULLERTON CA 92831	$2,389.04	$277.20
WILLIAM NEWBERRY 13762 ASPEN LEAF LN CORONA CA 92880	$2,243.38	$89.83
CAROL VAUGHN 19 GENOA CT SACRAMENTO CA 95831	$1,078.46	$7.09
JONATHAN HAJIMOMEN 1501 EAST ORANGETHORPE AVE STE 180 FULLERTON CA 92831	$739.56	$55.48
RONALD SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92673	$576.07	$0.00
G COOKE 1501 E ORANGETHORPE AVE STE 180 FULLERTON CA 92831	$420.18	$55.48
SONIA CALDERON 2321 E 4TH C-433 SANTA ANA CA 92705	$336.04	$0.00
PEGGY SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92672	$276.58	$0.00
TERRANCE LUCZAJ INSURANCE SVCS INC 255 E RINCON STREET SUITE 110 CORONA CA 92879	$231.12	$0.61

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GREYHOUND / ATU		
CRAIG HILL 3137 DWIGHT RD STE 400 ELK GROVE CA 95758	$200.64	$1.42
SCOTT BLACKSHEAR 11400 SE 8TH STREET #375 BELLEVUE WA 98004	$189.31	$72.82
JOY GUNDERSON 990 SOUTH HEDIN CIRCLE ANAHEIM HILLS CA 92807	$160.67	$17.34
CLAUDIA ALBA 5914 E HADRIANS CRES ANAHEIM CA 92807	$155.69	$0.61
GARY WARE JR 2306 VALLEYBROOK DR CHAMPAIGN IL 61822	$145.90	$0.00
DAVID KITCHEN 3137 DWIGHT ROAD SUITE 400 ELK GROVE CA 95758	$128.66	$1.42
MICHELLE HOLZHAUER 10414 SANTA RITA ST CYPRESS CA 90630	$121.98	$17.34
LES HEINSEN INS SERVICES INC 193 BLUE RAVINE RD STE 140 FOLSOM CA 95630	$120.84	$1.42
CHRISTOPHER DISBROW 5171 EDISON AVENUE SUITE C CHINO CA 91710	$103.33	$0.61
LINDA BAILEY INS SERV INC 6929 SUNRISE BLVD SUITE 102 K CITRUS HEIGHTS CA 95610	$75.73	$0.00
GEORGIANNA STOUT 655 MONTGOMERY ST STE 540 SAN FRANCISCO CA 94111	$56.67	$0.00
SHARON VINCZE 16810 SW 129TH AVE TIGARD OR 97224	$53.64	$0.00
JACQUELINE SLAVIN 13762 ASPEN LEAF LN CORONA CA 92880	$47.50	$0.00

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GREYHOUND / ATU		
BARRY WHITE 4506 BANTAM WAY ELK GROVE CA 95758	$41.49	$0.00
LORRIE RODRIGUEZ 1922 E ECLIPSE FRESNO CA 93720	$37.80	$0.00
JODIE BOHNER 4974 E CLINTON WAY STE 212 FRESNO CA 93727	$27.48	$0.00
JAMES BOADA 2 HEARTWOOD WAY ALISO VIEJO CA 92656	$27.32	$0.00
RICHARD CALL 25292 STAYSAIL DR DANA POINT CA 92629	$24.92	$0.00
DIANE SMUGALA 2733 E 9725 S SANDY UT 84092	$19.20	$0.00
THOMAS BURNETT 2908 BROWNSBORO ROAD STE 118 LOUISVILLE KY 40206	$18.99	$0.00
VERONICA ILIC-STONE 8050 N PALM STE 300 FRESNO CA 93711	$18.00	$0.00
ROBERT BENEFIEL 6850 SHARLANDS AVE UNIT G1036 RENO NV 89523	$17.49	$0.00
CLAUDIA FELDMAN 9037 E CASITAS DEL RIO DR SCOTTSDALE AZ 85255	$15.57	$0.00
MARIA RECALDE MEDINA 4749 S ADELLE CIRCLE MESA AZ 85212	$10.80	$0.00
HOWARD KAMLET 25422 TRABUCO ROAD 105-364 LAKE FOREST CA 92630	$10.68	$0.00
YOLANDA SORDIA 2916 W ASTER DR PHOENIX AZ 85029	$10.23	$0.00
RYAN HEEKE 3529 PEACH TREE ST JEFFERSONVILLE IN 47130	$9.35	$0.00

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GREYHOUND / ATU		
CINDY UNRUH 2415 FISHER RD NE SALEM OR 97305	$8.16	$0.00
ANTHONY SWEETER 901 W HWY 10 ANOKA MN 55303	$6.71	$0.00
JODI WATSON 4530 NW DAHLIA DRIVE CAMAS WA 98607	$6.60	$0.00
DEBORAH SENN 15042 N 6TH STREET PHOENIX AZ 85022	$5.72	$0.00
DOUGLAS FOX 305 E CAYUGA #1 P O BOX 858 BELLAIRE MI 49615	$5.28	$0.00
R WRIGHT 806 STONE CREEK PKWY STE 4 LOUISVILLE KY 40223	$4.92	$0.00
SCOTT NIELSEN 8905 SW NIMBUS AVE BEAVERTON OR 97008	$4.68	$0.00
JEFFORY MERTEN 523 W 6TH STREET SUITE 515 LOS ANGELES CA 90014	$4.62	$0.00
PREFERRED MARKETING CORP P O BOX 1658 PINE MOUNTAIN GA 31822	$4.20	$0.00
TRISHA NEWMAN 5301 WINDY WILLOW DR LOUISVILLE KY 40241	$3.52	$0.00
JERRY HOKE 11075 S STATE STREET #13 SANDY UT 84070	$3.24	$0.00
GREGORY STENZEL 800 E CAMPBELL RD STE 100 RICHARDSON TX 75081	$2.86	$0.00
LEEZA BLEVINS 1949 GOLDSMITH LANE STE 102 LOUISVILLE KY 40218	$2.43	$0.00

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GREYHOUND / ATU		
MICHAEL HURLEY P O BOX 13 ALGER OH 45812	$1.80	$0.00
WENDI SPRATT 524 WANDO ST COLUMBIA SC 29205	$1.69	$0.00
LESLIE KIMBROUGH P O BOX 54468 LEXINGTON KY 40555	$1.32	$0.00
KIEFER GROUP INS AGCY LC 11629 SOUTH 700 EAST #125 DRAPER UT 84020	$0.96	$0.00
GRAND TOTAL	(5) $10,208.03	(6) $598.67

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SCHEDA2

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

PLAN NUMBER 529

2010 FORM 5500

ATTACHMENT TO SCHEDULE A

ACCOUNT ID: A1U74

A1U7400002

SCHEDULE A EARNINGS REPORT

PLEASE USE THE FOLLOWING INFORMATION
TO COMPLETE YOUR SCHEDULE A

APRIL 07, 2011

NAME OF PLAN SPONSOR

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

NAME OF INSURANCE CARRIER	APPROXIMATE NUMBER OF PERSONS COVERED AT END OF PLAN YEAR	PLAN YEAR FROM TO
Aflac 1932 Wynnton Road Columbus, GA 31999 Contract Number 58-0663085	6	01/01/10 - 12/31/10 NAIC CODE 60380

TOTAL PREMIUM COLLECTED
$1,607.20 (1)

INSURANCE FEES AND COMMISSIONS PAID TO AGENTS

NAME AND ADDRESS OF AGENTS	COMMISSIONS PAID*	FEES PAID*
MICHELLE KENNEDY 6661 SILVERSTREAM AVE STE 1037 LAS VEGAS NV 89107	$36.41	$0.00
JOHN FEEHAN 146 CRESTVIEW AVE ABSECON NJ 08201	$33.95	$0.00
MICHAEL ZORN 8 PHEASANT RUN KIMMELON NJ 07405	$24.51	$0.00
BRIAN LEYPOLDT 67 ALLISON PLACE EGG HARBOR TWP NJ 08234	$21.59	$0.00
NICHOLAS DUCHENSKY 252 N 15TH ST BLOOMFIELD NJ 07003	$16.89	$0.00
RICHARD TOBIAS 416 JEFFERSON AVE LINWOOD NJ 08221	$11.19	$0.00
MICHAEL FORNARO 271 ROUTE 46 WEST STE H-119 FAIRFIELD NJ 07004	$7.68	$0.00
DAVID BECKSTEAD 670 N 300 W LA VERKIN UT 84745	$6.71	$0.00
CHARLES CHAPLEAU JR 122 BELLEVUE AVE RUTLAND VT 05701	$5.59	$0.00

A1U7400002

GREYHOUND ATU		
LORENZO CUTAIA 858 S WHITE HORSE PIKE STE B-6 HAMMONTON NJ 08037	$4.52	$0.00
LAWRENCE POTWIN 97 HIDDEN LANE WHITE RIVER JCT VT 05001	$3.35	$0.00
MICHAEL RYAN PO BOX 930 MANCHESTER CENTER VT 05255	$1.69	$0.00
ALBERT SHUST 300 LANIDEX PLAZA SUITE 3303 PARSIPPANY NJ 07054	$1.11	$0.00
MELTON & ASSOCIATES INC 18167 US HIGHWAY 19 N CLEARWATER FL 33764	$1.04	$0.00
LEO SUPAK 11800 WHILSHIRE BLVD NE ALBUQUERQUE NM 87122	$0.88	$0.00
GRAND TOTAL	(2) $177.11	(3) $0.00

A1U7400002

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

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SCHEDA2

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

PLAN NUMBER 529

2010 FORM 5500

ATTACHMENT TO SCHEDULE A

ACCOUNT ID: XS121

XS12100041

SCHEDULE A EARNINGS REPORT

PLEASE USE THE FOLLOWING INFORMATION
TO COMPLETE YOUR SCHEDULE A

APRIL 07, 2011

NAME OF PLAN SPONSOR

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

NAME OF INSURANCE CARRIER	APPROXIMATE NUMBER OF PERSONS COVERED AT END OF PLAN YEAR	PLAN YEAR FROM TO
Aflac 1932 Wynnton Road Columbus, GA 31999 Contract Number 58-0563085	3	01/01/10 - 12/31/10 NAIC CODE 60380

TOTAL PREMIUM COLLECTED
$2,577.70 (1)

INSURANCE FEES AND COMMISSIONS PAID TO AGENTS

NAME AND ADDRESS OF AGENTS	COMMISSIONS PAID*	FEES PAID**
RONALD SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92673	$56.40	$0.00
WILLIAM NEWBERRY 13762 ASPEN LEAF LN CORONA CA 92880	$51.14	$0.00
SONIA CALDERON 2321 E 4TH C-433 SANTA ANA CA 92705	$49.92	$0.00
PEGGY SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92672	$27.15	$0.00
CAROLYN GARRISON 908 CLOVIS AVENUE CAPITAL HEIGHTS MD 20743	$27.05	$0.00
DEBORAH HEARD 7610 PENNSYLVANIA AVE STE 307 FORESTVILLE MD 20747	$18.77	$0.00
GARY WARE JR 2306 VALLEYBROOK DR CHAMPAIGN IL 61822	$12.72	$0.00
CHARLENE BELTON 601 PENNSYLVANIA AVE NORTH BUILDING STE 708 WASHINGTON DC 20004	$8.28	$0.00
ALDEAN PEARSON 604 DOVER HEIGHTS TRAIL MANSFIELD TX 76063	$5.52	$0.00

SCHEDA1

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GREYHOUND / ATU		
FRANCES SHAFFER P O BOX 189 GLOUCESTER VA 23061	$4.91	$0.00
LAURIE HAMILTON 413 N AVALON ST MEMPHIS TN 38112	$4.29	$0.00
DIANNE BRADLEY 6263 POPLAR AVE SUITE 540 MEMPHIS TN 38119	$1.38	$0.00
ROBERT GOBLE 7076 PEACHTREE IND BLVD SUITE 101 NORCROSS GA 30092	$0.39	$0.00
SCOTT BLACKSHEAR 11400 SE 8TH STREET #375 BELLEVUE WA 98004	$0.24	$0.00
GRAND TOTAL	(9) $268.16	(9) $0.00

XS12100041

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SCHEDA2

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2010

(a) Identity of Parties Involved	(b) Description of Asset	Number of Transactions	Number of Sales	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset
Single transactions:						
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	$ 738,000	$ -	$ 738,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	953,000	-	953,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	168,000	168,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	196,000	-	196,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	146,000	146,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	856,000	-	856,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	247,000	247,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	153,000	-	153,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	166,000	166,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	239,000	239,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	180,000	180,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	175,000	175,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	966,000	-	966,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	311,000	-	311,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	138,000	138,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	181,000	-	181,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	164,000	164,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	686,000	-	686,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	160,000	-	160,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	204,000	204,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	1,120,000	-	1,120,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	199,000	-	199,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	868,000	-	868,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	184,000	184,000

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2010

(a) Identity of Parties Involved	(b) Description of Asset	Number of Transactions	Number of Sales	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	149,000	149,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	137,000	-	137,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	153,000	153,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	165,000	-	165,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	165,000	165,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	148,000	148,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	456,000	-	456,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	173,000	-	173,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	875,000	-	875,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	901,000	-	901,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	167,000	167,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	278,000	278,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	192,000	-	192,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	212,000	212,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	137,000	-	137,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	916,000	-	916,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	138,000	138,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	217,000	-	217,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	209,000	209,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	1,113,000	-	1,113,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	175,000	175,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	277,000	-	277,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	847,000	-	847,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	242,000	242,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	204,000	-	204,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	143,000	-	143,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	259,000	259,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	1,132,000	-	1,132,000

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2010

(a) Identity of Parties Involved	(b) Description of Asset	Number of Transactions	Number of Sales	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	176,000	176,000
Series of transactions:						
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	52	205	15,834,361	12,470,000	12,470,000

* Indicates party-in-interest to the Plan

Note: All transactions are money market transactions, therefore, no gain or loss is recognized.