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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ON THE BORDER 401K SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/03/2010

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

OTB ACQUISITION LLC

2201 WEST ROYAL LANE
SUITE 240
IRVING, TX 75063

2b Employer Identification Number (EIN) 27-2118500

2c Sponsor's telephone number 972-499-3034

2d Business code (see instructions) 722110

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.	10/10/2012	KARI CLEAVER
	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")
OTB ACQUISITION LLC

2201 WEST ROYAL LANE
SUITE 240
IRVING, TX 75063

3b Administrator's EIN
27-2118500

3c Administrator's telephone number
972-499-3034

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**	6077
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**	7441
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	23
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	7464
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	7464
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	190
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	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)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
ON THE BORDER 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OTB ACQUISITION LLC

D Employer Identification Number (EIN)
27-2118500

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
ING LIFE INSURANCE & ANNUITY 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
71-0294708	86509	ZH9458	7464	01/01/2011	12/31/2011

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	

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

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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	

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	198630
5	Current value of plan's interest under this contract in separate accounts at year end	5	1484630

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 ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	107113
c	Additions: (1) Contributions deposited during the year	7c(1)	129177		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2913		
	(4) Transferred from separate account	7c(4)	4760		
	(5) Other (specify below)	7c(5)	6010		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	142860
d	Total of balance and additions (add **b** and **c(6)**)			7d	249973
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	51850		
	(2) Administration charge made by carrier	7e(2)	46		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	1255		
	▶ NEW EE LOANS				
	(5) Total deductions			7e(5)	53151
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	196822

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 organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
ON THE BORDER 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OTB ACQUISITION LLC

D Employer Identification Number (EIN)
27-2118500

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)

ING LIFE INSURANCE AND ANNUITY CO.

71-0294708

(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?
60 64 65 66	SERVICE PROVIDER	1675	Yes [X] No [ ]	Yes [X] No [ ]	13799	Yes [ ] No [X]

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

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

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO.	60 66	1107

(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.
ALLIANCEBERN 2025 RETIRE STRAT R 20-2908899	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO.	60 66	1079

(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.
JANUS FORTY FUND S 84-1552741	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO.	60 66	1070

(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.
PIMCO TOTAL RETURN FUND A 33-0239892	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
ON THE BORDER 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
OTB ACQUISITION LLC

D Employer Identification Number (EIN)
27-2118500

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT D

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
71-0294708-000	P	1484630

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
ON THE BORDER 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OTB ACQUISITION LLC

D Employer Identification Number (EIN)
27-2118500

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	79596	126155
(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)	707670	1484630
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	107113	196822
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	894379	1807607
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	894379	1807607

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)	392871	
(B) Participants	2a(1)(B)	690088	
(C) Others (including rollovers)	2a(1)(C)	255574	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1338533
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	4158	
(F) Other	2b(1)(F)	2913	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7071
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-69849
(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		1859
d Total income. Add all **income** amounts in column (b) and enter total	2d		1277614
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	354204	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		354204
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		8507
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1675	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1675
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		364386
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		913228
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MONTGOMERY COSCIA GREILICH, LLP (2) EIN: 75-2919818

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		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? **4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? **4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? **4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) **4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) **4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? **4k**		X	
l	Has the plan failed to provide any benefit when due under the plan? **4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. **4n**			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
ON THE BORDER 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OTB ACQUISITION LLC

D Employer Identification Number (EIN)
27-2118500

Part I Distributions

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

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

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

EIN(s): 71-0294708

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ON THE BORDER 401(K) SAVINGS PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES
WITH INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2011 AND 2010

On The Border 401(k) Savings Plan

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Note: Supplemental schedules, other than those listed above, are omitted because of the absence of conditions under which they are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

MONTGOMERY COSCIA GREILICH LLP
Certified Public Accountants
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972.748.0300 p
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Gregory S. Norkiewicz, CPA
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Independent Auditor's Report

To the Plan Administrator and Plan Participant of
On The Border 401(k) Savings Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the On The Border 401(k) Savings Plan (the "Plan") as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the year ended December 31, 2011, and for the period from July 1, 2010 ("Inception") through December 31, 2010, and the related supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2011 and for the period from July 1, 2010 ("Inception") through December 31, 2010, and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2011 and 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of The Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by ING Life Insurance and Annuity Company, (the "Custodian") of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Custodian holds the Plan's assets and executes investment transactions. The Plan Administrator has obtained certification from the Custodian as of December 31, 2011 and 2010, and for the year ended December 31, 2011, and for the period from July 1, 2010 ("Inception") through December 31, 2010, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

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

Montgomery Coscia Greilich LLP

MONTGOMERY COSCIA GREILICH LLP
Plano, Texas
October 10, 2012

ON THE BORDER 401(K) SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010

	2011	2010
ASSETS		
Investments, at fair value:		
Insurance company pooled separate accounts	$ 1,484,630	$ 707,670
Insurance company general account	196,822	107,113
Total investments	1,681,452	814,783
Receivables:		
Notes receivable from participants	126,155	79,596
Participants contributions	13,369	10,887
Employer contributions	8,428	6,267
Total receivables	147,952	96,750
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,829,404	$ 911,533

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

ON THE BORDER 401(K) SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2011

and for the Period from July 1, 2010 ("Inception") through December 31, 2010

	Year Ended December 31, 2011	Period from July 1, 2010 ("Inception") through December 31, 2010
Additions to net assets attributed to:		
Investment income (loss):		
Interest and dividends	$ 2,913	$ 579
Interest on notes receivable from participants	4,158	201
Net (depreciation) appreciation in fair value of investments	(69,849)	53,198
Total investment (loss) income	(62,778)	53,978
Contributions:		
Participants	692,570	142,975
Employer	395,032	76,497
Employee rollovers	255,574	638,783
Total contributions	1,343,176	858,255
Total investment income and contributions	1,280,398	912,233
Deductions from net assets attributed to:		
Benefits paid	(362,430)	-
Administrative expenses	(97)	(700)
Total deductions	(362,527)	(700)
Net increase	917,871	911,533
Net assets available for benefits:		
Beginning of year	911,533	-
End of year	$ 1,829,404	$ 911,533

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

1 – DESCRIPTION OF PLAN

GENERAL

On The Border 401(k) Savings Plan (the "Plan") is a defined contribution plan, subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan was established and adopted effective July 1, 2010 ("Inception") for the benefit of eligible employees of OTB Acquisition LLC (the "Company" and "Plan Sponsor"). ING Life Insurance and Annuity Company ("ING" or "Custodian") serves as the custodian and record-keeper of the Plan. The following descriptions provide only general information. Participants should refer to the Plan document for more complete description of the Plan's provisions.

ELIGIBILITY AND PARTICIPANT ACCOUNTS

All qualifying employees of the Company, as defined by the Plan Document, who have attained an age of twenty-one and have completed one year of service are eligible to participate in the Plan. Subject to certain limitations on annual additions, each participant's account is credited with employee elective deferrals, Company matching contributions, and an allocation of Plan earnings and charged with certain administrative expenses. Participants may modify investment elections, transfer existing account balances, and obtain information regarding the investments on a daily basis.

CONTRIBUTIONS

The Plan is funded through employee elective deferrals and Company contributions. A participant may elect to contribute a portion of his or her pretax compensation, subject to certain maximum limitations imposed by the Internal Revenue Code (the "IRC") ($16,500 for the calendar year ended December 31, 2011 and 2010). Employees who are eligible to make elective deferrals under the Plan and who have attained the age of fifty before the close of the plan year are also eligible to make catch-up contributions subject to the maximum limitation imposed by the IRC ($5,500 for the calendar year ended December 31, 2011 and 2010). The Plan also allows after-tax voluntary contributions. Participants can select salary deferral, after-tax voluntary contributions, or the combination of both. Rollover contributions representing distributions from other qualified defined benefit or contribution plans are permitted by the Plan.

The Company makes a safe harbor matching contribution equal to 100% of participants' pretax contributions up to 3% of eligible compensation plus 50% of participants' contributions between 3% and 5% of eligible compensation. Safe harbor match for the year ended December 31, 2011 and for the period from July 1, 2010 ("Inception") through December 31, 2010 totaled $395,032 and $76,497, respectively.

INVESTMENT OPTIONS

The Plan provides for participants to direct both their contributions and employer contributions into a variety of investment options in accordance with participant investment elections and the provisions of the Custodian agreement. Participants should refer to the Plan website for additional fund information.

1 – DESCRIPTION OF PLAN

DISTRIBUTIONS TO PARTICIPANTS

Upon normal retirement age, death, disability, or termination, a participant's benefits are payable in either installment payments or a lump-sum amount equal to 100% of the participant's vested account balance. Employees may also make hardship withdrawals on the balance of their account related to their pre-tax elective deferral contributions. Account balances of $5,000 or less at the time of distribution will be cashed out as an involuntary lump sum payment.

VESTING AND FORFEITURES

As all participants are immediately vested in elective deferrals, rollover contributions, and qualified matching contributions plus actual earnings thereon; therefore, there are no unallocated forfeitures at December 31, 2011 and 2010.

NOTES RECEIVABLE FROM PARTICIPANTS

Borrowings are available to all participants. Notes receivable from participants are limited to a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of their vested account balance, subject to certain restrictions as defined by the Internal Revenue Service ("IRS"). The notes receivable from participants are secured by the vested balance in the participant's account and the rate of interest is prime rate plus 1%. Terms range from one to five years, unless for the purchase of a primary residence. As of December 31, 2011, maturity dates on notes receivable range from November 2012 through February 2019, and notes bear interest at a rate of 4.25%. As of December 31, 2010, maturity dates on notes receivable range from February 2013 through February 2019, and note bear interest at a rate of 4.25%. Repayments are made through payroll deductions and are reinvested in the participant accounts according to individual investment elections.

PLAN TERMINATION

The Plan may be terminated by the Company at any time subject to the provisions of ERISA. In the event the Plan is terminated, each of the participants will have a non-forfeitable, 100% vested interest in his or her account balance, including all Company contributions, subject to payment of liquidation costs and expenses.

ADMINISTRATIVE EXPENSES

The Company and participants pay certain administrative expenses of the Plan. Participants requesting loans or distributions are charged related documentation fees. Other administrative expenses are absorbed by the Company directly and are not reported in the Plan's financial statements.

2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements have been prepared under the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

ESTIMATES AND ASSUMPTIONS

The preparation of financial statements in conformity with U.S. GAAP requires the Plan's management to make estimates and assumptions that affect certain reported amounts of assets and liabilities, changes therein, and associated disclosures. Accordingly, actual results may vary from the estimates used in preparing the accompanying financial statements.

BENEFITS

Benefits are recorded when paid.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest, which approximates fair value. Delinquent notes receivable from participants are reclassified as distributions based upon terms of the Plan document or loan policy of the Plan.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The income earned on participant accounts is allocated on a daily basis using the previous day's ending account balance. Net appreciation (depreciation) includes realized gains and losses on investments bought and sold during the year as well as unrealized appreciation (depreciation) of the investments held at the end of the year.

3 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820 for Fair Value Measurements and Disclosures provides the 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 FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

3 – FAIR VALUE MEASUREMENTS

Level 2 Significant observable inputs other than quoted prices in active markets for which 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.

In establishing a fair value hierarchy for the Plan's investments in accordance with ASC 820, the following value methodologies were used for each type of investment:

Insurance company pooled separate accounts: Valued at the net asset value ("NAV") of shares held by the Plan at year end, as determined by ING.

Insurance company general account: Valued at fair value as determined by the credited rate and account balances and formulas that calculate payments from the investment contract.

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

In May 2011, the FASB issued Accounting Standards Update No. 2011-04 "Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS" ("ASU 2011-04"). ASU 2011-04 includes common requirements for measurement of and disclosure about fair value between U.S. GAAP and International Financial Reporting Standards ("IFRS"). ASU 2011-04 will require reporting entities to disclose quantitative information about the unobservable inputs used in the fair value measurements categorized within Level 3 of the fair value hierarchy. In addition, ASU 2011-04 will require reporting entities to make disclosures about amounts and reasons for all transfers in and out of Level 1 and Level 2 fair value measurements. The new and revised disclosures are effective for interim and annual reporting periods beginning after December 15, 2011. Plan management has evaluated the implications of ASU 2011-04 and does not believe it will have a material impact on the financial statements.

3 – FAIR VALUE MEASUREMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Level 1	Level 2	Level 3	Total
Insurance company pooled separate accounts:				
Blended Funds	$ -	$ 314,039	$ -	$ 314,039
Bond Funds	-	181,810	-	181,810
Growth Investment	-	275,552	-	275,552
Other Funds	-	157,603	-	157,603
Target Date Funds	-	440,731	-	440,731
Value Funds	-	114,895	-	114,895
Total insurance company pooled separate accounts	-	1,484,630	-	1,484,630
Insurance company general account	-	-	196,822	196,822
Total assets at fair value	$ -	$ 1,484,630	$ 196,822	$ 1,681,452

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Insurance company pooled separate accounts:				
Blended Funds	$ -	$ 125,194	$ -	$ 125,194
Bond Funds	-	129,149	-	129,149
Growth Investment	-	143,937	-	143,937
Other Funds	-	79,391	-	79,391
Target Date Funds	-	194,776	-	194,776
Value Funds	-	35,223	-	35,223
Total insurance company pooled separate accounts	-	707,670	-	707,670
Insurance company general account	-	-	107,113	107,113
Total assets at fair value	$ -	$ 707,670	$ 107,113	$ 814,783

3 – FAIR VALUE MEASUREMENTS

The following table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2011:

Insurance company general account	
Balance, December 31, 2010	$ 107,113
Contributions	133,390
Interest and dividend income	4,710
Interfund exchange	4,760
Distributions	(51,850)
Loan issues	(1,255)
Administrative fees	(46)
Balance, December 31, 2011	$ 196,822

The following table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the period from July 1, 2010 ("Inception") through December 31, 2010:

Insurance company general account	
Balance, July 1, 2010	$ -
Contributions	148,944
Interest and dividend income	732
Interfund exchange	(475)
Loan issues	(41,984)
Administrative fees	(104)
Balance, December 31, 2010	$ 107,113

4 – FINANCIAL INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN (UNAUDITED)

The Company has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified as complete and accurate by ING, the Custodian of the Plan's assets as of December 31, 2011 and 2010 and for the year ended December 31, 2011 and for the period from July 1, 2010 ("Inception") through December 31, 2010, except for comparing such information certified by the Custodian to the information included in the Plan's financial statements and supplemental schedules. This information consists of the following:

	December 31, 2011	December 31, 2010
Investments at fair value:		
Insurance company pooled separate accounts	$ 1,484,630	$ 707,670
Insurance company general account	196,822	107,113
Total investments	$ 1,681,452	$ 814,783
Notes receivable from participants	$ 126,155	$ 79,596

	Year Ended December 31, 2011	Period from July 1, 2010 ("Inception") through December 31, 2010
Interest and dividends	$ 2,913	$ 579
Interest on notes receivables from participants	$ 4,158	$ 201
Net (depreciation) appreciation in the fair value of investment	$ (69,849)	$ 53,198

5 – INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan provides an investment option to invest in a benefit-responsive guaranteed investment contract with ING through contributions in ING's general account. The account is credited with a guaranteed and fixed rate of return. The guaranteed investment contract is contractually obligated to repay the principal and specified interest rate that is guaranteed to the Plan by ING. The guaranteed investment contract promises contract value for a benefit event, such as a termination, death, disability or retirement. However, there is a market value adjustment, which is also called a surrender charge, when funds are withdrawn prior to their maturity or for a non-benefit event, such as a withdrawal from the account for a change in investment option. The guaranteed investment contract investment in the general account does not have a maturity date as of December 31, 2011 and 2010. Contract value approximates fair value on the guaranteed investment contract. The guaranteed minimum rate was 1.1% and the average credited rate was 3.1% and 1.4% for the year ended December 31, 2011 and for the period from July 1, 2010 through December 31, 2010, respectively. Interest rates are declared periodically and are communicated monthly.

6 – INVESTMENTS

At December 31, 2011, the following investment values represented 5% or more of net assets:

ING Fixed Account	$	196,822
Janus Forty Fund		120,880
PIMCO Total Return Fund		113,022
AllianceBern 2025 Retirement Strategy		112,491
American Funds EuroPacific Growth Fund		101,900
ING T. Rowe Price Capital Appreciation Portfolio		99,307

At December 31, 2010, the following investment values represented 5% or more of net assets:

ING Fixed Account	$	107,113
PIMCO Total Return Fund		105,608
AllianceBern 2025 Retirement Strategy		103,247
ING Russell Large Cap Index Porfolio		72,440
Janus Forty Fund		60,381
ING Russell Mid Cap Index Porfolio		49,566

7 – TAX STATUS OF THE PLAN

The Plan is a prototype plan of ING Life Insurance and Annuity Company for which a favorable determination letter dated March 31, 2008 has been issued by the IRS. The Plan has subsequently been amended since receiving its determination letter. The Company believes that the Plan is designed and being operated in compliance with applicable requirements of the IRC and that the Plan and related trust continues to be tax-exempt. Accordingly, no provisions for federal income taxes have been provided in the accompanying financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the DOL or IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examination for years prior to 2008.

8 – PARTY-IN-INTEREST TRANSACTIONS

Plan investments include shares of pooled separate accounts and investments in a guaranteed investment contract in the Plan's general account managed by ING. ING acted in capacity as Custodian during the year ended December 31, 2011 and for the period from July 1, 2010 ("Inception") through December 31, 2010; therefore, these investments qualify as party-in-interest investments. Fees paid by the Plan to the Custodian for various administrative expenses, including investment management services totaled $97 and $700 for the year ended December 31, 2011 and for the period from July 1, 2010 ("Inception") through December 31, 2010, respectively.

9 – DELINQUENT CONTRIBUTIONS

During 2011 and 2010, employee withholdings and loan repayments in the amounts of $19,910 and $44,247, respectively, were late in being transferred to the Plan. The delays were unintentional, and the Company will deposit funds representing lost earnings to the Plan in line with the requirements of the DOL's Voluntary Fiduciary Correction Program.

10 – RISKS AND UNCERTAINTIES

The Plan provides for various investment options in pooled separate accounts and a guaranteed investment contract in the general account. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

11 – RECONCILIATION TO THE 2011 AND 2010 FORM 5500, SCHEDULE H

The followings are reconciling items between the net assets reported in the audited financial statements and the Schedule H of the Form 5500 for the year ended December 31, 2011 and for the period from July 1, 2010 ("Inception") through December 31, 2010:

	December 31, 2011	December 31, 2010
Net assets available for benefit per financial statements	$ 1,829,404	$ 911,533
Less: current year participant and employer contributions receivables	(21,797)	(17,154)
Net assets available for benefit per Form 5500	$ 1,807,607	$ 894,379

	Year Ended December 31, 2011	Period from July 1, 2010 ("Inception") through December 31, 2010
Net increase per financial statements	$ 917,871	$ 911,533
Less: current year participant and employer contributions receivables	(21,797)	(17,154)
Add: prior year participant and employer contributions receivables	17,154	-
Net increase per Form 5500	$ 913,228	$ 894,379

12 – SUBSEQUENT EVENTS

In accordance with ASC 855, "*Subsequent Events*", the Company has evaluated events and transactions occurring subsequent to December 31, 2011 and 2010, the Statements of Net Assets Available for Benefits dates, through October 10, 2012, the date of the financial statements were issued, and determined, other than discussed below, no such events or transactions would impact the financial statements for the year ended December 31, 2011 and for the period from July 1, 2010 ("Inception") through December 31, 2010.

Effective October 1, 2012, Principal Trust Company serves as the custodian and record-keeper of the Plan. There are no material changes in Plan provisions. All investments were mapped in accordance with a set mapping strategy to provide participants with investments consistent in nature to their previous investment selections.

SUPPLEMENTAL SCHEDULES

ON THE BORDER 401(K) SAVINGS PLAN

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

Employer ID Number: 27-2118500, Plan Number 001

For the Year Ended December 31, 2011

and for the Period from July 1, 2010 ("Inception") through December 31, 2010

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments Are Included	Total That Constitutes Nonexempt Prohibited Transactions			
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
$ 6,620	10/10/2010	10/27/2010		$ -	$ -	$ 6,620	$ -
12,124	10/31/2010	11/9/2010	X	-	-	12,124	-
16,533	11/1/2010	11/15/2010		-	-	16,533	-
8,970	11/7/2010	11/16/2010		-	-	8,970	-
6,198	2/18/2011	3/1/2011	X	-	-	6,198	-
13,712	3/3/2011	3/14/2011	X	-	-	13,712	-
$ 64,157				$ -	$ -	$ 64,157	$ -

See independent auditor's report on supplemental schedules.

ON THE BORDER 401(K) SAVINGS PLAN

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

Employer ID Number: 27-2118500, Plan Number 001

December 31, 2011

(a)	(b) Identity of issuer, borrower, lessor, or similar	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	Insurance company pooled separate accounts		
*	ING	AllianceBern 2000 Retirement Strategy	$ 3,970
*	ING	AllianceBern 2005 Retirement Strategy	13,424
*	ING	AllianceBern 2010 Retirement Strategy	6,803
*	ING	AllianceBern 2015 Retirement Strategy	13,172
*	ING	AllianceBern 2020 Retirement Strategy	22,652
*	ING	AllianceBern 2025 Retirement Strategy	112,491
*	ING	AllianceBern 2030 Retirement Strategy	56,822
*	ING	AllianceBern 2035 Retirement Strategy	73,289
*	ING	AllianceBern 2040 Retirement Strategy	68,349
*	ING	AllianceBern 2045 Retirement Strategy	38,125
*	ING	AllianceBern 2050 Retirement Strategy	19,852
*	ING	AllianceBern 2055 Retirement Strategy	11,782
*	ING	American Funds Capital World Growth and Income FundSM	58,296
*	ING	American Funds EuroPacific Growth Fund	101,900
*	ING	American Funds Fundamental InvestorsSM	53,422
*	ING	Columbia Mid Cap Value Fund	26,015
*	ING	CRM Mid Cap Value Fund	48,123
*	ING	ING Russell Large Cap Index Porfolio	82,355
*	ING	ING Russell Mid Cap Index Porfolio	43,272
*	ING	ING Russell Small Cap Porfolio	28,239
*	ING	ING T. Rowe Price Capital Appreciation Portfolio	99,307
*	ING	ING T. Rowe Price Equity Income Portfolio	88,880
*	ING	Janus Forty Fund	120,880
*	ING	PIMCO Real Return Fund	68,788
*	ING	PIMCO Total Return Fund	113,022
*	ING	Wanger Select	53,282
*	ING	Wanger USA	58,118
	Total insurance company pooled separate accounts		1,484,630
	Insurance company general account		
*	ING	ING Fixed Account	196,822
	Notes receivable from participants		
*	Plan participants	Notes receivable from participants with interest rates at 4.25% and maturity dates of November 2012 through February 2019.	126,155
	Total		$ 1,807,607

* Indicates party in interest to the plan

** Column (d) cost information omitted for participant-directed investments

See independent auditor's report on supplemental schedules.

ON THE BORDER 401(K) SAVINGS PLAN

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

Employer ID Number: 27-2118500, Plan Number 001

December 31, 2010

(a)	(b) Identity of issuer, borrower, lessor, or similar	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	Insurance company pooled separate accounts		
*	ING	American Funds EuroPacific Growth Fund	22,953
*	ING	American Funds Capital World Growth and Income FundSM	35,700
*	ING	CRM Mid Cap Value Fund	10,523
*	ING	Wanger Select	19,201
*	ING	Wanger USA	14,789
*	ING	Columbia Mid Cap Value Fund	6,363
*	ING	ING Russell Mid Cap Index Porfolio	49,566
*	ING	ING Russell Small Cap Porfolio	8,963
*	ING	Janus Forty Fund	60,381
*	ING	ING T. Rowe Price Equity Income Portfolio	28,860
*	ING	American Funds Fundamental InvestorsSM	10,315
*	ING	ING Russell Large Cap Index Porfolio	72,440
*	ING	ING T. Rowe Price Capital Appreciation Portfolio	43,691
*	ING	AllianceBern 2005 Retirement Strategy	6,186
*	ING	AllianceBern 2010 Retirement Strategy	709
*	ING	AllianceBern 2015 Retirement Strategy	552
*	ING	AllianceBern 2020 Retirement Strategy	9,554
*	ING	AllianceBern 2025 Retirement Strategy	103,247
*	ING	AllianceBern 2030 Retirement Strategy	9,388
*	ING	AllianceBern 2035 Retirement Strategy	38,182
*	ING	AllianceBern 2040 Retirement Strategy	7,237
*	ING	AllianceBern 2045 Retirement Strategy	9,315
*	ING	AllianceBern 2050 Retirement Strategy	8,572
*	ING	AllianceBern 2055 Retirement Strategy	1,379
*	ING	AllianceBern 2000 Retirement Strategy	455
*	ING	PIMCO Real Return Fund	23,541
*	ING	PIMCO Total Return Fund	105,608
	Total insurance company pooled separate accounts		707,670
	Insurance company general account		
*	ING	ING Fixed Account	107,113
	Notes receivable from participants		
*	Plan participants	Notes receivable from participants with interest rates at 4.25% and maturity dates of February 2013 through February 2019.	79,596
	Total		$ 894,379

* Indicates party in interest to the plan

** Column (d) cost information omitted for participant-directed investments

See independent auditor's report on supplemental schedules.

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
On The Border 401(k) Savings Plan
EIN 27-2118500
Plan# 001
As Of December 31, 2011

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	Alliance Funds	AllBern 2000 Retire Strat R		$3,970
	Alliance Funds	AllBern 2005 Retire Strat R		$13,424
	Alliance Funds	AllBern 2010 Retire Strat R		$6,803
	Alliance Funds	AllBern 2015 Retire Strat R		$13,172
	Alliance Funds	AllBern 2020 Retire Strat R		$22,653
	Alliance Funds	AllBern 2025 Retire Strat R		$112,491
	Alliance Funds	AllBern 2030 Retire Strat R		$56,822
	Alliance Funds	AllBern 2035 Retire Strat R		$73,289
	Alliance Funds	AllBern 2040 Retire Strat R		$68,349
	Alliance Funds	AllBern 2045 Retire Strat R		$38,125
	Alliance Funds	AllBern 2050 Retire Strat R		$19,852
	Alliance Funds	AllBern 2055 Retire Strat R		$11,782
	American Funds	American Funds CapWld G&I R3		$58,296
	American Funds	American Funds EuroPacific R3		$101,900
	American Funds	American Funds Fdmntl Inv R3		$53,422
	Columbia Wagner Asset Management	Columbia Mid Cap Value Fund A		$26,015
	CRM Funds	CRM Mid Cap Value Fund Inv		$48,124
*	ING Life Insurance And Annuity Company	ING Fixed Account		$196,822
*	ING Life Insurance And Annuity Company	ING Russell LgCp Indx Prt S		$82,355
*	ING Life Insurance And Annuity Company	ING Russell MdCp Indx Prt S		$43,272
*	ING Life Insurance And Annuity Company	ING Russell SmCp Indx Prt S		$28,239
*	ING Life Insurance And Annuity Company	ING TRwPr Cap Apprec Port Srv		$99,307
*	ING Life Insurance And Annuity Company	ING TRwPr Eqty Income Prt Srv		$88,880
	Janus Funds	Janus Forty Fund S		$120,880
	Allianz Global Investors	PIMCO Real Return Fund A		$68,788
	Allianz Global Investors	PIMCO Total Return Fund A		$113,022
	Columbia Wagner Asset Management	Wanger Select		$53,282
	Columbia Wagner Asset Management	Wanger USA		$58,118
		Participant Loans - Rates 4.25% to 4.25%		$126,155
		TOTAL		$1,807,607

* denotes party-in-interest
Column (d) is not required as the Plan's investments are totally participant directed.

ON THE BORDER 401(K) SAVINGS PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES
WITH INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2011 AND 2010

On The Border 401(k) Savings Plan

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Note: Supplemental schedules, other than those listed above, are omitted because of the absence of conditions under which they are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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Independent Auditor's Report

To the Plan Administrator and Plan Participant of
On The Border 401(k) Savings Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the On The Border 401(k) Savings Plan (the "Plan") as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the year ended December 31, 2011, and for the period from July 1, 2010 ("Inception") through December 31, 2010, and the related supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2011 and for the period from July 1, 2010 ("Inception") through December 31, 2010, and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2011 and 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of The Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by ING Life Insurance and Annuity Company, (the "Custodian") of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Custodian holds the Plan's assets and executes investment transactions. The Plan Administrator has obtained certification from the Custodian as of December 31, 2011 and 2010, and for the year ended December 31, 2011, and for the period from July 1, 2010 ("Inception") through December 31, 2010, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

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

Montgomery Coscia Greilich LLP

MONTGOMERY COSCIA GREILICH LLP
Plano, Texas
October 10, 2012

ON THE BORDER 401(K) SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010

	2011	2010
ASSETS		
Investments, at fair value:		
Insurance company pooled separate accounts	$ 1,484,630	$ 707,670
Insurance company general account	196,822	107,113
Total investments	1,681,452	814,783
Receivables:		
Notes receivable from participants	126,155	79,596
Participants contributions	13,369	10,887
Employer contributions	8,428	6,267
Total receivables	147,952	96,750
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,829,404	$ 911,533

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

ON THE BORDER 401(K) SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2011

and for the Period from July 1, 2010 ("Inception") through December 31, 2010

	Year Ended December 31, 2011	Period from July 1, 2010 ("Inception") through December 31, 2010
Additions to net assets attributed to:		
Investment income (loss):		
Interest and dividends	$ 2,913	$ 579
Interest on notes receivable from participants	4,158	201
Net (depreciation) appreciation in fair value of investments	(69,849)	53,198
Total investment (loss) income	(62,778)	53,978
Contributions:		
Participants	692,570	142,975
Employer	395,032	76,497
Employee rollovers	255,574	638,783
Total contributions	1,343,176	858,255
Total investment income and contributions	1,280,398	912,233
Deductions from net assets attributed to:		
Benefits paid	(362,430)	-
Administrative expenses	(97)	(700)
Total deductions	(362,527)	(700)
Net increase	917,871	911,533
Net assets available for benefits:		
Beginning of year	911,533	-
End of year	$ 1,829,404	$ 911,533

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

1 – DESCRIPTION OF PLAN

GENERAL

On The Border 401(k) Savings Plan (the "Plan") is a defined contribution plan, subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan was established and adopted effective July 1, 2010 ("Inception") for the benefit of eligible employees of OTB Acquisition LLC (the "Company" and "Plan Sponsor"). ING Life Insurance and Annuity Company ("ING" or "Custodian") serves as the custodian and record-keeper of the Plan. The following descriptions provide only general information. Participants should refer to the Plan document for more complete description of the Plan's provisions.

ELIGIBILITY AND PARTICIPANT ACCOUNTS

All qualifying employees of the Company, as defined by the Plan Document, who have attained an age of twenty-one and have completed one year of service are eligible to participate in the Plan. Subject to certain limitations on annual additions, each participant's account is credited with employee elective deferrals, Company matching contributions, and an allocation of Plan earnings and charged with certain administrative expenses. Participants may modify investment elections, transfer existing account balances, and obtain information regarding the investments on a daily basis.

CONTRIBUTIONS

The Plan is funded through employee elective deferrals and Company contributions. A participant may elect to contribute a portion of his or her pretax compensation, subject to certain maximum limitations imposed by the Internal Revenue Code (the "IRC") ($16,500 for the calendar year ended December 31, 2011 and 2010). Employees who are eligible to make elective deferrals under the Plan and who have attained the age of fifty before the close of the plan year are also eligible to make catch-up contributions subject to the maximum limitation imposed by the IRC ($5,500 for the calendar year ended December 31, 2011 and 2010). The Plan also allows after-tax voluntary contributions. Participants can select salary deferral, after-tax voluntary contributions, or the combination of both. Rollover contributions representing distributions from other qualified defined benefit or contribution plans are permitted by the Plan.

The Company makes a safe harbor matching contribution equal to 100% of participants' pretax contributions up to 3% of eligible compensation plus 50% of participants' contributions between 3% and 5% of eligible compensation. Safe harbor match for the year ended December 31, 2011 and for the period from July 1, 2010 ("Inception") through December 31, 2010 totaled $395,032 and $76,497, respectively.

INVESTMENT OPTIONS

The Plan provides for participants to direct both their contributions and employer contributions into a variety of investment options in accordance with participant investment elections and the provisions of the Custodian agreement. Participants should refer to the Plan website for additional fund information.

1 – DESCRIPTION OF PLAN

DISTRIBUTIONS TO PARTICIPANTS

Upon normal retirement age, death, disability, or termination, a participant's benefits are payable in either installment payments or a lump-sum amount equal to 100% of the participant's vested account balance. Employees may also make hardship withdrawals on the balance of their account related to their pre-tax elective deferral contributions. Account balances of $5,000 or less at the time of distribution will be cashed out as an involuntary lump sum payment.

VESTING AND FORFEITURES

As all participants are immediately vested in elective deferrals, rollover contributions, and qualified matching contributions plus actual earnings thereon; therefore, there are no unallocated forfeitures at December 31, 2011 and 2010.

NOTES RECEIVABLE FROM PARTICIPANTS

Borrowings are available to all participants. Notes receivable from participants are limited to a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of their vested account balance, subject to certain restrictions as defined by the Internal Revenue Service ("IRS"). The notes receivable from participants are secured by the vested balance in the participant's account and the rate of interest is prime rate plus 1%. Terms range from one to five years, unless for the purchase of a primary residence. As of December 31, 2011, maturity dates on notes receivable range from November 2012 through February 2019, and notes bear interest at a rate of 4.25%. As of December 31, 2010, maturity dates on notes receivable range from February 2013 through February 2019, and note bear interest at a rate of 4.25%. Repayments are made through payroll deductions and are reinvested in the participant accounts according to individual investment elections.

PLAN TERMINATION

The Plan may be terminated by the Company at any time subject to the provisions of ERISA. In the event the Plan is terminated, each of the participants will have a non-forfeitable, 100% vested interest in his or her account balance, including all Company contributions, subject to payment of liquidation costs and expenses.

ADMINISTRATIVE EXPENSES

The Company and participants pay certain administrative expenses of the Plan. Participants requesting loans or distributions are charged related documentation fees. Other administrative expenses are absorbed by the Company directly and are not reported in the Plan's financial statements.

2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements have been prepared under the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

ESTIMATES AND ASSUMPTIONS

The preparation of financial statements in conformity with U.S. GAAP requires the Plan's management to make estimates and assumptions that affect certain reported amounts of assets and liabilities, changes therein, and associated disclosures. Accordingly, actual results may vary from the estimates used in preparing the accompanying financial statements.

BENEFITS

Benefits are recorded when paid.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest, which approximates fair value. Delinquent notes receivable from participants are reclassified as distributions based upon terms of the Plan document or loan policy of the Plan.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The income earned on participant accounts is allocated on a daily basis using the previous day's ending account balance. Net appreciation (depreciation) includes realized gains and losses on investments bought and sold during the year as well as unrealized appreciation (depreciation) of the investments held at the end of the year.

3 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820 for Fair Value Measurements and Disclosures provides the 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 FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

3 – FAIR VALUE MEASUREMENTS

Level 2 Significant observable inputs other than quoted prices in active markets for which 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.

In establishing a fair value hierarchy for the Plan's investments in accordance with ASC 820, the following value methodologies were used for each type of investment:

Insurance company pooled separate accounts: Valued at the net asset value ("NAV") of shares held by the Plan at year end, as determined by ING.

Insurance company general account: Valued at fair value as determined by the credited rate and account balances and formulas that calculate payments from the investment contract.

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

In May 2011, the FASB issued Accounting Standards Update No. 2011-04 "Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS" ("ASU 2011-04"). ASU 2011-04 includes common requirements for measurement of and disclosure about fair value between U.S. GAAP and International Financial Reporting Standards ("IFRS"). ASU 2011-04 will require reporting entities to disclose quantitative information about the unobservable inputs used in the fair value measurements categorized within Level 3 of the fair value hierarchy. In addition, ASU 2011-04 will require reporting entities to make disclosures about amounts and reasons for all transfers in and out of Level 1 and Level 2 fair value measurements. The new and revised disclosures are effective for interim and annual reporting periods beginning after December 15, 2011. Plan management has evaluated the implications of ASU 2011-04 and does not believe it will have a material impact on the financial statements.

3 – FAIR VALUE MEASUREMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Level 1	Level 2	Level 3	Total
Insurance company pooled separate accounts:				
Blended Funds	$ -	$ 314,039	$ -	$ 314,039
Bond Funds	-	181,810	-	181,810
Growth Investment	-	275,552	-	275,552
Other Funds	-	157,603	-	157,603
Target Date Funds	-	440,731	-	440,731
Value Funds	-	114,895	-	114,895
Total insurance company pooled separate accounts	-	1,484,630	-	1,484,630
Insurance company general account	-	-	196,822	196,822
Total assets at fair value	$ -	$ 1,484,630	$ 196,822	$ 1,681,452

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Insurance company pooled separate accounts:				
Blended Funds	$ -	$ 125,194	$ -	$ 125,194
Bond Funds	-	129,149	-	129,149
Growth Investment	-	143,937	-	143,937
Other Funds	-	79,391	-	79,391
Target Date Funds	-	194,776	-	194,776
Value Funds	-	35,223	-	35,223
Total insurance company pooled separate accounts	-	707,670	-	707,670
Insurance company general account	-	-	107,113	107,113
Total assets at fair value	$ -	$ 707,670	$ 107,113	$ 814,783

3 – FAIR VALUE MEASUREMENTS

The following table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2011:

Insurance company general account	
Balance, December 31, 2010	$ 107,113
Contributions	133,390
Interest and dividend income	4,710
Interfund exchange	4,760
Distributions	(51,850)
Loan issues	(1,255)
Administrative fees	(46)
Balance, December 31, 2011	$ 196,822

The following table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the period from July 1, 2010 ("Inception") through December 31, 2010:

Insurance company general account	
Balance, July 1, 2010	$ -
Contributions	148,944
Interest and dividend income	732
Interfund exchange	(475)
Loan issues	(41,984)
Administrative fees	(104)
Balance, December 31, 2010	$ 107,113

4 – FINANCIAL INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN (UNAUDITED)

The Company has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified as complete and accurate by ING, the Custodian of the Plan's assets as of December 31, 2011 and 2010 and for the year ended December 31, 2011 and for the period from July 1, 2010 ("Inception") through December 31, 2010, except for comparing such information certified by the Custodian to the information included in the Plan's financial statements and supplemental schedules. This information consists of the following:

	December 31, 2011	December 31, 2010
Investments at fair value:		
Insurance company pooled separate accounts	$ 1,484,630	$ 707,670
Insurance company general account	196,822	107,113
Total investments	$ 1,681,452	$ 814,783
Notes receivable from participants	$ 126,155	$ 79,596

	Year Ended December 31, 2011	Period from July 1, 2010 ("Inception") through December 31, 2010
Interest and dividends	$ 2,913	$ 579
Interest on notes receivables from participants	$ 4,158	$ 201
Net (depreciation) appreciation in the fair value of investment	$ (69,849)	$ 53,198

5 – INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan provides an investment option to invest in a benefit-responsive guaranteed investment contract with ING through contributions in ING's general account. The account is credited with a guaranteed and fixed rate of return. The guaranteed investment contract is contractually obligated to repay the principal and specified interest rate that is guaranteed to the Plan by ING. The guaranteed investment contract promises contract value for a benefit event, such as a termination, death, disability or retirement. However, there is a market value adjustment, which is also called a surrender charge, when funds are withdrawn prior to their maturity or for a non-benefit event, such as a withdrawal from the account for a change in investment option. The guaranteed investment contract investment in the general account does not have a maturity date as of December 31, 2011 and 2010. Contract value approximates fair value on the guaranteed investment contract. The guaranteed minimum rate was 1.1% and the average credited rate was 3.1% and 1.4% for the year ended December 31, 2011 and for the period from July 1, 2010 through December 31, 2010, respectively. Interest rates are declared periodically and are communicated monthly.

6 – INVESTMENTS

At December 31, 2011, the following investment values represented 5% or more of net assets:

ING Fixed Account	$	196,822
Janus Forty Fund		120,880
PIMCO Total Return Fund		113,022
AllianceBern 2025 Retirement Strategy		112,491
American Funds EuroPacific Growth Fund		101,900
ING T. Rowe Price Capital Appreciation Portfolio		99,307

At December 31, 2010, the following investment values represented 5% or more of net assets:

ING Fixed Account	$	107,113
PIMCO Total Return Fund		105,608
AllianceBern 2025 Retirement Strategy		103,247
ING Russell Large Cap Index Porfolio		72,440
Janus Forty Fund		60,381
ING Russell Mid Cap Index Porfolio		49,566

7 – TAX STATUS OF THE PLAN

The Plan is a prototype plan of ING Life Insurance and Annuity Company for which a favorable determination letter dated March 31, 2008 has been issued by the IRS. The Plan has subsequently been amended since receiving its determination letter. The Company believes that the Plan is designed and being operated in compliance with applicable requirements of the IRC and that the Plan and related trust continues to be tax-exempt. Accordingly, no provisions for federal income taxes have been provided in the accompanying financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the DOL or IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examination for years prior to 2008.

8 – PARTY-IN-INTEREST TRANSACTIONS

Plan investments include shares of pooled separate accounts and investments in a guaranteed investment contract in the Plan's general account managed by ING. ING acted in capacity as Custodian during the year ended December 31, 2011 and for the period from July 1, 2010 ("Inception") through December 31, 2010; therefore, these investments qualify as party-in-interest investments. Fees paid by the Plan to the Custodian for various administrative expenses, including investment management services totaled $97 and $700 for the year ended December 31, 2011 and for the period from July 1, 2010 ("Inception") through December 31, 2010, respectively.

9 – DELINQUENT CONTRIBUTIONS

During 2011 and 2010, employee withholdings and loan repayments in the amounts of $19,910 and $44,247, respectively, were late in being transferred to the Plan. The delays were unintentional, and the Company will deposit funds representing lost earnings to the Plan in line with the requirements of the DOL's Voluntary Fiduciary Correction Program.

10 – RISKS AND UNCERTAINTIES

The Plan provides for various investment options in pooled separate accounts and a guaranteed investment contract in the general account. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

11 – RECONCILIATION TO THE 2011 AND 2010 FORM 5500, SCHEDULE H

The followings are reconciling items between the net assets reported in the audited financial statements and the Schedule H of the Form 5500 for the year ended December 31, 2011 and for the period from July 1, 2010 ("Inception") through December 31, 2010:

	December 31, 2011	December 31, 2010
Net assets available for benefit per financial statements	$ 1,829,404	$ 911,533
Less: current year participant and employer contributions receivables	(21,797)	(17,154)
Net assets available for benefit per Form 5500	$ 1,807,607	$ 894,379

	Year Ended December 31, 2011	Period from July 1, 2010 ("Inception") through December 31, 2010
Net increase per financial statements	$ 917,871	$ 911,533
Less: current year participant and employer contributions receivables	(21,797)	(17,154)
Add: prior year participant and employer contributions receivables	17,154	-
Net increase per Form 5500	$ 913,228	$ 894,379

12 – SUBSEQUENT EVENTS

In accordance with ASC 855, "*Subsequent Events*", the Company has evaluated events and transactions occurring subsequent to December 31, 2011 and 2010, the Statements of Net Assets Available for Benefits dates, through October 10, 2012, the date of the financial statements were issued, and determined, other than discussed below, no such events or transactions would impact the financial statements for the year ended December 31, 2011 and for the period from July 1, 2010 ("Inception") through December 31, 2010.

Effective October 1, 2012, Principal Trust Company serves as the custodian and record-keeper of the Plan. There are no material changes in Plan provisions. All investments were mapped in accordance with a set mapping strategy to provide participants with investments consistent in nature to their previous investment selections.

SUPPLEMENTAL SCHEDULES

ON THE BORDER 401(K) SAVINGS PLAN

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

Employer ID Number: 27-2118500, Plan Number 001

For the Year Ended December 31, 2011

and for the Period from July 1, 2010 ("Inception") through December 31, 2010

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments Are Included	Total That Constitutes Nonexempt Prohibited Transactions			
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
$ 6,620	10/10/2010	10/27/2010		$ -	$ -	$ 6,620	$ -
12,124	10/31/2010	11/9/2010	X	-	-	12,124	-
16,533	11/1/2010	11/15/2010		-	-	16,533	-
8,970	11/7/2010	11/16/2010		-	-	8,970	-
6,198	2/18/2011	3/1/2011	X	-	-	6,198	-
13,712	3/3/2011	3/14/2011	X	-	-	13,712	-
$ 64,157				$ -	$ -	$ 64,157	$ -

See independent auditor's report on supplemental schedules.

ON THE BORDER 401(K) SAVINGS PLAN

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

Employer ID Number: 27-2118500, Plan Number 001

December 31, 2011

(a)	(b) Identity of issuer, borrower, lessor, or similar	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	Insurance company pooled separate accounts		
*	ING	AllianceBern 2000 Retirement Strategy	$ 3,970
*	ING	AllianceBern 2005 Retirement Strategy	13,424
*	ING	AllianceBern 2010 Retirement Strategy	6,803
*	ING	AllianceBern 2015 Retirement Strategy	13,172
*	ING	AllianceBern 2020 Retirement Strategy	22,652
*	ING	AllianceBern 2025 Retirement Strategy	112,491
*	ING	AllianceBern 2030 Retirement Strategy	56,822
*	ING	AllianceBern 2035 Retirement Strategy	73,289
*	ING	AllianceBern 2040 Retirement Strategy	68,349
*	ING	AllianceBern 2045 Retirement Strategy	38,125
*	ING	AllianceBern 2050 Retirement Strategy	19,852
*	ING	AllianceBern 2055 Retirement Strategy	11,782
*	ING	American Funds Capital World Growth and Income FundSM	58,296
*	ING	American Funds EuroPacific Growth Fund	101,900
*	ING	American Funds Fundamental InvestorsSM	53,422
*	ING	Columbia Mid Cap Value Fund	26,015
*	ING	CRM Mid Cap Value Fund	48,123
*	ING	ING Russell Large Cap Index Porfolio	82,355
*	ING	ING Russell Mid Cap Index Porfolio	43,272
*	ING	ING Russell Small Cap Porfolio	28,239
*	ING	ING T. Rowe Price Capital Appreciation Portfolio	99,307
*	ING	ING T. Rowe Price Equity Income Portfolio	88,880
*	ING	Janus Forty Fund	120,880
*	ING	PIMCO Real Return Fund	68,788
*	ING	PIMCO Total Return Fund	113,022
*	ING	Wanger Select	53,282
*	ING	Wanger USA	58,118
	Total insurance company pooled separate accounts		1,484,630
	Insurance company general account		
*	ING	ING Fixed Account	196,822
	Notes receivable from participants		
*	Plan participants	Notes receivable from participants with interest rates at 4.25% and maturity dates of November 2012 through February 2019.	126,155
	Total		$ 1,807,607

* Indicates party in interest to the plan

** Column (d) cost information omitted for participant-directed investments

See independent auditor's report on supplemental schedules.

ON THE BORDER 401(K) SAVINGS PLAN

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

Employer ID Number: 27-2118500, Plan Number 001

December 31, 2010

(a)	(b) Identity of issuer, borrower, lessor, or similar	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	Insurance company pooled separate accounts		
*	ING	American Funds EuroPacific Growth Fund	22,953
*	ING	American Funds Capital World Growth and Income FundSM	35,700
*	ING	CRM Mid Cap Value Fund	10,523
*	ING	Wanger Select	19,201
*	ING	Wanger USA	14,789
*	ING	Columbia Mid Cap Value Fund	6,363
*	ING	ING Russell Mid Cap Index Porfolio	49,566
*	ING	ING Russell Small Cap Porfolio	8,963
*	ING	Janus Forty Fund	60,381
*	ING	ING T. Rowe Price Equity Income Portfolio	28,860
*	ING	American Funds Fundamental InvestorsSM	10,315
*	ING	ING Russell Large Cap Index Porfolio	72,440
*	ING	ING T. Rowe Price Capital Appreciation Portfolio	43,691
*	ING	AllianceBern 2005 Retirement Strategy	6,186
*	ING	AllianceBern 2010 Retirement Strategy	709
*	ING	AllianceBern 2015 Retirement Strategy	552
*	ING	AllianceBern 2020 Retirement Strategy	9,554
*	ING	AllianceBern 2025 Retirement Strategy	103,247
*	ING	AllianceBern 2030 Retirement Strategy	9,388
*	ING	AllianceBern 2035 Retirement Strategy	38,182
*	ING	AllianceBern 2040 Retirement Strategy	7,237
*	ING	AllianceBern 2045 Retirement Strategy	9,315
*	ING	AllianceBern 2050 Retirement Strategy	8,572
*	ING	AllianceBern 2055 Retirement Strategy	1,379
*	ING	AllianceBern 2000 Retirement Strategy	455
*	ING	PIMCO Real Return Fund	23,541
*	ING	PIMCO Total Return Fund	105,608
	Total insurance company pooled separate accounts		707,670
	Insurance company general account		
*	ING	ING Fixed Account	107,113
	Notes receivable from participants		
*	Plan participants	Notes receivable from participants with interest rates at 4.25% and maturity dates of February 2013 through February 2019.	79,596
	Total		$ 894,379

* Indicates party in interest to the plan

** Column (d) cost information omitted for participant-directed investments

See independent auditor's report on supplemental schedules.