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
FRED LOYA INSURANCE 401K RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/2009

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

EP LOYA GROUP, LP

1800 LEE TREVINO, SUITE 201
EL PASO, TX 79936

2b Employer Identification Number (EIN) 81-0586757

2c Sponsor's telephone number 915-590-5692

2d Business code (see instructions) 524210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2012	JOE RAMIREZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

1800 LEE TREVINO, SUITE 201
EL PASO, TX 79936

3b Administrator's EIN
81-0586757

3c Administrator's telephone number
915-590-5692

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**	1140
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**	1252
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	14
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1266
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1266
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	191
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
FRED LOYA INSURANCE 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
81-0586757

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

JP MORGAN RETIREMENT PLAN SERVICES

71-0930784

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 49 50 52 59 60 63 64 65 71 72 99	NONE	9175	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

RELIANCE TRUST COMPANY

58-1428634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 99	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	88	Yes [ ] No [X]

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

HARTFORD RETIREMENT SERVICES, LLC

26-1589907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 49 64 65 99	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	12384	Yes [ ] No [X]

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)

GPC SECURITIES, INC.

58-1517899

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 65	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	225	Yes [ ] No [X]

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

MORNINGSTAR ASSOCIATES, LLC

36-4317381

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JP MORGAN RETIREMENT PLAN SERVICES	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEE ATTACHED FEE DISCLOSURE REPORT 12-3456789	SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RELIANCE TRUST COMPANY	19 99	88

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARTFORD RETIREMENT SERVICES 26-1589907	SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HARTFORD RETIREMENT SERVICES, LLC	15 37 38 49 64 65 99	12384

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JP MORGAN RETIREMENT PLAN SERVICES 71-0930784	SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GPC SECURITIES, INC.	15 64 65	225

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARTFORD RETIREMENT SERVICES, LLC 26-1589907	SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR ASSOCIATES, LLC	49	44

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARTFORD LIFE INSURANCE COMPANY 06-0974148	SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

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
FRED LOYA INSURANCE 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
81-0586757

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
20-1978950-001	C	209301

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
FRED LOYA INSURANCE 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
81-0586757

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	6050	30342
(9) Value of interest in common/collective trusts	1c(9)	142461	209301
(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)	1238002	1834372
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1386513	2074015
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	1386513	2074015

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)	296289	
(B) Participants	2a(1)(B)	494267	
(C) Others (including rollovers)	2a(1)(C)	618	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		791174
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)	483	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		483
(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)	40089	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		40089
(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)		2888
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-101280
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		733354
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	36677	
(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)		36677
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	9175	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9175
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		45852
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		687502
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WEAVER AND TIDWELL, LLC (2) EIN: 75-0786316

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		250000
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? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **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
FRED LOYA INSURANCE 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
81-0586757

Part I Distributions

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

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

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

EIN(s): 06-0974148

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (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):

FRED LOYA INSURANCE 401(K) PLAN

FINANCIAL REPORT AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2011

C O N T E N T S

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FINANCIAL STATEMENTS

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

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SUPPLEMENTAL SCHEDULE *

Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....13

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

INDEPENDENT AUDITOR'S REPORT

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

We were engaged to audit the accompanying statements of net assets available for benefits of Fred Loya Insurance 401(k) Plan (the Plan) as of December 31, 2011 and 2010, the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 3 and Note 5, which was certified by JP Morgan Chase Bank, N.A. (the Trustee), except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of December 31, 2011 and 2010 and for the year ended December 31, 2011, that the information provided to the plan administrator by the Trustee is complete and accurate.

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

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Dallas, Texas
October 1, 2012

FRED LOYA INSURANCE 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS		
Investments, at fair value		
Pooled separate accounts	$ 1,834,373	$ 1,238,002
Collective trust fund	152,238	140,993
Total investments	1,986,611	1,378,995
Receivables:		
Employer contributions	5,569	4,973
Employee contributions	9,258	7,742
Notes receivable from participants	30,342	6,050
	45,169	18,765
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	2,031,780	1,397,760
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	57,064	1,468
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,088,844	$ 1,399,228

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

FRED LOYA INSURANCE 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

CHANGES IN NET ASSETS ATTRIBUTABLE TO:		
Investment income and loss		
Interest and dividends	$	40,089
Interest from participant loans		483
Net depreciation in fair value of investments		(98,391)
Total investment loss		(57,819)
Contributions:		
Employer		296,885
Employees		495,783
Rollovers		618
Total contributions		793,286
Deductions:		
Benefits distributed		36,677
Administrative fees and other		9,174
Total deductions		45,851
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		689,616
NET ASSETS AVAILABLE FOR BENEFITS, beginning of period		1,399,228
NET ASSETS AVAILABLE FOR BENEFITS, end of period	$	2,088,844

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

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

NOTE 1. DESCRIPTION OF PLAN

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

General

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

Administration

For the year ended December 31, 2011, the Plan was administered by a committee composed of members who are either officers or employees of the Company and other persons appointed by the Company.

Contributions

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

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

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

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

NOTE 1. DESCRIPTION OF PLAN – CONTINUED

Vesting

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

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

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

Forfeitures

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeited amounts are used to reduce the Employer's contributions to the Plan. At December 31, 2011, there were no forfeitures used to offset employer contributions for the period. At December 31, 2010, the balance of unallocated forfeited accounts totaled $0.

Notes Receivable from Participants

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

Administrative Expenses

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

NOTE 1. DESCRIPTION OF PLAN – CONTINUED

Benefit Payments

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

Plan Termination

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

NOTE 2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

NOTE 2. SUMMARY OF ACCOUNTING POLICIES – CONTINUED

Investment Valuation and Income Recognition

Pooled separate accounts are reported at fair value as determined by quoted market prices. Units held in common collective trust are valued at the unit value as reported by the investment manager. Purchases and sales of investments are recorded on a trade date basis. Interest is allocated to participant accounts on a pro-rata basis depending on the participants' account balance. Dividends are allocated based on the number of shares in a participant's account. The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation on investments. All net appreciation (depreciation) was earned from the Plan's investment in mutual funds.

Fully Benefit-Responsive Investment Contracts

As described in Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) 820, Fair Value Measurements, (ASC 820), investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contract because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by ASC 820, the Statement of Net Assets Available for Benefits represents the fair value of the investment contracts as well as the adjustment to fully benefit-responsive contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Market and Credit Risks

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

NOTE 2. SUMMARY OF ACCOUNTING POLICIES – CONTINUED

Uncertain Tax Positions

The Plan has implemented accounting guidance related to accounting for uncertainties in income taxes. Accounting standards relating to the accounting for uncertainties in income taxes prescribes a minimum recognition threshold that a tax position is required to meet before being recognized in the financial statements. The Plan is required to recognize in their financial statements the financial effects of a tax position, if that position is more likely than not of being sustained upon examination, including resolution of any appeals or litigation, based upon the technical merits of the position. Accordingly, the Plan has not recorded an income tax liability for uncertain tax benefits. The Plan files annual informational tax returns. The Plan's tax years after 2008 remain subject to examination.

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In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-06, Improving Disclosures about Fair Value Measurements (ASU 2010-06). ASU 2010-06 requires additional disclosures about fair value measurements including transfers in and out of Levels 1 and 2 as well as the reasons for the transfers and a greater level of disaggregation for each class of assets and liabilities. For the reconciliation of Level 3 fair value measurements, information about purchases, sales, issuances, and settlements are presented separately rather than one net number. This standard is effective for interim and annual reporting periods beginning after December 15, 2009 with the exception of revised Level 3 disclosure requirements, which became effective for interim and annual reporting periods beginning after December 15, 2010. The Plan adopted the remaining provisions of this standard to its financial statement disclosures for the year ending December 31, 2011.

NOTE 3. CERTIFIED FINANCIAL DATA (UNAUDITED)

The investments of the Plan are participant-directed and consist of mutual funds. Investments were held at JP Morgan Chase Banks, N.A. (the Trustee) for the year ended December 31, 2011.

As permitted by 29 CFR Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, no audit procedures were performed with respect to investments and investment related income certified by the Trustee as being complete and accurate at December 31, 2011 and 2010. The Trustee certified investments of $2,043,675 and $1,380,463 at December 31, 2011 and 2010, respectively, and investment related loss of ($57,819) for the year ended December 31, 2011.

NOTE 4. FEDERAL INCOME TAX STATUS

As of December 31, 2011, the Plan has not filed for an individual determination letter regarding its tax exempt status under Section 401(a) of the Internal Revenue code of 1986 (IRC). The Plan operates under a volume submitter plan document. The volume submitter obtained a determination letter on January 30, 2006 in which the Internal Revenue Service stated that the volume submitter plan, as then designed, is in compliance with the applicable requirements of the Internal Revenue Code of 1986 (IRC), as amended.

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

NOTE 5. INVESTMENTS

The following investments represent 5% or more of the net assets available for benefits as of December 31, 2011 and 2010 (unaudited):

	December 31, 2011	December 31, 2010
JPMorgan Smartretirement 2040	$ 236,124	$ 178,226
JPMorgan Smartretirement 2035	131,898	99,086
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JPMorgan Stable Asset Income Fund	209,302	142,461
JPMorgan Core Bond Fund	122,632	N/A

NOTE 6. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has an investment contract with JP Morgan Chase Banks, N.A. JP Morgan Chase Banks, N.A. maintains the contributions in a general account. The general account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair value as reported to the Plan by JP Morgan Chase Banks, N.A. and is adjusted for contract value based on its fully benefit-responsive features. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield was 3.01% and 2.47% for 2011 and 2010, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

NOTE 7. PARTY-IN-INTEREST TRANSACTIONS

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

NOTE 8. FAIR VALUE MEASUREMENT

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

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

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

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

Level 3 inputs: Unobservable inputs that reflect the entity's own assumptions about the assumption market participants would use in the pricing of the asset or liability and are consequently not based on market activity but rather through particular valuation techniques.

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

Pooled Separate Accounts

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

NOTE 8. FAIR VALUE MEASUREMENT – CONTINUED

Collective Trust Fund

These investments are public investment vehicles valued using the Net Asset Value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is classified within Level 2 of the valuation hierarchy because the NAV's unit price is quoted on a private market that is not active; however the unit price is based on underlying investments which are traded on an active market.

Below are the Plan's financial instruments carried at fair value on a recurring basis by the fair value hierarchy levels described above as of December 31, 2011:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Signficant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Pooled Separate Accounts				
Fixed income	$ 122,632	$ -	$ -	$ 122,632
Small and mid cap	195,676	-	-	195,676
Large cap	180,796	-	-	180,796
Balanced	1,255,657	-	-	1,255,657
International	79,612	-	-	79,612
Collective investment trust	-	152,238	-	152,238
Total assets	$ 1,834,373	$ 152,238	$ -	$ 1,986,611

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

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

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets per the financial statements to net assets per Schedule H of Form 5500 as of December 31, 2011 and 2010:

	2011	2010
Net assets available for benefits per the financial statements	$ 2,088,844	$ 1,399,228
Employer contribution receivable	(5,571)	(4,973)
Employee contribution receivable	(9,258)	(7,742)
Net assets available for benefits per Schedule H of Form 5500	$ 2,074,015	$ 1,386,513

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2011:

	2011
Increase in net assets available for benefits per the financial statements	$ 689,616
Contributions not reported on Schedule H of Form 5500	(2,114)
Increase in net assets available for benefits per Schedule H of Form 5500	$ 687,502

SUPPLEMENTAL SCHEDULE

FRED LOYA INSURANCE 401(K) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 81-0586757
PLAN NUMBER 001
DECEMBER 31, 2011

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of investment, collateral, par, or maturity value	(d) Cost	(e) Current value
*	JPMorgan	JPMorgan Equity Index Fund	$ N/A	$ 54,421
*	JPMorgan	JPMorgan Smartretirement 2015	N/A	49,076
*	JPMorgan	JPMorgan Smartretirement 2020	N/A	67,592
*	JPMorgan	JPMorgan Smartretirement 2030	N/A	97,657
*	JPMorgan	JPMorgan Smartretirement 2040	N/A	236,124
*	JPMorgan	JPMorgan Smartretirement Income Fund	N/A	93,459
*	JPMorgan	JPMorgan Smartretirement 2010	N/A	23,041
*	JPMorgan	JPMorgan Smartretirement 2035	N/A	131,898
*	JPMorgan	JPMorgan Smartretirement 2025	N/A	274,261
*	JPMorgan	JPMorgan Smartretirement 2045	N/A	112,524
*	JPMorgan	JPMorgan Smartretirement 2050	N/A	170,025
*	JPMorgan	JPMorgan Stable Asset Income Fund	N/A	209,302
	Eaton Vance	Eaton Vance Large Cap Value Fund	N/A	59,329
	American Funds	American Funds Europacific Fund	N/A	79,612
	American Funds	American Funds Growth Fund of America	N/A	67,046
	Blackrock	Blackrock Mid-Cap Value Fund	N/A	31,341
*	JPMorgan	JPMorgan Core Bond Fund	N/A	122,632
*	JPMorgan	JPMorgan Mid Cap Growth Fund	N/A	60,112
*	JPMorgan	JPMorgan Small Cap Value Fund	N/A	64,665
*	JPMorgan	JPMorgan Small Cap Growth Fund	N/A	39,558
	Participant loans		-0-	30,342
				$ 2,074,017

* A defined party-in-interest.

This supplemental schedule lists assets held for investment purposes at December 31, 2011, as required by the Department of Labor's Rules and Regulations for Reporting and Disclosure.

FRED LOYA INSURANCE 401(K) PLAN

FINANCIAL REPORT AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2011

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

INDEPENDENT AUDITOR'S REPORT

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

We were engaged to audit the accompanying statements of net assets available for benefits of Fred Loya Insurance 401(k) Plan (the Plan) as of December 31, 2011 and 2010, the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 3 and Note 5, which was certified by JP Morgan Chase Bank, N.A. (the Trustee), except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of December 31, 2011 and 2010 and for the year ended December 31, 2011, that the information provided to the plan administrator by the Trustee is complete and accurate.

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

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Dallas, Texas
October 1, 2012

FRED LOYA INSURANCE 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS		
Investments, at fair value		
Pooled separate accounts	$ 1,834,373	$ 1,238,002
Collective trust fund	152,238	140,993
Total investments	1,986,611	1,378,995
Receivables:		
Employer contributions	5,569	4,973
Employee contributions	9,258	7,742
Notes receivable from participants	30,342	6,050
	45,169	18,765
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	2,031,780	1,397,760
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	57,064	1,468
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,088,844	$ 1,399,228

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

FRED LOYA INSURANCE 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

CHANGES IN NET ASSETS ATTRIBUTABLE TO:		
Investment income and loss		
Interest and dividends	$	40,089
Interest from participant loans		483
Net depreciation in fair value of investments		(98,391)
Total investment loss		(57,819)
Contributions:		
Employer		296,885
Employees		495,783
Rollovers		618
Total contributions		793,286
Deductions:		
Benefits distributed		36,677
Administrative fees and other		9,174
Total deductions		45,851
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		689,616
NET ASSETS AVAILABLE FOR BENEFITS, beginning of period		1,399,228
NET ASSETS AVAILABLE FOR BENEFITS, end of period	$	2,088,844

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

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

NOTE 1. DESCRIPTION OF PLAN

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

General

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

Administration

For the year ended December 31, 2011, the Plan was administered by a committee composed of members who are either officers or employees of the Company and other persons appointed by the Company.

Contributions

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

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

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

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

NOTE 1. DESCRIPTION OF PLAN – CONTINUED

Vesting

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

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

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

Forfeitures

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeited amounts are used to reduce the Employer's contributions to the Plan. At December 31, 2011, there were no forfeitures used to offset employer contributions for the period. At December 31, 2010, the balance of unallocated forfeited accounts totaled $0.

Notes Receivable from Participants

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

Administrative Expenses

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

NOTE 1. DESCRIPTION OF PLAN – CONTINUED

Benefit Payments

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

Plan Termination

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

NOTE 2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

NOTE 2. SUMMARY OF ACCOUNTING POLICIES – CONTINUED

Investment Valuation and Income Recognition

Pooled separate accounts are reported at fair value as determined by quoted market prices. Units held in common collective trust are valued at the unit value as reported by the investment manager. Purchases and sales of investments are recorded on a trade date basis. Interest is allocated to participant accounts on a pro-rata basis depending on the participants' account balance. Dividends are allocated based on the number of shares in a participant's account. The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation on investments. All net appreciation (depreciation) was earned from the Plan's investment in mutual funds.

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

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There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield was 3.01% and 2.47% for 2011 and 2010, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

NOTE 7. PARTY-IN-INTEREST TRANSACTIONS

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

NOTE 8. FAIR VALUE MEASUREMENT

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

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

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

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

Level 3 inputs: Unobservable inputs that reflect the entity's own assumptions about the assumption market participants would use in the pricing of the asset or liability and are consequently not based on market activity but rather through particular valuation techniques.

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

Pooled Separate Accounts

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

NOTE 8. FAIR VALUE MEASUREMENT – CONTINUED

Collective Trust Fund

These investments are public investment vehicles valued using the Net Asset Value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is classified within Level 2 of the valuation hierarchy because the NAV's unit price is quoted on a private market that is not active; however the unit price is based on underlying investments which are traded on an active market.

Below are the Plan's financial instruments carried at fair value on a recurring basis by the fair value hierarchy levels described above as of December 31, 2011:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Signficant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Pooled Separate Accounts				
Fixed income	$ 122,632	$ -	$ -	$ 122,632
Small and mid cap	195,676	-	-	195,676
Large cap	180,796	-	-	180,796
Balanced	1,255,657	-	-	1,255,657
International	79,612	-	-	79,612
Collective investment trust	-	152,238	-	152,238
Total assets	$ 1,834,373	$ 152,238	$ -	$ 1,986,611

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

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

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets per the financial statements to net assets per Schedule H of Form 5500 as of December 31, 2011 and 2010:

	2011	2010
Net assets available for benefits per the financial statements	$ 2,088,844	$ 1,399,228
Employer contribution receivable	(5,571)	(4,973)
Employee contribution receivable	(9,258)	(7,742)
Net assets available for benefits per Schedule H of Form 5500	$ 2,074,015	$ 1,386,513

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2011:

	2011
Increase in net assets available for benefits per the financial statements	$ 689,616
Contributions not reported on Schedule H of Form 5500	(2,114)
Increase in net assets available for benefits per Schedule H of Form 5500	$ 687,502

SUPPLEMENTAL SCHEDULE

FRED LOYA INSURANCE 401(K) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 81-0586757
PLAN NUMBER 001
DECEMBER 31, 2011

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of investment, collateral, par, or maturity value	(d) Cost	(e) Current value
*	JPMorgan	JPMorgan Equity Index Fund	$ N/A	$ 54,421
*	JPMorgan	JPMorgan Smartretirement 2015	N/A	49,076
*	JPMorgan	JPMorgan Smartretirement 2020	N/A	67,592
*	JPMorgan	JPMorgan Smartretirement 2030	N/A	97,657
*	JPMorgan	JPMorgan Smartretirement 2040	N/A	236,124
*	JPMorgan	JPMorgan Smartretirement Income Fund	N/A	93,459
*	JPMorgan	JPMorgan Smartretirement 2010	N/A	23,041
*	JPMorgan	JPMorgan Smartretirement 2035	N/A	131,898
*	JPMorgan	JPMorgan Smartretirement 2025	N/A	274,261
*	JPMorgan	JPMorgan Smartretirement 2045	N/A	112,524
*	JPMorgan	JPMorgan Smartretirement 2050	N/A	170,025
*	JPMorgan	JPMorgan Stable Asset Income Fund	N/A	209,302
	Eaton Vance	Eaton Vance Large Cap Value Fund	N/A	59,329
	American Funds	American Funds Europacific Fund	N/A	79,612
	American Funds	American Funds Growth Fund of America	N/A	67,046
	Blackrock	Blackrock Mid-Cap Value Fund	N/A	31,341
*	JPMorgan	JPMorgan Core Bond Fund	N/A	122,632
*	JPMorgan	JPMorgan Mid Cap Growth Fund	N/A	60,112
*	JPMorgan	JPMorgan Small Cap Value Fund	N/A	64,665
*	JPMorgan	JPMorgan Small Cap Growth Fund	N/A	39,558
	Participant loans		-0-	30,342
				$ 2,074,017

* A defined party-in-interest.

This supplemental schedule lists assets held for investment purposes at December 31, 2011, as required by the Department of Labor's Rules and Regulations for Reporting and Disclosure.

FRED LOYA INSURANCE 401(K) PLAN

FINANCIAL REPORT AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2011

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

INDEPENDENT AUDITOR'S REPORT

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

We were engaged to audit the accompanying statements of net assets available for benefits of Fred Loya Insurance 401(k) Plan (the Plan) as of December 31, 2011 and 2010, the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 3 and Note 5, which was certified by JP Morgan Chase Bank, N.A. (the Trustee), except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of December 31, 2011 and 2010 and for the year ended December 31, 2011, that the information provided to the plan administrator by the Trustee is complete and accurate.

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

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Dallas, Texas
October 1, 2012

FRED LOYA INSURANCE 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS		
Investments, at fair value		
Pooled separate accounts	$ 1,834,373	$ 1,238,002
Collective trust fund	152,238	140,993
Total investments	1,986,611	1,378,995
Receivables:		
Employer contributions	5,569	4,973
Employee contributions	9,258	7,742
Notes receivable from participants	30,342	6,050
	45,169	18,765
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	2,031,780	1,397,760
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	57,064	1,468
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,088,844	$ 1,399,228

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

FRED LOYA INSURANCE 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

CHANGES IN NET ASSETS ATTRIBUTABLE TO:		
Investment income and loss		
Interest and dividends	$	40,089
Interest from participant loans		483
Net depreciation in fair value of investments		(98,391)
Total investment loss		(57,819)
Contributions:		
Employer		296,885
Employees		495,783
Rollovers		618
Total contributions		793,286
Deductions:		
Benefits distributed		36,677
Administrative fees and other		9,174
Total deductions		45,851
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		689,616
NET ASSETS AVAILABLE FOR BENEFITS, beginning of period		1,399,228
NET ASSETS AVAILABLE FOR BENEFITS, end of period	$	2,088,844

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

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

NOTE 1. DESCRIPTION OF PLAN

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

General

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

Administration

For the year ended December 31, 2011, the Plan was administered by a committee composed of members who are either officers or employees of the Company and other persons appointed by the Company.

Contributions

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

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

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

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

NOTE 1. DESCRIPTION OF PLAN – CONTINUED

Vesting

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

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

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

Forfeitures

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeited amounts are used to reduce the Employer's contributions to the Plan. At December 31, 2011, there were no forfeitures used to offset employer contributions for the period. At December 31, 2010, the balance of unallocated forfeited accounts totaled $0.

Notes Receivable from Participants

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

Administrative Expenses

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

NOTE 1. DESCRIPTION OF PLAN – CONTINUED

Benefit Payments

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

Plan Termination

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

NOTE 2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

NOTE 2. SUMMARY OF ACCOUNTING POLICIES – CONTINUED

Investment Valuation and Income Recognition

Pooled separate accounts are reported at fair value as determined by quoted market prices. Units held in common collective trust are valued at the unit value as reported by the investment manager. Purchases and sales of investments are recorded on a trade date basis. Interest is allocated to participant accounts on a pro-rata basis depending on the participants' account balance. Dividends are allocated based on the number of shares in a participant's account. The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation on investments. All net appreciation (depreciation) was earned from the Plan's investment in mutual funds.

Fully Benefit-Responsive Investment Contracts

As described in Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) 820, Fair Value Measurements, (ASC 820), investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contract because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by ASC 820, the Statement of Net Assets Available for Benefits represents the fair value of the investment contracts as well as the adjustment to fully benefit-responsive contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Market and Credit Risks

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

NOTE 2. SUMMARY OF ACCOUNTING POLICIES – CONTINUED

Uncertain Tax Positions

The Plan has implemented accounting guidance related to accounting for uncertainties in income taxes. Accounting standards relating to the accounting for uncertainties in income taxes prescribes a minimum recognition threshold that a tax position is required to meet before being recognized in the financial statements. The Plan is required to recognize in their financial statements the financial effects of a tax position, if that position is more likely than not of being sustained upon examination, including resolution of any appeals or litigation, based upon the technical merits of the position. Accordingly, the Plan has not recorded an income tax liability for uncertain tax benefits. The Plan files annual informational tax returns. The Plan's tax years after 2008 remain subject to examination.

Subsequent Events

Subsequent events have been evaluated through October 1, 2012, the date these financial statements were available to be issued, and determined there are no material recognized or unrecognized subsequent events.

Recently Adopted Accounting Guidance

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-06, Improving Disclosures about Fair Value Measurements (ASU 2010-06). ASU 2010-06 requires additional disclosures about fair value measurements including transfers in and out of Levels 1 and 2 as well as the reasons for the transfers and a greater level of disaggregation for each class of assets and liabilities. For the reconciliation of Level 3 fair value measurements, information about purchases, sales, issuances, and settlements are presented separately rather than one net number. This standard is effective for interim and annual reporting periods beginning after December 15, 2009 with the exception of revised Level 3 disclosure requirements, which became effective for interim and annual reporting periods beginning after December 15, 2010. The Plan adopted the remaining provisions of this standard to its financial statement disclosures for the year ending December 31, 2011.

NOTE 3. CERTIFIED FINANCIAL DATA (UNAUDITED)

The investments of the Plan are participant-directed and consist of mutual funds. Investments were held at JP Morgan Chase Banks, N.A. (the Trustee) for the year ended December 31, 2011.

As permitted by 29 CFR Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, no audit procedures were performed with respect to investments and investment related income certified by the Trustee as being complete and accurate at December 31, 2011 and 2010. The Trustee certified investments of $2,043,675 and $1,380,463 at December 31, 2011 and 2010, respectively, and investment related loss of ($57,819) for the year ended December 31, 2011.

NOTE 4. FEDERAL INCOME TAX STATUS

As of December 31, 2011, the Plan has not filed for an individual determination letter regarding its tax exempt status under Section 401(a) of the Internal Revenue code of 1986 (IRC). The Plan operates under a volume submitter plan document. The volume submitter obtained a determination letter on January 30, 2006 in which the Internal Revenue Service stated that the volume submitter plan, as then designed, is in compliance with the applicable requirements of the Internal Revenue Code of 1986 (IRC), as amended.

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

NOTE 5. INVESTMENTS

The following investments represent 5% or more of the net assets available for benefits as of December 31, 2011 and 2010 (unaudited):

	December 31, 2011	December 31, 2010
JPMorgan Smartretirement 2040	$ 236,124	$ 178,226
JPMorgan Smartretirement 2035	131,898	99,086
JPMorgan Smartretirement 2025	274,261	186,200
JPMorgan Smartretirement 2045	112,524	69,967
JPMorgan Smartretirement 2050	170,025	102,972
JPMorgan Stable Asset Income Fund	209,302	142,461
JPMorgan Core Bond Fund	122,632	N/A

NOTE 6. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has an investment contract with JP Morgan Chase Banks, N.A. JP Morgan Chase Banks, N.A. maintains the contributions in a general account. The general account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair value as reported to the Plan by JP Morgan Chase Banks, N.A. and is adjusted for contract value based on its fully benefit-responsive features. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield was 3.01% and 2.47% for 2011 and 2010, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

NOTE 7. PARTY-IN-INTEREST TRANSACTIONS

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

NOTE 8. FAIR VALUE MEASUREMENT

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

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

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

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

Level 3 inputs: Unobservable inputs that reflect the entity's own assumptions about the assumption market participants would use in the pricing of the asset or liability and are consequently not based on market activity but rather through particular valuation techniques.

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

Pooled Separate Accounts

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

NOTE 8. FAIR VALUE MEASUREMENT – CONTINUED

Collective Trust Fund

These investments are public investment vehicles valued using the Net Asset Value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is classified within Level 2 of the valuation hierarchy because the NAV's unit price is quoted on a private market that is not active; however the unit price is based on underlying investments which are traded on an active market.

Below are the Plan's financial instruments carried at fair value on a recurring basis by the fair value hierarchy levels described above as of December 31, 2011:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Signficant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Pooled Separate Accounts				
Fixed income	$ 122,632	$ -	$ -	$ 122,632
Small and mid cap	195,676	-	-	195,676
Large cap	180,796	-	-	180,796
Balanced	1,255,657	-	-	1,255,657
International	79,612	-	-	79,612
Collective investment trust	-	152,238	-	152,238
Total assets	$ 1,834,373	$ 152,238	$ -	$ 1,986,611

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

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

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets per the financial statements to net assets per Schedule H of Form 5500 as of December 31, 2011 and 2010:

	2011	2010
Net assets available for benefits per the financial statements	$ 2,088,844	$ 1,399,228
Employer contribution receivable	(5,571)	(4,973)
Employee contribution receivable	(9,258)	(7,742)
Net assets available for benefits per Schedule H of Form 5500	$ 2,074,015	$ 1,386,513

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2011:

	2011
Increase in net assets available for benefits per the financial statements	$ 689,616
Contributions not reported on Schedule H of Form 5500	(2,114)
Increase in net assets available for benefits per Schedule H of Form 5500	$ 687,502

SUPPLEMENTAL SCHEDULE

FRED LOYA INSURANCE 401(K) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 81-0586757
PLAN NUMBER 001
DECEMBER 31, 2011

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of investment, collateral, par, or maturity value	(d) Cost	(e) Current value
*	JPMorgan	JPMorgan Equity Index Fund	$ N/A	$ 54,421
*	JPMorgan	JPMorgan Smartretirement 2015	N/A	49,076
*	JPMorgan	JPMorgan Smartretirement 2020	N/A	67,592
*	JPMorgan	JPMorgan Smartretirement 2030	N/A	97,657
*	JPMorgan	JPMorgan Smartretirement 2040	N/A	236,124
*	JPMorgan	JPMorgan Smartretirement Income Fund	N/A	93,459
*	JPMorgan	JPMorgan Smartretirement 2010	N/A	23,041
*	JPMorgan	JPMorgan Smartretirement 2035	N/A	131,898
*	JPMorgan	JPMorgan Smartretirement 2025	N/A	274,261
*	JPMorgan	JPMorgan Smartretirement 2045	N/A	112,524
*	JPMorgan	JPMorgan Smartretirement 2050	N/A	170,025
*	JPMorgan	JPMorgan Stable Asset Income Fund	N/A	209,302
	Eaton Vance	Eaton Vance Large Cap Value Fund	N/A	59,329
	American Funds	American Funds Europacific Fund	N/A	79,612
	American Funds	American Funds Growth Fund of America	N/A	67,046
	Blackrock	Blackrock Mid-Cap Value Fund	N/A	31,341
*	JPMorgan	JPMorgan Core Bond Fund	N/A	122,632
*	JPMorgan	JPMorgan Mid Cap Growth Fund	N/A	60,112
*	JPMorgan	JPMorgan Small Cap Value Fund	N/A	64,665
*	JPMorgan	JPMorgan Small Cap Growth Fund	N/A	39,558
	Participant loans		-0-	30,342
				$ 2,074,017

* A defined party-in-interest.

This supplemental schedule lists assets held for investment purposes at December 31, 2011, as required by the Department of Labor's Rules and Regulations for Reporting and Disclosure.

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

FRED LOYA INSURANCE 401K RET. PLAN (070249)
EIN #: 81-0586757

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.

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

Total Direct Compensation Paid **$9,175.00**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

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

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

Direct Compensation **$9,175.00**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2011 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to J.P. Morgan are the net result of aggregating direct compensation after the effects of adjustments processed in 2011, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

Indirect Compensation

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

Compensation paid with respect to Funds

Investment Option Name	*EIN*	*Fees Received from Funds on your Plan's Menu (rates as of 12/31/2011)*	*Fund's Total Annual Expenses (as of 12/31/2011)*
AMERICAN FNDS GRWTH FD OF AM-R3	52-0792143	0.65% x assets	0.97%
AMERICAN FUNDS EUROPACIFIC-R3	95-1411037	0.65% x assets	1.13%

Investment Option Name	*EIN*	*Fees Received from Funds on your Plan's Menu (rates as of 12/31/2011)*	*Fund's Total Annual Expenses (as of 12/31/2011)*
BLACKROCK MID-CAP VALUE-A	51-0318674	0.55% x assets	1.37%
BLACKROCK SMALL CAP GR EQ PORT-A	51-0318674	0.55% x assets	1.18%
EATON VANCE LARGE CAP VALUE FD-A	04-6039283	0.55% x assets	0.98%
JPMCB STABLE ASSET INC FD F-30	13-4161079		0.00%
JPMORGAN CORE BOND-A	26-3613641	0.50% x assets	0.97%
JPMORGAN EQUITY INDEX FUND-A	26-3613641	0.30% x assets	0.94%
JPMORGAN MID CAP GROWTH-A	26-3613641	0.55% x assets	1.36%
JPMORGAN SMALL CAP GROWTH FUND-A	26-3613641	0.55% x assets	1.39%
JPMORGAN SMALL CAP VALUE-A	26-3613641	0.55% x assets	1.43%
JPMORGAN SMARTRETIREMENT 2010-A	33-1043149	0.55% x assets	0.58%
JPMORGAN SMARTRETIREMENT 2015-A	33-1043149	0.55% x assets	0.58%
JPMORGAN SMARTRETIREMENT 2020-A	33-1043149	0.55% x assets	0.58%
JPMORGAN SMARTRETIREMENT 2025-A	33-1043149	0.55% x assets	0.59%
JPMORGAN SMARTRETIREMENT 2030-A	33-1043149	0.55% x assets	0.60%
JPMORGAN SMARTRETIREMENT 2035-A	33-1043149	0.55% x assets	0.62%
JPMORGAN SMARTRETIREMENT 2040-A	33-1043149	0.55% x assets	0.62%
JPMORGAN SMARTRETIREMENT 2045-A	33-1043149	0.55% x assets	0.68%
JPMORGAN SMARTRETIREMENT 2050-A	33-1043149	0.55% x assets	0.68%
JPMORGAN SMARTRETIREMENT INC-A	33-1043149	0.55% x assets	0.56%

The list includes any investment option held by the plan on at least one month end during the 2011 calendar year. To arrive at an estimate of the dollar amount that JP Morgan received from each fund, multiply the rate of fees received from each fund by your plan's year-end balance (or if the fund was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the fund at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

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

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

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

Direct Compensation **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

Base Fees	Payor: J.P. Morgan	EIN: 71-0930784	**$10,730.44**
Ancillary Fees	Payor: J.P. Morgan	EIN: 71-0930784	**$1,653.75**

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

Service Codes: 15, 64, 65

Indirect Compensation

Transaction Processing Services Payor: Hartford Retirement Services, LLC EIN: 26-1589907 **$225.03**

GPC Securities, Inc. performed recordkeeping and trading functions through August 22, 2011. These activities were transferred to Hartford Securities Distribution Company, Inc. ("HSD") on August 23, 2011. HSD is a broker-dealer registered with the Securities and Exchange Commission which executes, clears and settles the Plan's purchase, exchange and redemption of shares or units in the funds on an agency basis. It is a wholly-owned affiliate of Hartford Retirement Services, LLC. More information is available in the Fund Fee Disclosure Notice for Retirement Plan Fiduciaries which accompanies the HSD Securities Account Agreement.

This is an estimate based on multiplying actual 2011 month end assets by 0.020%/12 for months January through August and then summing the results.

Recipient: Morningstar Associates, LLC EIN: 36-4317381

Service Code: 49

Indirect Compensation

"Managed by You" services fee Payor: Hartford Life Insurance Company EIN: 06-0974148 **$43.60**

This is an estimate determined by dividing a flat annual fee paid to Morningstar by the number of plans to whom this feature is made available.

Recipient: Reliance Trust Company EIN: 58-1428634

Indirect Compensation

Custodial/Trust service fee **$88.22**
Service Codes: 19, 25, 99

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

This is an estimate based on multiplying actual 2011 month end assets by 0.005%/12 and then summing the results.

Direct Revenue Detail

Recipient: ***J.P. Morgan***

Fee Description	**Dollar Amount**
Loan Set-up Fee	$700.00
Recordkeeping Fee	$8,325.00
One-Time Distribution Fee	$150.00
Total Direct Revenue:	**$9,175.00**
Grand Total Direct Fees:	**$9,175.00**

Form **5558**
(Rev. June 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
EP Loya Group, LP
Number, street, and room or suite no. (If a P.O. box, see instructions)
1800 Lee Trevino, Suite 201
City or town, state, and ZIP code
El Paso TX 79936

B **Filer's identifying number (see instructions)**
Employer identification number (EIN)
81-0586757
Social security number (SSN) (see instructions)

C Plan name	Plan number	Plan year ending — MM	DD	YYYY
1 Fred Loya Insurance 401k Retirement Plan	001	12	31	2011
2				
3				

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 I request an extension of time until 10 / 15 / 2012 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

2 I request an extension of time until / / to file Form 8955-SSA (see instructions).
Note. A signature IS required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 1 and/or line 2 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 1 and/or line 2 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

3 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ **a**

b Enter the payment amount attached . . . . . ▶ **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ **c**

4 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ **Date** ▶