Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RELIANT HOLDINGS HEALTH BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/2007

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

300 N MARIENFELD
SUITE 600
MIDLAND, TX 79701

300 N MARIENFELD
SUITE 600
MIDLAND, TX 79701

2b Employer Identification Number (EIN)
75-2230373

2c Sponsor's telephone number
432-617-4251

2d Business code (see instructions)
221210

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.	10/02/2012	BRENDA WOOSLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

RELIANT HOLDINGS LTD

300 N MARIENFELD
SUITE 600
MIDLAND, TX 79701

3b Administrator's EIN: 75-2230373

3c Administrator's telephone number: 432-617-4251

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**	147
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**	507
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	507
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	507
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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

Schedule A (Form 5500) Parts I and III
Insurance Information Certified by Carrier
Department of Labor Pension and Welfare Benefits

Principal Address:
Brenda Woosley
3609 Kermit Hwy.
Odessa, TX 79764

A Name of Plan:
Reliant Employee Services

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

1. Coverage

(a) Name of Insurance carrier:
United HealthCare Insurance Company

(b) EIN: 36-2739571 **(c) NAIC code:** 79413 **(d) Contract or Identification number:** 0711512

(e) Approximate number of persons covered at the end of policy or contract year: * 507

*** If the policy holder determines that they have a more accurate count, they should use their figure.**

Policy or Contract year **(f) From:** January 01, 2007 **(g) To:** December 31, 2007

2. Insurance fees and commissions paid to agents, brokers, and other persons

Totals **Total amount of commissions paid:** $87,172.78 **Total fees paid / amount:** $0.00

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
HIGGINBOTHAM INSURANCE AGENCY INC
PO BOX 908
FORT WORTH, TX 76101-0908

(b) Amount of commissions paid: $50,822.01 **(c) Fees paid / Amount:** NONE **(d) Fees paid / Purpose:** N/A
(e) Organizational Code: 3

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:
MICHAEL KEELAN PARKS
HIGGINBOTHAM INSURANCE AGENCY INC
PO BOX 908
FORT WORTH, TX 76101-0908

(b) Amount of commissions paid: $36,350.77 **(c) Fees paid / Amount:** NONE **(d) Fees paid / Purpose:** N/A
(e) Organizational Code: 3

Part III Welfare Benefit Contract Information

7. Benefit and contract type:
(a) Health

9. Non experience-rated contracts:

a Total premiums or subscription charges paid to carrier:	$1,743,455.42
b Additional costs incurred by carrier, service, or other organization not reported in Part I, item 2 above:	$0.00
Specify Nature of cost:	None

Addendum to Schedules A & C (Form 5500) Part I *
Insurance Information Certified by Carrier
Department Labor Pension and Welfare Benefits

Principal Address:
See Schedule A

Name of Plan: RELIANT EMPLOYEE SERVICES, LTD

Schedule A
Part I Information Concerning Insurance Contract Coverage, Fee and Compensations
1. (a) Name of insurance carrier:

United HealthCare Insurance Company

(d) Contract or Identification number: 711512

2. Insurance fees and compensations paid to agents, brokers, and other persons

Totals **Compensations Paid / Amount: $**

(a) Name and address of the agents, brokers, and other persons to whom fees were paid:

HIGGINBOTHAM & ASSOCIATES INC
500 WEST 13TH ST # 250, FORTH WORTH, TX 76102

Bonus Amount: $$2162.50
Manual Payment:
Total (b):

Schedule C
Part I Service Provider Information

2. List service providers in descending order of the compensation they received for services rendered during the plan year.

(a) Name

(b) Employer Identification Number

(f) Fees and Commissions paid by plan
Bonus Amount: $
Manual Payment:
Total (f):

(g) Nature of service code

*** The amounts shown in this addendum will need to be added to the amounts shown in Schedule A Part I, Line 2, element (b), or Schedule C Part I, Line 2, element (f).**

UnitedHealthcare
A UnitedHealth Group Company

April 10, 2008

Brenda Woosley
3609 Kermit Hwy.
Odessa, TX 79764

Dear Valued Customer;

Employee Retirement Income Security Act of 1974 (ERISA)

We have enclosed information that you may need for completing the 5500 Form Schedule A. This information reflects compensation paid to your agent or consultant for the plan year that recently ended for the coverages you have with us.

We are reporting any base commissions, bonuses and other types of compensation paid in relation to the plan during the plan year. Please note that only base commissions are included in the specific calculation of your premium or administrative service fee. Bonus and other non-base commission payments are not directly included in the determination of your premium or administrative service fee. Bonus payments may be based on the recipient's combined block of business and are allocated to cases according to their contribution to the amount earned.

IMPORTANT NOTE: The enclosed information may be divided into two reports. Some customers may receive a *5500 Addendum Report* in addition to the standard 5500 Schedule A report form. The *5500 Addendum Report* itemizes bonus compensation and payments that were processed manually separately. **If you have received the *5500 Addendum Report* as well as the standard 5500 Schedule A report form, you will need to add the amounts in the "Total" line of the *5500 Addendum Report* to the amount found in the standard 5500 Schedule A report form.**

Should you have any questions related to this information, please contact your agent, consultant, or the UnitedHealthcare Strategic Account Executive assigned to your case.

I hereby certify that to the best of my knowledge, information or belief at this time, and based upon information provided by duly authorized personnel, the foregoing statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.

Thank you.

Sincerely,

Chris Byrnes

Chris A. Byrnes
Vice President, Employer Operations

GUARDIAN

Name of Plan : **RELIANT HOLDINGS LTD**

Plan Number : **00421970**

Data for Period From : **01/01/2007** To : **12/31/2007**

The approximate number of employees covered at the end of the plan year : 180

Group Insurance coverage(s) included under this Plan :

Less than $5000

Dental (Insured)

Insurance Commissions and Fees Paid to General Agents, Brokers and Other Persons :

Contract Identification	Name and Address of Recipient of Commissions	Amount
B514	LILJENWALL-KANE DBA THE FIN PROCESS GRP THE GUARDIAN 8140 N.MOPAC BLD 1 SUITE #230 AUSTIN TX 78759	$123.28
B5833	HIGGINBOTHAM INSURANCE AGENCY PO BOX 908 FORT WORTH TX 76101	$3,244.15
	Total Commission Paid	**$3,367.43**

In addition to the commissions shown above, the following producers were paid bonus compensation in the following amounts :

Contract Identification	Name of Recipient of Fees	Amount
	Total Fees Paid	

However, the compensation listed above is not charged to your case in calculating new rates.

Premium due and unpaid at the end of plan year	:	**$0.00**
List gross premium for each contract	:	**$82,943.48**

GUARDIAN

MS BRENDA WOOSLEY
RELIANT HOLDINGS LTD
3609 KERMIT HWY
ODESSA, TX 79764

April 09, 2008

Plan Number : 00421970
Anniversary Date : 1/1/2008

To help you with the preparation of your form 5500 (Annual Return / Report of Employee Benefit Plan ERISA) for filing with the Department of Labor, we are providing the following information.

You are required to transfer the information from this form to the appropriate schedule, forming Part of the 5500 form furnished by the United States Department of Labor. You will also need Guardian's Tax ID (EIN) and NAIC numbers, which are as follows :

EIC : 13-512-3390

NAIC: 64246

A copy of this form should be retained for your records.

Certified to be correct

The Guardian Life Insurance Company of America.

Brent S. McCann

WRO Group Client Administration

Western Regional Office

P O Box 2454

Spokane, WA 99210-2454

1-800-459-9401

The Hartford
Group Benefits Division
Annual Statement of Premiums and Producer Compensation
For: RELIANT HOLDINGS, LTD.
Page:



Policyholder and Address
RELIANT HOLDINGS, LTD.
3700 KERMIT HWY
ODESSA TX 79764

Plan/Policy Year – 1/1/2007 to 12/31/2007

Name of Insurance Carrier	EIN	NAIC Code	Policy Number
HARTFORD LIFE AND ACCIDENT	06-0838648	70815	850590G

Insurer paid the following compensation during the Plan/Policy Year –

Producer and Address	Org Code	Policy Number	Commissions Paid	Admin. Fees Paid	(1)Bonus Paid
HIGGINBOTHAM INS AGENCY INC 500 WEST 13TH ST FORT WORTH, TX 76102	3	8505900GL	$23,318.76	$0.00	$0.00
		Total	**$23,318.76**	**$0.00**	**$0.00**

Producer and Address	Org Code	Policy Number	Commissions Paid	Admin. Fees Paid	(1)Bonus Paid
IMS MARKETING INC PO BOX 15688 AMARILLO, TX 79105	3	8505900GL	$2,071.28	$0.00	$358.32
		Total	**$2,071.28**	**$0.00**	**$358.32**

[1] The Hartford is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies is Simsbury, CT.

The Hartford
Group Benefits Division
Annual Statement of Premiums and Producer Compensation
For: RELIANT HOLDINGS, LTD.
Page:



Premium was applied as follows during the Plan/Policy Year -

Policy Number	Type of Benefit	Premium Applied	Approximate # of Lives Covered
850590G	ADD-BAS	$5,615.07	251
850590G	LIFE-BTRM	$37,159.11	251
850590G	LIFE-SDEP	$3,917.40	78
850590G	LIFE-VOL	$16,783.56	59
	Total	$63,475.14	

(1)Bonus Paid represents an allocation of contingent compensation (cash or non-cash) payable to the named producer on all polides that were considered in determining the producer's eligibility for and/or the actual calculation of any such bonus payment. These amounts are not directly charged to your policy premium rates but represent overhead expense incurred by The Hartford.

The Hartford compensates producers for the sale and service of our products. In most cases, producers are paid a commission, which is fixed or based on a percentage of the premium. In addition, producers may be eligible for various forms of incentive compensation, including contingent commission and other non-cash awards. Incentive compensation is based upon a variety of factors that may include the level of premium written, retention and growth of premium, overall profitability, or other performance measures. Some of our producers elect not to accept some or all forms of compensation from The Hartford. Please direct specific questions about your insurance producer's compensation to your producer.



3/25/2008

RELIANT HOLDINGS, LTD.
3700 KERMIT HWY
ODESSA, TX 79764

Dear Policyholder:

Attached is your Annual Statement of Premiums and Producer Compensation. This statement provides a concise summary of information related to your group benefits policy(ies) with The Hartford.[1] If you are required to complete and file Schedule A to IRS Form 5500, the information contained on the statement may assist you during this process.

To help you accurately read your statement, defined below are selected terms used in the report:

- **Premiums** – premium payments paid and applied during the policy year.
- **Commissions** – base commissions paid to your insurance producer on premiums received and applied during the policy year.
- **Administrative Fees** – other compensation paid to your insurance producer for providing administrative services related to your policy or policies. If you are filing Schedule A to IRS Form 5500, **Administrative Fees** should be recorded as "Fees" on Schedule A.
- **Bonus Paid** – an allocation related to your policy or policies of contingent compensation payable to producers on all policies that were considered in determining producer's eligibility for bonus payments and/or the actual calculation of any such bonus payment. If you are filing Schedule A to IRS Form 5500, **Bonus Paid** should be recorded as "Fees" on Schedule A.

We appreciate your business and look forward to continuing to serve your group benefits needs. If you need additional information, please contact your Hartford representative or call Customer Service at (800) 523-2233 or via e-mail gbdcommisssion@hartfordlife.com.

Sincerely,

The Hartford
GBD Producer Services
P.O. Box 2999
Hartford, CT 06104-2999

[1] The Hartford is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies is Simsbury, CT.

Less than $5000 in Commissions

VSP®

SCHEDULE A (Form 5500) Insurance Information

If Schedule A information is required to file a complete Form 5500 or Form 5500 C/R, information from this form must be transcribed onto IRS Schedule A (Form 5500) Insurance Information form (Cat. No. 13505I) as required by federal regulation. IF YOU HAVE QUESTIONS REGARDING THE TRANSPOSITION OF INFORMATION CONTAINED IN THIS REPORT, CONTACT YOUR INTERNAL COMPLIANCE OFFICER.

MR GENE HANKINS
300 N MARIENFELD ST STE 600
MIDLAND TX 79701

Group No: **12114406**
Ins. Carrier: Vision Service Plan
Ins. Carrier NAIC Code No: **39616**
Ins. Carrier FEIN: **061227840**
Benefit Type: Vision Care
Policy or Contract Year: **01/01/2007 - 12/31/2007**

Group Legal Name and Address:

RELIANT HOLDINGS, LTD.
300 N MARIENFELD ST STE 600
MIDLAND TX 79701-4321

Approximate Number of Persons Covered at the End of Policy or Contract Year: **177**

Premium or Administrative Fee Rate: **$8.05/11.67/20.93/20.93**

Fees, Payments, Claims	Paid for Policy or Contract Year	Due and Unpaid at End of Policy or Contract Year
Total Administrative Fees Paid to Carrier:	**$0.00**	**$0.00**
Total Payments Made to Carrier:	**$31,766.17**	**$0.00**
Total Claims Paid by Carrier:	**$0.00**	

Vision Service Plan hereby certifies that this statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate as of 5/10/2012.

VSP®

Insurance Fee and Commissions Paid to Agents and Brokers:
Additional non-monetary incidentals may also occur.

Agent or Broker	Commissions/Fees Paid for Policy or Contract Year	Outstanding Commisions/Fees for Policy or Contract Year
HIGGINBOTHAM INSURANCE AGENCY **500 W 13TH ST** **FORT WORTH TX 76102-4657**	**$1,462.63**	**$0.00**

Vision Service Plan hereby certifies that this statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate as of 5/10/2012.

VSP Vision care for life

Fax

DATE: 05/11/12

TO: Brenda Woosley @ Reliant Holdings, Ltd.

FROM: Tina Rubio, VSP Central Team

FAX NUMBER: 432.617.4351 PAGES: 7 (*including this page*)

SUBJECT: Schedule A For Reliant Holdings Ltd._12114406

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