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. . . . . ▶ [X]

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 529

1c Effective date of plan 08/01/1993

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

GREYHOUND LINES, INC.

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

2b Employer Identification Number (EIN) 86-0572343

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

2d Business code (see instructions) 485510

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2012	LYNNE MARTY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2012	BILL GIESEKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

3b Administrator's EIN
75-2599025

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

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	2922
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**	2773
b	Retired or separated participants receiving benefits	**6b**	18
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2791
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

1 Coverage Information:

(a) Name of insurance carrier
AFLAC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
52-0807803	60380	NB562	104	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
9490	568

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
9490	568	OTHER COMPENSATION PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	54039
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

1 Coverage Information:

(a) Name of insurance carrier
AFLAC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
58-0663085	60380	BX702	1085	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
119979	5242

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
119979	5242	OTHER COMPENSATION PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	928610
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0303370	62308	2461738	2765	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
41440	0

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

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

ROBIN DUSANG
PO BOX 56268
METAIRIE, LA 70055

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41440			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

m [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	889495
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

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

1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-2761537	81396	TX-03850	1756	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

m [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	524578
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	GL-016523	0	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
46644	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ROBIN J DUSANG
PO BOX 56268
METAIRIE, LA 70055

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
42349			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOCKTON COMPANIES LLC
717 N HARWOOD ST, STE 2500
DALLAS, TX 75201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4295			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

m [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	321417
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	C0AOO1255	0	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	8482
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

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

1 Coverage Information:

(a) Name of insurance carrier
MHN SERVICES

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
95-4146179	48511	5565	1097	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
416	0

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

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

THE SEGAL COMPANY
170 BELLAIRE DRIVE
NEW ORLEANS, LA 70124

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
416			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	30038
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

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

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	12173151	1505	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
2272	0

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

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

THE SEGAL COMPANY
2018 POWERS FERRY RD SE
ATLANTA, GA 30339-7200

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2272			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	151498		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	151498
b Benefit charges (1) Claims paid	**9b(1)**	112546		
(2) Increase (decrease) in claim reserves	**9b(2)**	-2307		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	110239
(4) Claims charged			**9b(4)**	110239
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**	24997		
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	24997
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	28137
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

1 Coverage Information:

(a) Name of insurance carrier
AFLAC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-0663085	60380	BX770	106	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
12241	478

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12241	478	OTHER COMPENSATION PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	64209
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

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

1 Coverage Information:

(a) Name of insurance carrier
MHN SERVICES

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
95-4146179	48511	1454	1689	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
1645	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE SEGAL COMPANY
170 BELLAIRE DRIVE
NEW ORLEANS, LA 70124

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
1645			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	148996
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

1 Coverage Information:

(a) Name of insurance carrier
AFLAC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
58-0663085	60380	A1U74	7	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
290	15

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
290	15	OTHER COMPENSATION PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	2062
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

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

1 Coverage Information:

(a) Name of insurance carrier
AFLAC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-0663085	60380	XS121	3	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
254	0

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
254			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	2384
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
GREYHOUND LINES, INC. - NATIONAL LOCAL 1700 OF THE AMALGAMATED TRANSIT UNION HEALTH & WELFARE

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

CIGNA

P.O. BOX 20643
LEHIGH VALLEY, PA 18002

58-1640157

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	962536	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

EMPLOYEE A

75-2599025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78200	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

MHN

95-4146179

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	56914	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

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

EMPLOYEE B

75-2599025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48456	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

EMPLOYEE C

75-2599025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41972	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

EMPLOYEE D

75-2599025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33676	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

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

YPI ONE DALLAS CENTRE, LLC

14-1997171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	29920	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

CLIFTON GUNDERSON LLP

37-0802863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	29320	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

EMPLOYEE E

75-2599025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25277	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

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

BLAKE & UHLIG

48-0918231

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	23210	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

THE SEGAL COMPANY

13-2619259

(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?
16	NONE	23077	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

DYNAMARC

20-3555695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	19592	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

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

JLLA INC

36-4160760

(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	10834	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

B Three-digit plan number (PN) ▶ 529

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

D Employer Identification Number (EIN)
86-0572343

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	70120	70216
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	195169	171214
(3) Other	1b(3)	900	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5209744	4192494
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	733	8516

		(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	1156	867
f Total assets (add all amounts in lines 1a through 1e)	1f	5477822	4443307
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	2706	10316
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	2706	10316
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5475116	4432991

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)	9988874	
(B) Participants	2a(1)(B)	6044849	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		16033723
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1798	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1798
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		330725
d Total income. Add all **income** amounts in column (b) and enter total	2d		16366246
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12919811	
(2) To insurance carriers for the provision of benefits	2e(2)	2983363	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		15903174
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)	80019	
(2) Contract administrator fees	2i(2)	1019450	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	405728	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1505197
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		17408371
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1042125
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN LLP (2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

FINANCIAL STATEMENTS

December 31, 2011 and 2010

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CliftonLarsonAllen LLP
www.cliftonlarsonallen.com

Independent Auditors' Report

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

We have audited the accompanying statements of net assets available for benefits and of plan benefit obligations of Greyhound Lines, Inc. - National Local 1700 of the Amalgamated Transit Union Health & Welfare Plan (the Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2011 and 2010, and the changes in its financial status for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedules are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

CliftonLarsonAllen LLP

West Des Moines, Iowa
September 28, 2012

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011 and 2010

	2011	2010
ASSETS		
Cash	$ 70,216	$ 70,120
Investment in money market accounts	4,192,494	5,209,744
Total cash and money market accounts	4,262,710	5,279,864
Receivable from employees	171,214	195,169
Other	-	900
Total receivables	171,214	196,069
Other assets	9,383	1,889
Total assets	4,443,307	5,477,822
LIABILITIES		
Accounts payable and accrued expenses	10,316	2,706
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,432,991	$ 5,475,116

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

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2011 and 2010

	2011	2010
ADDITIONS:		
Employer contributions	$ 9,988,874	$ 10,962,855
Participants' contributions	5,965,037	6,027,141
COBRA contributions	79,812	97,202
Interest and dividend income	1,798	2,515
Stop loss reimbursement	330,725	-
Total additions	16,366,246	17,089,713
DEDUCTIONS:		
Medical claims	12,919,811	10,002,627
Insurance premiums	4,002,813	3,908,047
Administrative expenses	485,747	436,454
Total deductions	17,408,371	14,347,128
NET CHANGE	(1,042,125)	2,742,585
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	5,475,116	2,732,531
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 4,432,991	$ 5,475,116

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

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
STATEMENTS OF PLAN BENEFIT OBLIGATIONS
December 31, 2011 and 2010

	2011	2010
PLAN BENEFIT OBLIGATIONS		
Claims payable	$ 194,448	$ 130,135
Claims incurred but not reported	1,650,905	1,094,666
TOTAL PLAN BENEFIT OBLIGATIONS	$ 1,845,353	$ 1,224,801

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

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS
Years Ended December 31, 2011 and 2010

	2011	2010
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Claims payable:		
Balance at beginning of year	$ 130,135	$ 159,738
Claims reported and approved for payment	12,984,124	9,973,024
Claims paid	(12,919,811)	(10,002,627)
Balance at end of year	194,448	130,135
Insurance premiums payable:		
Balance at beginning of year	-	-
Insurance premium expense	4,002,813	3,908,047
Insurance premium paid	(4,002,813)	(3,908,047)
Balance at end of year	-	-
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE		
Claims incurred but not reported:		
Balance at beginning of year	1,094,666	967,825
Net change during year	556,239	126,841
Balance at end of year	1,650,905	1,094,666
TOTAL PLAN BENEFIT OBLIGATIONS AT END OF YEAR	$ 1,845,353	$ 1,224,801

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

NOTE 1 - DESCRIPTION OF THE PLAN

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

General

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

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

Contributions

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

Benefits

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

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

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

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

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

Benefits *(continued)*

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

Life Insurance – The Plan provides $10,000 in basic life insurance for every eligible employee at no cost to the employee. The employees have the option of purchasing additional life insurance up to a total coverage of $130,000 ($50,000 in 2010).

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

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

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

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

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

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of presentation

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

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Money market accounts

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

Claims payable

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

Claims incurred but not reported

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

Administrative expenses

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

NOTE 3 - FINANCIAL INSTRUMENT RISK

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

NOTE 4 - FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

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

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

	Level 1	Level 2	Level 3	Total
2011				
Money market accounts	$ -	$ 4,192,494	$ -	$ 4,192,494
2010				
Money market accounts	$ -	$ 5,209,744	$ -	$ 5,209,744

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

The fair value of individual investments that represent 5 percent or more of the Plan's net assets as of December 31, are as follows:

	2011	2010
M & I, a branch of BMO Harris Bank, N.A.	$ 3,156,830	$ 4,175,440
Merrill Lynch Premier Institutional Fund	1,035,664	1,034,304

NOTE 5 - FEDERAL INCOME TAX STATUS

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

NOTE 6 - EXEMPT PARTY-IN-INTEREST TRANSACTIONS

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

NOTE 7 - OPERATING LEASE AGREEMENT

The Plan leases its office and storage facilities under a long-term, non-cancelable operating lease agreement which expires on November 30, 2012. Under this lease agreement, future minimum rental payments of $32,776 are due during the year ending December 31, 2012.

Rental expense under the above operating agreement was $40,754 and $40,882 for the years ended December 31, 2011 and 2010, respectively.

NOTE 8 - RISKS AND UNCERTAINTIES

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

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

NOTE 9 - SUBSEQUENT EVENTS

Management evaluated subsequent events through September 28, 2012, the date the financial statements were available to be issued. Events or transactions occurring after December 31, 2011, but prior to September 28, 2012 that provided additional evidence about conditions that existed at December 31, 2011, have been recognized in the financial statements for the year ended December 31, 2011. Events or transactions that provided evidence about conditions that did not exist at December 31, 2011 but arose before the financial statements were available to be issued have not been recognized in the financial statements for the year ended December 31, 2011.

SUPPLEMENTAL SCHEDULES

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2011

(a)	(b) Identity of Party Involved	(c) Description of Asset	(d) Cost	(e) Current Value
*	M&I, a branch of BMO Harris Bank, N.A.	Business checking account, no interest	$ 70,216	$ 70,216
*	M&I, a branch of BMO Harris Bank, N.A.	Marshall Money Market Fund, interest of 0.0001%	3,156,830	3,156,830
*	Merrill Lynch	Merrill Lynch Premier Institutional Fund, interest of 0.11%	1,035,664	1,035,664
TOTAL CASH AND MONEY MARKET ACCOUNTS			$ 4,262,710	$ 4,262,710

* Indicates a party-in-interest to the Plan

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2011

(a) Identity of Parties Involved	(b) Description of Asset	Number of Transactions	Number of Sales	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset
Single transactions:						
* M&I	Marshall Money Market Fund	1	-	$ 912,000	$ -	$ 912,000
* M&I	Marshall Money Market Fund	1	-	898,000	-	898,000
* M&I	Marshall Money Market Fund	1	-	717,000	-	717,000
* M&I	Marshall Money Market Fund	1	-	805,000	-	805,000
* M&I	Marshall Money Market Fund	1	-	818,000	-	818,000
* M&I	Marshall Money Market Fund	1	-	919,000	-	919,000
* M&I	Marshall Money Market Fund	1	-	717,000	-	717,000
* M&I	Marshall Money Market Fund	1	-	421,000	-	421,000
* M&I	Marshall Money Market Fund	1	1	-	388,000	388,000
* M&I	Marshall Money Market Fund	1	-	926,000	-	926,000
* M&I	Marshall Money Market Fund	1	-	1,031,000	-	1,031,000
* M&I	Marshall Money Market Fund	1	-	807,000	-	807,000
Series of transactions:						
* M&I	Marshall Money Market Fund	52	205	12,517,438	13,557,000	13,557,000

* Indicates party-in-interest to the Plan

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

TENTATIVE DRAFT - SUBJECT TO CHANGE

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2011

(a)	(b) Identity of Party Involved	(c) Description of Asset	(d) Cost	(e) Current Value
*	M&I Marshall & Ilsley Bank	Marshall Money Market Fund, interest of 0.0001%	$ 3,156,830	$ 3,156,830
*	M&I Marshall & Ilsley Bank	Business checking account, no interest	70,216	70,216
*	Merrill Lynch	Merrill Lynch Premier Institutional Fund, interest of 0.11%	1,035,664	1,035,664
TOTAL CASH AND MONEY MARKET ACCOUNTS			$ 4,262,710	$ 4,262,710

* Indicates a party-in-interest to the Plan

NB56200002

SCHEDULE A EARNINGS REPORT

PLEASE USE THE FOLLOWING INFORMATION
TO COMPLETE YOUR SCHEDULE A

FEBRUARY 01, 2012

NAME OF PLAN SPONSOR

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

NAME OF INSURANCE CARRIER	APPROXIMATE NUMBER OF PERSONS COVERED AT END OF PLAN YEAR	PLAN YEAR FROM TO
Aflac 1932 Wynnton Road Columbus, GA 31999 Contract Number 52-0807803	104	01/01/11 - 12/31/11 NAIC CODE 60380

TOTAL PREMIUM COLLECTED
$54,038.55

INSURANCE FEES AND COMMISSIONS PAID TO AGENTS

NAME AND ADDRESS OF AGENTS	COMMISSIONS PAID*	FEES PAID**
TRACY WILBANKS $4,306.15 $336 APT 4B NEW YORK NY 10032		ST 34509
WILLIAM NEWBERRY 13762 ASPEN LEAF LANE CORONA CA 92880	$1,780.33	$120.12
KEVIN GALLAGHER 173 GELSTON AVENUE APT 3D BROOKLYN NY 11209	$536.33	$56.01
CHRISTY DAY ASSOCIATES LLC 199 WATER ST 23RD FLOOR NEW YORK NY 10038	$517.96	$0.00
KENNETH C MEIER CORP 401 FRANKLIN AVENUE SUITE 312 GARDEN CITY NY 11530	$513.64	$56.01
BRIEN C FLETCHER 15 GARDEN AVE CARLE PLACE NY 11514	$340.92	$0.00
TREVOR FENNELL 199 WATER ST 23RD FLOOR NEW YORK NY 10038	$329.50	$0.00
RONALD SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92673	$198.42	$0.00
JAMES GRIMES AFLAC STATE OFFICE PO BOX 218 HAMPTON FALLS NH 03844	$120.49	$0.00

NB56200002

NB56200002

NB56200002

NB56200002

NB56200002

GREYHOUND / ATU *			
JULIETTE MCRAE $107.04 $0 LAURELTON NY 11413			D AVE 00218
MICHAEL S CHILLE 22 CORPORATE WOODS BOULEVARD 4TH FLOOR ALBANY NY 12211		$104.49	$0.00
PEGGY K SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92673		$96.63	$0.00
JIM KOKKORIS 23-56 28 STREET ASTORIA NY 11105		$81.22	$0.00
FRANK SILVERBERG 1641 THIRD AVENUE NEW YORK NY 10128		$48.36	$0.00
GARY WARE 2306 VALLEYBROOK DR CHAMPAIGN IL 61822		$44.64	$0.00
ARTLENE T RUSSO 7013 DAWN DRIVE NIAGARA FALLS NY 14304		$41.88	$0.00
DEBRA PARKER 1000 PITTSFORD-VICTOR RD PITTSFORD NY 14534		$39.45	$0.00
MARY COLEMAN 25 SHERWOOD AVENUE RENSSELEAR NY 12144		$34.41	$0.00
GLYNDA MYERS PO BOX 1142 NEW YORK NY 10026		$28.18	$0.00
BRIAN MOYNIHAN 84 TROY ROAD EAST GREENBUSH NY 12061		$25.16	$0.00
SCOTT BLACKSHEAR 11400 SE 8TH STREET #375 BELLEVUE WA 98004		$19.91	$0.00
DIANA CARABALLO 1101 WHEATON AVENUE SUITE 530 MILLVILLE NJ 08332		$19.44	$0.00
WILLIAM J LOEFFERT 555 BROAD HOLLOW RD SUITE 426 MELVILLE NY 11747		$19.20	$0.00

NB562000003

NB562000003

NB562000003

GREYHOUND / ATU *				
JOSEPH CALARCO AUBURN NY 13021	$16.14	$0		
STASH WOJESKI 695 COLUMBIA TPKE EAST GREENBUSH NY 12061			$13.81	$0.00
BENITO A ROTONDI II INC 401 FRANKLIN AVE SUITE 312 GARDEN CITY NY 11530			$13.48	$0.00
JAMES BOADA 2 HARTWOOD WAY ALISO VIEJO CA 92656			$11.57	$0.00
ALAN ARPIN 7 QUAIL HOLLOW CLIFTON PARK NY 12065			$11.52	$0.00
RICHARD TOBIAS 416 JEFFERSON AVENUE LINWOOD NJ 08221			$10.80	$0.00
BETH SERFILIPPI 8 HILLSTONE CT BALLSTON LAKE NY 12019			$9.43	$0.00
CALLISTA JACKSON 16 W SUMMERSET LN LEFT AMHERST NY 14228			$9.18	$0.00
JOY GUNDERSON 990 SOUTH HEDIN CIRCLE ANAHEIM CA 92807			$8.25	$0.00
CHRISTINE PINEIRO 275 EAST 201ST APT 1-J BRONX NY 10458			$7.40	$0.00
LORENZO V CUTAIA AUGUSTA PROFESSIONAL CENTER 858 S WHITE HORSE PIKE STE B-6 HAMMONTON NJ 08037			$5.52	$0.00
JEFF DALABA 8500 GILLY FLOWER COURT BALDWINSVILLE NY 13027			$4.71	$0.00
GREGORY GEMEREK 25 CARRIAGE WAY BALLSTON SPA NY 12020			$3.76	$0.00
LISA BRENNAN-JONES 1014 CATHERINE WOODS SCHENECTADY NY 12309			$3.47	$0.00

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NB56200003

NB56200003

GREYHOUND / ATU *		
BRAD JONES AND ASSOCIATES INC 286 WASHINGTON AVE EXT SUITE 202 ALBANY NY 12203	$3.16	$0.00
G B S MARKETING, INC 158 PRINTERS LANE NEW LONDON NC 28127	$2.88	$0.00
MELTON & ASSOCIATES INC 18167 US HIGHWAY 19 N CLEARWATER FL 33764	$1.15	$0.00
GRAND TOTAL	$9,489.98	$568.48

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

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

BX70200027

SCHEDULE A EARNINGS REPORT

PLEASE USE THE FOLLOWING INFORMATION
TO COMPLETE YOUR SCHEDULE A

FEBRUARY 01, 2012

NAME OF PLAN SPONSOR

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

NAME OF INSURANCE CARRIER	APPROXIMATE NUMBER OF PERSONS COVERED AT END OF PLAN YEAR	PLAN YEAR FROM TO
Aflac 1932 Wynnton Road Columbus, GA 31999 Contract Number 58-0663085	1,085	01/01/11 - 12/31/11 **NAIC CODE** 60380

TOTAL PREMIUM COLLECTED
$928,609.51

INSURANCE FEES AND COMMISSIONS PAID TO AGENTS

NAME AND ADDRESS OF AGENTS	COMMISSIONS PAID*	FEES PAID**
WILLIAM NEWBERRY 13762 ASPEN LEAF LN CORONA CA 92880	$22,224.06	$901.33
AYSUN BAILEY 210 WOODCREEK WAY ACWORTH GA 30101	$5,425.00	$328.55
RONALD SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92673	$4,829.90	$4.48
HERMAN SELF JR 109 SCALEYBARK CT WEST END NC 27376	$3,200.25	$126.48
DENNIS JENKINS PO BOX 683 SANDSTON VA 23150	$3,084.77	$235.91
CRAIG BIVINS SR 720 S DEARBORN ST APT 206 CHICAGO IL 60605	$2,891.13	$319.61
MARK TOTH 30006 HALIFAX STREET WICKLIFFE OH 44092	$2,125.05	$235.82
PEGGY SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92672	$1,785.66	$0.75
STEVEN PALAZZOLO 1339 N DEARBORN APT 11A CHICAGO IL 60610	$1,749.95	$254.87

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GREYHOUND / ATU		
DIANNE BRADLEY 6263 POPLAR AVE SUITE 540 MEMPHIS TN 38119	$1,519.72	$11.56
MICHELLE HALL P O BOX 1478 DUBLIN OH 43017	$1,504.91	$45.81
MELTON & ASSOCIATES INC 18167 US HIGHWAY 19 N CLEARWATER FL 33764	$1,452.53	$9.40
JOSEPH WILLIAMS 14191 ABINGTON DETROIT MI 48227	$1,356.17	$0.00
CAROLYN GARRISON 908 CLOVIS AVENUE CAPITAL HEIGHTS MD 20743	$1,288.70	$31.78
KENNETH GOODWIN 13 HEARTHSIDE RD ASTON PA 19014	$1,225.40	$91.16
JACQUELINE TIFFER 14295 SW 142ND ST MIAMI FL 33186	$1,166.24	$0.00
KLS AND ASSOCIATES INC 1027 CREEKSIDE CIRCLE NAPERVILLE IL 60563	$1,156.79	$121.71
CAROL BRATTEN 5006 ATLANTIC AVE WILDWOOD NJ 08260	$1,132.68	$119.86
DORIS BRACKETT 3233 HIGHGATE CHASE COURT BERKELEY LAKE GA 30092	$1,054.14	$63.65
ERIC FELDER 4913 WYNN LN APT 201 MIDLOTHIAN VA 23112	$993.63	$47.20
DEBORAH HEARD 7610 PENNSYLVANIA AVE STE 307 FORESTVILLE MD 20747	$989.57	$0.00
JOAN FIALKOWSKI 701 DELAWARE AVE VIRGINIA BEACH VA 23451	$986.63	$59.12
MAURICE WATSON 408 WALKING STICK TRAIL CLINTON NC 28328	$979.81	$25.31

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GREYHOUND / ATU		
WENDY POOLE PYNE 206 EAST UNION STREET ASHLAND MA 01721	$947.38	$40.23
ROBERT WEBB 1856 PENSHURST DRIVE COLLIERVILLE TN 38017	$908.88	$0.00
ROSALIND CIESLEWICZ 11731 CANYON VISTA LANE TOMBALL TX 77375	$880.84	$0.00
JOY GUNDERSON 990 SOUTH HEDIN CIRCLE ANAHEIM CA 92807	$876.43	$0.75
GARY WARE JR 2306 VALLEYBROOK DR CHAMPAIGN IL 61822	$769.55	$0.00
BARBARA HERMES 156 PRAIRIE DUNE WAY ORLANDO FL 32828	$755.39	$25.02
JAMES KNIGHT JR 6616 AUTUMNWOOD DR NASHVILLE TN 37221	$748.02	$0.00
DIANE SMUGALA 2733 E 9725 S SANDY UT 84092	$736.51	$29.44
THERESA NIHILL 10017 MEDLOCK DR DALLAS TX 75218	$718.00	$0.00
CHRISTOPHER DISBROW 5171 EDISON AVENUE SUITE C CHINO CA 91710	$701.23	$76.96
ALBERT WELCH III 4209 LAKELAND DR 369 FLOWOOD MS 39232	$686.12	$5.77
TINA WAY 8121 S YORK CT CENTENNIAL CO 80122	$674.48	$27.51
JOHN JONES JR 4899 FINLAY ST. STE A RICHMOND VA 23231	$658.35	$0.00
CLEMENT DANIEL II 4725 STONE OAK DR BELTON TX 76513	$616.15	$0.00

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GREYHOUND / ATU		
THE LEE GROUP AND ASSOCIATES INC 6942 N CENTRAL CHICAGO IL 60646	$610.43	$121.71
SCOTT BLACKSHEAR 128 FAIRWAY DRIVE EAST HIDEAWAY TX 75771	$604.95	$7.29
TONYA SHELTON 647 LAUREL ROAD SEYMOUR TN 37865	$577.58	$7.80
MARTIN ADAMS P O BOX 1927 CLINTON NC 28329	$573.40	$25.31
ADAM H MICHAELS & ASSOC LTD 414 N ORLEANS ST STE 601 CHICAGO IL 60610	$564.51	$0.00
KATHRYN L KITE LLC 5024 4TH ST NW SUITE B ALBUQUERQUE NM 87107	$561.76	$0.00
MARK BARBIER 414 N ORLEANS ST STE 601 CHICAGO IL 60654	$524.55	$121.71
KYLE MCALISTER P O BOX 2533 ABILENE TX 79604	$520.27	$0.00
MARTY MC COMBS 11443 SE 186TH STREET RENTON WA 98055	$515.35	$32.72
ALDEAN PEARSON 604 DOVER HEIGHTS TRAIL MANSFIELD TX 76063	$506.50	$0.00
SHARON LONDON 2016 WESTGATE TER HIGHLAND PARK IL 60035	$485.21	$0.00
JACQUELINE VIZCAINO-SUDDRETH 72 DRISKELL AVE SW MABLETON GA 30126	$468.74	$0.00
NICHOLAS DUCHENSKY 252 N 15TH ST BLOOMFIELD NJ 07003	$466.61	$0.00
CLAUDIA ALBA 5914 E HADRIANS CRES ANAHEIM CA 92807	$454.62	$77.90

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GREYHOUND / ATU		
MICHAEL KAMINSKI 13400 TINKERS CREEK ROAD VALLEY VIEW OH 44125	$448.00	$33.84
ARMIN LEONHARDT 9000 FRANCINE LANE POWELL OH 43065	$444.26	$0.00
CHARLENE BELTON 601 PENNSYLVANIA AVE NORTH BUILDING STE 708 WASHINGTON DC 20004	$442.36	$0.00
TERRANCE LUCZAJ INSURANCE SVCS INC 255 E RINCON STREET SUITE 110 CORONA CA 92879	$439.41	$84.49
MIRIAM WATKINS 3456 EXMOUTH LANE TALLAHASSEE FL 32317	$421.26	$13.67
DAVID MORGAN 3781 WESTERRE PARKWAY STE E RICHMOND VA 23233	$414.30	$44.54
JAMES DAVIDSON 7503 DERRYCLARE DRIVE RICHMOND VA 23228	$391.68	$0.00
KENNETH WOOD 10224 MANORVILLE DR JACKSONVILLE FL 32221	$386.18	$0.00
GREGORY WAY 5750 DTC PARKWAY STE 160 GREENWOOD VILLAGE CO 80111	$383.53	$18.94
ROBERT JOHNSON 511 WACKER LANE MOBILE AL 36608	$375.71	$0.00
FRANK SMITH 10 KIRKWOOD CT SAINT PETERS MO 63376	$358.45	$0.00
KAREN DENNIS 9338 TIMBER TRAIL PITTSBURGH PA 15237	$351.57	$69.08
STEPHANIE CONNOR 6508 NW ROCK GARDEN ROAD PARKVILLE MO 64152	$346.23	$0.00
CYNTHIA MELENDEZ 11049 WHITEHALL DRIVE EL PASO TX 79934	$345.72	$69.14

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GREYHOUND / ATU		
RUTH YOUNG 808 WIGGINGTON RD SUITE B LYNCHBURG VA 24502	$339.97	$0.00
MICHAEL KING 766 N DAVIDSON ST CHARLOTTE NC 28202	$334.26	$0.00
GEORGE TAMEZ 3135 BILL HARROD DALLAS TX 75212	$332.26	$0.00
CHRIS BIALKA 4010 EXECUTIVE PARK DR STE 300 CINCINNATI OH 45241	$331.41	$0.00
JAMES BOADA 2 HEARTWOOD WAY ALISO VIEJO CA 92656	$329.20	$0.00
BRITTAIN HARDMAN 5811 11TH PLACE #13 LUBBOCK TX 79416	$329.19	$0.00
FRAN HARGARTEN III 39 BRANCH VALLEY WAY DALLAS GA 30132	$326.37	$15.03
WENDY HOOK 5 GREAT VALLEY PARKWAY SUITE 100 MALVERN PA 19355	$316.97	$18.24
ROBERT GOBLE 90 WEST WIEUCA SQUARE SUITE 200 ATLANTA GA 30342	$314.73	$4.00
CRP BENEFIT SERVICES INC 5755 GRANGER ROAD 615 INDEPENDENCE OH 44131	$310.55	$47.21
THOMAS BURNETT 2908 BROWNSBORO ROAD STE 118 LOUISVILLE KY 40206	$308.67	$54.22
FRANCES SHAFFER 14025 TOWER RD SMITHBURG MD 21783	$298.72	$0.00
TGBG MARKETING INC 2100 FOREST VIEW RD AIKEN SC 29803	$297.36	$0.00

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GREYHOUND / ATU		
ELLEN HORTON 2195 JEFFEY DRIVE HILLIARD OH 43026	$292.71	$0.00
MAKOWSKI INS AGCY INC 9150 SOUTH HILLS BLVD SUITE 250 BROADVIEW HTS OH 44147	$286.67	$47.21
MARYANN MEYERS 6704 PLEASURE AVE B SEA ISLE CITY NJ 08243	$284.77	$23.97
DAVID CLOUD JR 1301 SHILOH RD NW STE 1020 KENNESAW GA 30144	$283.99	$65.72
DAVID ABOULAFIA 6857 SEA COVE AVE W ST AUGUSTINE FL 32086	$280.86	$75.25
SCOTT WEBB 2355 W PINNACLE PEAK RD STE 380 PHOENIX AZ 85027	$277.67	$7.03
EDWARD HAGER II 8206 STARBURST ROAD MENTOR OH 44060	$275.29	$0.00
BENJAMIN THOMPSON SR 2012 GAMELAW COURT MIDLOTHIAN VA 23113	$274.23	$47.20
YVETTE TURNER 2857 NORTH DRUID HILLS RD SUITE A ATLANTA GA 30329	$273.68	$63.65
ANGELA LEMONS 32 TALAVERA CT ST AUGUSTINE FL 32086	$258.13	$0.00
DEBORAH SENN 15042 N 6TH STREET PHOENIX AZ 85022	$245.21	$0.00
CARLOS ENRIQUEZ 5120 W GOLDLEAF CIRCLE SUITE 160 LOS ANGELES, CA 90056	$243.62	$0.00
CAROL VENN 5 SPYGLASS COURT CINCINNATI OH 45241	$242.99	$0.00

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GREYHOUND / ATU		
LISA NIELSEN PO BOX 9698 SALT LAKE CITY UT 84109	$232.97	$0.00
BETTY ANSLEY 4300 SAN MATEO NE B 187 ALBUQUERQUE NM 87110	$232.58	$8.70
RLYMAN INC 4730 WEXFORD DR CUMMING GA 30040	$232.50	$2.07
MATTHEW EVANS 11285 DOVEDALE CT STE 2 MARRIOTTSVILLE MD 21104	$229.64	$6.36
DEBORAH POPPERT 1001 RAY COUSTIN WAY #1601 MURRELLS INLET SC 29576	$226.14	$0.00
SAIC INC 4245 MILGEN ROAD COLUMBUS GA 31907	$219.59	$4.13
JAMES HARBOUR 1100 ALAKEA STREET SUITE 3200 HONOLULU HI 96813	$216.79	$0.00
JONATHAN CHEEKS 412 S WELLS 2ND FLOOR CHICAGO IL 60607	$215.48	$0.00
DAVID BERGAN 6198 A POSEY LN. PARADISE CA 95969	$205.86	$0.00
THE PERRY GROUP INC 1650 SAND LAKE RD SUITE 201 D ORLANDO FL 32809	$203.37	$4.16
ANTHONY SWEETER 901 W HWY 10 ANOKA MN 55303	$200.35	$0.00
MICHAEL MCDONALD 12381 SONDRA COVE TRAIL N JACKSONVILLE FL 32225	$197.35	$0.00
LINDA PERKOWSKI 111 DESERT RD MESQUITE NV 89027	$194.11	$0.00

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GREYHOUND / ATU		
KENT HORSMAN 15419 W 127TH STREET LEMONT IL 60439	$192.99	$0.00
KRISTIN QUINLAN 220 SOUTH MAIN STREET STE B LOWER LEVEL BUTLER PA 16001	$190.09	$18.95
LEO GILLIES P O BOX 34293 HOUSTON TX 77234	$186.48	$0.00
JEREMY SKEETERS 1507 BALTZ DR JOLIET IL 60431	$184.54	$0.00
CAROL JOSSERAND 104 SANDTRAP RD #101 MIRAMAR BEACH FL 32550	$180.36	$0.00
DAVID MOBLEY 2909 W BAY TO BAY BLVD STE 200 TAMPA FL 33629	$178.33	$0.00
BRAUNWYNN STAPLES 2330 SCENIC HWY STE 300 SNELLVILLE GA 30078	$178.25	$0.00
THOMAS POPPERT 1762 MIDDLETOWN ROAD GLEN MILLS PA 19342	$173.37	$0.00
ROBERT SWANGO 4823 HARVEST HILL RD DALLAS TX 75244	$173.27	$0.00
STEVEN KARAS 2020 COMMONWEALTH AVE STE 3 AUBURNDALE MA 02466	$172.86	$8.05
GERRID POUND 3501 RIDGE CREST DR BIRMINGHAM AL 35216	$169.93	$0.00
LARRY WESTON JR 204 E ARLINGTON BLVD STE C GREENVILLE NC 27858	$166.81	$0.00
JANET IBANEZ 14295 SW 142ND ST MIAMI FL 33186	$166.60	$0.00

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GREYHOUND / ATU		
YARBOROUGH & YARBOROUGH INC 2500 ALMEDA AVE SUITE 111 NORFOLK VA 23513	$166.24	$11.84
ROBERT HARE 7814 CRAINDOW CT DUBLIN OH 43017	$164.07	$9.16
AMY CITRON 1024 GRANADA AVE NASHVILLE TN 37206	$163.40	$0.00
MELANIE MUNSTER 8332 CHARING LANE GLEN ALLEN VA 23059	$162.85	$0.00
MICHAEL ZORN 8 PHEASANT RUN KINNELON NJ 07405	$155.56	$0.00
LORENZO CUTAIA 858 S WHITE HORSE PIKE STE B-6 HAMMONTON NJ 08037	$154.45	$23.97
DONALD CAUDLE 9904 LIBERTY BELL CT CHARLOTTE NC 28269	$153.48	$0.00
DEBBIE PAPISH 2907 CARRIAGE WAY WEST LINN OR 97068	$153.22	$0.00
ELIZABETH GASPAROVIC 1653 N BELMONT COURT ARLINGTON HEIGHTS IL 60004	$151.73	$0.00
ALBERT SHUST 300 LANIDEX PLAZA SUITE 3303 PARSIPPANY NJ 07054	$151.42	$3.71
CHARLES HAYES JR 3514 LEATHERWOOD LANE MAIDENS VA 23102	$151.32	$0.00
RITA JONES INC PO BOX 20474 HOT SPRINGS AR 71903	$149.34	$0.00
SINDY STAGGERS 17325 NE 85TH PL APT N128 REDMOND WA 98052	$147.04	$0.00

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GREYHOUND / ATU		
THOMAS GIDDENS 2950 CHEROKEE ST NW BUILDING 1000 KENNESAW GA 30144	$146.90	$0.00
MARTA SASTRE P O BOX 140127 CORAL GABLES FL 33114	$145.12	$0.00
BRETT HILTON 123 CENTER PARK DR STE 102 KNOXVILLE TN 37922	$144.78	$0.00
LYDIA PALACIOS 7336 DALE RD EL PASO TX 79915	$143.76	$13.84
EDWARD MARTINA III 11616 SOUTHFORK AVE STE 202 BATON ROUGE LA 70816	$142.65	$0.00
JOSEPHINE MILLER 103 MOUNTAIN DRIVE BILTMORE LAKE NC 28715	$141.35	$0.00
ALAN LECLAIRE 5750 DTC PKWY STE 160 GREENWOOD VILLAGE CO 80111	$140.95	$10.11
JOSEPH HARRIS 1353 MCCOY STREET BIRMINGHAM AL 35210	$140.02	$20.67
LAWRENCE POTWIN 97 HIDDEN LANE WHITE RIVER JCT VT 05001	$136.95	$56.45
RODINA WHITE 1265 CUNNINGHAM DR APT 305 CALUMET CITY IL 60409	$134.23	$33.93
JOHN FEEHAN 146 CRESTVIEW AVE ABSECON NJ 08201	$133.88	$0.00
LYNN WENTWORTH 137 EXECUTIVE DR STE E MADISON MS 39110	$133.27	$0.00
VICTOR VELEZ 401 CUMBRIAN COURT WEST CHESTER PA 19382	$132.83	$0.00
MEREDITH CONLON 653 SOUTH GULPH RD KING OF PRUSSIA PA 19406	$131.37	$18.24

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GREYHOUND / ATU		
KAREN TUCCI 73 STETSON DRIVE MARLBOROUGH MA 01752	$130.83	$8.05
DEANNE CUMMINGS P O BOX 21897 BILLINGS MT 59104	$126.48	$0.00
MATTHEW STRONG 4558 CLYDE MORRIS BLVD STE 4 PORT ORANGE FL 32128	$125.66	$0.00
DUANE ADAMS 3781 WESTERRE PKWY SUITE E RICHMOND VA 23233	$125.09	$0.00
MICHAEL PATRICK 23995 SE 7TH LANE SAMMAMISH WA 98074	$124.19	$6.54
JERRY SHULER 13500 MIDWAY RD SUITE 401 DALLAS TX 75244	$122.06	$0.00
MAURICE SULLIVAN PO BOX 6732 PHOENIX AZ 85005	$122.04	$0.00
CLAUDIA FELDMAN 9037 E CASITAS DEL RIO DR SCOTTSDALE AZ 85255	$121.42	$0.00
RICHARD BLOUNT 9801 FAIRWAY CIRCLE LEESBURG FL 34788	$120.88	$0.00
DOROTHY CREED 237 E BETHEL RD COPPELL TX 75019	$119.79	$0.00
MICHAEL NORRIS 116 MEADOWVIEW DR OXFORD PA 19363	$119.64	$0.00
FRANKLIN DAVIES 7408 ROUND HILL RD MCKINNEY TX 75070	$119.51	$0.00
DB BENEFITS INC PO BOX 286 WICKLIFFE OH 44092	$119.48	$0.00
MICHIGAN ACCOUNT SERVICE TEAM INC 645 LOMASNEY LN STE 100 MARYSVILLE MI 48040	$117.39	$0.00

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GREYHOUND / ATU		
ERIC GRACE 10041 GRANITE HILL DRIVE PARKER CO 80134	$115.25	$0.00
JERRY HOKE 6700 N ORACLE ROAD SUITE 240 TUCSON AZ 85704	$113.85	$0.00
ROSALIND GEORGE 1909 GLENVILLE RD SUITE 106 RICHARDSON TX 75081	$113.33	$7.03
THOMA GROUP & ASSOCIATES LTD P O BOX 978 CHESTERTON IN 46304	$113.17	$0.00
CAROLINE MORNINGSTAR 11275 DOVEDALE CT MARRIOTSVILLE MD 21104	$112.94	$6.36
KRAIG SEXTON 9864 E GRAND RIVER STE 110 #292 BRIGHTON MI 48116	$111.62	$0.00
MARK STEWART 6301 WINDHAVEN PKWY #1510 PLANO TX 75093	$111.35	$0.00
RAND SIMKINS 3809 MORNING DOVE CARROLLTON TX 75007	$110.81	$0.00
BRANDON ADAMS 4706 LOFTWOOD DR COHUTTA GA 30710	$110.35	$15.03
ERIC MACDOUGALL & ASSOC INC 300 POND STREET 2ND FLOOR BRISTOL PA 19007	$109.36	$18.24
WILLIAM COVINGTON 5750 GENESIS COURT SUTE 140 FRISCO TX 75034	$109.13	$7.03
DANIEL CLARK 33 LANDAU ROAD PLAINVILLE MA 02762	$106.45	$8.05
JERRY LOCKHART 4000 SOUTH GEORGIA STE B2 AMARILLO TX 79109	$106.14	$0.00

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GREYHOUND / ATU		
RICHARD JONES 7512 E INDEPENDENCE BLVD SUITE 103 CHARLOTTE NC 28227	$105.84	$0.00
JUSTIN SCHADE 730 CHICKASAW AVE JACKSON MS 39206	$104.67	$1.15
D AND V BUTLER INC 601 CRESENT BLVD #102 RIDGELAND MS 39157	$103.58	$1.15
JAMES BROWN 1451 W CYPRESS CREEK RD STE 300 FT LAUDERDALE FL 33309	$103.49	$0.00
CARTER NELSON 123 CENTER PARK DR SUITE 102 KNOXVILLE TN 37922	$103.12	$0.00
CAROL E MONTGOMERY 2404 E DRACHMAN TUCSON AZ 85719	$102.96	$0.00
JENNIFER KARSTING 17671 COWAN AVE SUITE 125 IRVINE CA 92614	$102.93	$1.68
RAQUEL PUNTER 800 EDELEN STATION PL APT 302 LA PLATA MD 20646	$101.43	$0.00
LEANN POTTER 169 SAN PABLO CT MESQUITE NV 89027	$101.32	$0.00
KRISTY GRAMLICH INC 6700 ANTIOCH SUITE 100 MERRIAM KS 66204	$99.25	$0.00
BRIAN LEYPOLDT 67 ALLISON PLACE EGG HARBOR TWP NJ 08234	$98.90	$0.00
JOHN THOMPSON II 12706 ROCK CREEK CT HUMBLE TX 77346	$96.47	$0.00
DARREN GALGANO 4701 SW MIDLOTHIAN PARKWAY CRESTWOOD IL 60445	$96.21	$0.00

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GREYHOUND / ATU		
RICHARD TOBIAS 416 JEFFERSON AVE LINWOOD NJ 08221	$96.09	$20.26
JOSH MURILLO 5959 GATEWAY WEST SUITE 620 EL PASO TX 79925	$94.77	$15.58
BRENT FORD 11503 JONES MALTSBERGER RD STE 184 SAN ANTONIO TX 78216	$94.68	$0.00
VICKIE REYNOLDS 259 SUNCREST ROAD CHERRYVILLE NC 28021	$93.85	$0.00
VICKIE ROIGER 2800 E CLIFF ROAD SUITE 220 BURNSVILLE MN 55337	$93.21	$0.00
MARY YARBOROUGH 4035 HEUTTE DR NORFOLK VA 23518	$93.15	$0.00
THOMAS HATCHER JR P O BOX 550 ELIZABETHTOWN NC 28337	$89.72	$0.00
G B S MARKETING INC 158 PRINTERS LANE NEW LONDON NC 28127	$89.52	$0.00
TERRANCE LUCZAJ 255 E RINCON STREET SUITE 110 CORONA CA 92879	$85.18	$0.00
LINDA KING 23667 COACH LIGHT DR APT 332 SOUTHFIELD MI 48075	$84.82	$36.64
C HEWITT INC 309 NEWPOINTE DR STE B RIDGELAND MS 39157	$84.61	$1.15
J C ADAMS INC 4706 LOFTWOOD DR COHUTTA GA 30710	$82.33	$0.00
JOSEPH WILLIS 1853 PENNY ROYAL COURT MONUMENT CO 80132	$81.80	$0.00

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GREYHOUND / ATU		
ELLEN PARTAL 8225 SW PFAFFLE ST PORTLAND OR 97223	$81.71	$0.00
GEORGE RALSTON 1311 MIDWESTERN PKWY WICHITA FALLS TX 76302	$81.37	$0.00
BRENDA KING 9732 COTTONWOOD RD OMAHA AR 72662	$81.12	$0.00
DAVID EZZELL 8432 BEAUTIFUL VALLEY DRIVE NASHVILLE TN 37221	$80.91	$0.00
JAMES BURRESS 6418 FAYBOROUGH CT DUBLIN OH 43016	$80.61	$0.00
CLARENCE DANNELLY 20110 AMBERVINE CIRCLE KATY TX 77450	$80.57	$0.00
JORGE ACEVEDO-GIERBOLINI P O BOX 221798 EL PASO TX 79913	$80.04	$0.00
MICHAEL FORNARO 271 ROUTE 46 WEST STE H-119 FAIRFIELD NJ 07004	$79.80	$0.00
BEVERLY BUTSCHEK 11323 CARRIAGE LAKE DRIVE HOUSTON TX 77065	$79.57	$0.00
LOUIS STEINMILLER 67 WINDCREST DRIVE CECIL PA 15321	$78.33	$0.00
DAVID MORNINGSTAR 11275 DOVEDALE CT. MARRIOTTSVILLE MD 21104	$77.91	$6.36
MARK HASLEY 3970 W 24TH ST STE 201 YUMA AZ 85027	$76.79	$0.00
K GRAMLICH INC 6700 ANTIOCH SUITE 100 MERRIAM KS 66204	$76.24	$0.00
BRENT GOODE 301 MALLORY STATION RD SUITE 100 FRANKLIN TN 37067	$76.03	$0.00

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GREYHOUND / ATU		
SHAWN STEPHENS 2500 ALMEDA AVE SUITE 111 NORFOLK VA 23513	$75.64	$0.00
J BUTLER 1440 OLD LENOIR RD STE A HICKORY NC 28601	$75.07	$0.00
J A FERGUSON & ASSOC. INC 621 N 5TH AVE PHOENIX AZ 85003	$75.02	$0.00
ALAN MARTIN 123 CENTER PARK DR SUITE 102 KNOXVILLE TN 37922	$74.65	$1.56
JULIE TRULUCK 8917 ABERDEEN CK CIR RIVERVIEW FL 33569	$74.58	$0.00
BRUCE MEYER 9922 BREWSTER LANE POWELL OH 43065	$74.10	$0.00
MIRIAM HUNGERFORD 17401 ARMSTRONG AVE SUITE 200 IRVINE CA 92614	$73.29	$23.95
MKF & ASSOCIATES INC 2461 W SR 426 SUITE 2061 OVIEDO FL 32765	$72.99	$4.16
TYE ELLIOTT 504 HAPTON COURT GERMANTOWN HILLS IL 61548	$72.70	$18.95
MARC BARNES 738 W GRAND RIVER AVE BRIGHTON MI 48116	$72.61	$0.00
C BORLAND 10471 PAUSCH RD LEESBURG OH 45135	$71.86	$0.00
MICHAEL FATHERREE 1021 ESE LOOP 323 STE 350 TYLER TX 75701	$70.73	$39.81
D SMITH PO BOX 16671 JACKSON MS 39236	$70.57	$0.00

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GREYHOUND / ATU		
RYAN HEEKE 3529 PEACH TREE ST JEFFERSONVILLE IN 47130	$69.93	$0.00
WALTER LUCAS JR 5365 RED FOX RD JACKSON MS 39211	$68.52	$0.00
REX JOHNSON PO BOX 923 BELMONT NC 28012	$68.51	$0.00
ANTHONY BECERRA 1765 RUSHDEN DRIVE OCOEE FL 34761	$67.52	$0.00
CAROL JACKSON PO BOX 1550 MILLBROOK AL 36054	$66.21	$0.00
JONATHAN KIRKLAND 155 INVERNESS DRIVE WEST SUITE 300 ENGLEWOOD CO 80112	$66.03	$10.11
JULIA MELLO 11950 IDAHO AVENUE APT 314 LOS ANGELES CA 90025	$65.88	$0.00
MARC NORBY 7509 WEIL AVENUE ST LOUIS MO 63119	$65.40	$0.00
RANDY JACKSON P O BOX 1550 MILLBROOK AL 36054	$65.22	$0.00
BRAD FISHER 6912 220TH STREET SW 207 MOUNTLAKE TERRACE WA 98043	$64.58	$6.54
KELLY LINDEMANN 771 TEXANA DR PROSPER TX 75078	$63.72	$0.00
GLADYS HILTY 507 CAMBRIDGE DRIVE RICHARDSON TX 75080	$63.46	$35.12
ROY MUNSTER P O BOX 5634 GLEN ALLEN VA 23058	$62.47	$0.00
ROBERT TRAPNELL JR 425 PIERCE AVE UNIT 410 CAPE CANAVERAL FL 32920	$62.28	$0.00

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GREYHOUND / ATU		
MEREDITH SCHAEFER 1011 HARBERT STREET TALLAHASSEE FL 32303	$62.20	$0.00
SCOTT SMITH 3495 PIEDMONT RD TEN PIEDMONT CENTER STE 825 ATLANTA GA 30305	$61.89	$9.16
M H & ASSOCIATES INC 17401 ARMSTRONG AVE SUITE 200 IRVINE CA 92614	$61.81	$8.05
T HOWDESHELL 3601 MEARES DR APT 431 FT WORTH TX 76137	$60.53	$0.00
DAVID FENEMOR 1600 HERITAGE LANDES SUITE 115 ST CHARLES MO 63303	$60.40	$0.00
NOBLE WILTSHIRE JR 1104 ADAMS ST NEW ORLEANS LA 70118	$60.37	$0.00
WILLIAM FLEMING 525 DEEPWOOD DRIVE HENDERSON NC 27536	$59.62	$0.00
LYNDA TYSON 3083 MOONLIGHT RIDGE ARC LAS CRUCES NM 88011	$58.56	$0.00
MICHAEL BISHOP 6938 BRENTWOOD DR BOISE ID 83709	$58.41	$10.37
DAVID BECKSTEAD 8 CRIMSON RIDGE DRIVE HURRICANE UT 84737	$57.78	$0.00
MARIO SILVA 19415 DIANESHIRE SPRING TX 77388	$57.58	$0.00
CARL RUSSELL 2307 HUNTLEIGH CT LITTLE ROCK AR 72212	$57.48	$0.00
LINDA SEDAR 101 CONCORD CHURCH RD BADEN PA 15005	$57.23	$25.60
WEN-TYAN SOO 1948 E TROWBRIDGE ST MILWAUKEE WI 53207	$56.91	$29.63

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GREYHOUND / ATU		
ROBERT EVANS JR 700 CENTRAL EXPRESSWAY SOUTH STE 380 ALLEN TX 75013	$56.66	$0.00
MICHAEL D'ANGELO 8251 N SUWANNEE DRIVE TUCSON AZ 85741	$56.64	$0.00
ANDREW GLAUB 2150 ASSOCIATION DRIVE SUITE 150 OKEMOS MI 48864	$56.52	$0.00
BOBBY TOE 2501 PITTLAND LANE BOWIE MD 20716	$56.28	$0.00
QUINN, MEYER & ASSOCIATES 8580 MAJORCA LANE NAPLES FL 34114	$54.59	$0.00
CHRISTINE LOGSLETT 175 N PATRICK BLVD SUITE 170 BROOKFIELD WI 53045	$54.32	$5.93
FRANK PALMER 345 CLYDE WIX ROAD WESTMORELAND TN 37186	$54.12	$0.00
MICHAEL RUDDER 515 E HENDRONS CHAPEL RD KNOXVILLE TN 37920	$53.67	$0.00
MARY PETERSON 4233 SE 182ND AVE PMB 364 GRESHAM OR 97030	$53.50	$0.00
TROY DESLATTE 12420 SAN JOSE BLVD SUITE 2 JACKSONVILLE FL 32223	$52.86	$17.31
KATTY COHEN 21711 TOWN PLACE DRIVE BOCA RATON FL 33433	$52.52	$0.00
ALICE KIEREN 10202 N LA CRESTA DR MEQUON WI 53092	$52.49	$0.00
JILL MOORE 6805 E 83RD ST TULSA OK 74133	$52.43	$0.00

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GREYHOUND / ATU		
K W D & ASSOC INC 1640 W OAKLAND PARK BLVD STE 202 OAKLAND PARK FL 33311	$51.61	$0.00
NANCY RIOJAS 4895 E RUSSELL RD APT 310 LAS VEGAS NV 89120	$50.70	$0.00
HERBERT SHNIDER 6192 MCNAUGHTEN GROVE LN COLUMBUS OH 43213	$50.63	$0.00
STEVE WHITTEN 7606 UNIVERSITY STE F LUBBOCK TX 79423	$50.43	$0.00
RAYMOND HEBERT 13882 E LAUREL LANE SCOTTSDALE AZ 85259	$50.16	$0.00
DEBORAH WILLIS 15954 JACKSON CREEK PKWY SUITE B 225 MONUMENT CO 80132	$49.68	$0.00
TRENT NIELSEN 14368 FAIR HOPE CIR HERRIMAN UT 84096	$49.66	$4.91
AARON OLSON 2210 SOUTH MEAWDOWVIEW RD GREENACRES WA 99016	$49.25	$0.00
PATRICK PECORARO 2754 COMPASS DR STE 328 GRAND JUNCTION CO 81506	$47.40	$0.00
LANCE ALLEN 930 SUMMIT DR VOPLIN MO 64801	$47.31	$0.00
JOHN THOMPSON 7825 WASHINGTON AVE SOUTH SUITE 425 BLOOMINGTON MN 55439	$47.01	$0.00
JAMES HILL SR 12820 WEST CREEK PKWY RICHMOND VA 23238	$46.83	$0.00
JUDY LAFEMINA 213 FRIENDSHIP CIRCLE #57 WEST TAWAKONI TX 75474	$46.35	$0.00

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GREYHOUND / ATU		
MARC J HAIRE 9885 GREENHAVEN PARKWAY BRECKSVILLE OH 44141	$45.72	$0.00
MARIA RECALDE MEDINA 4749 S ADELLE CIRCLE MESA AZ 85212	$45.69	$0.00
PENNY MITCHELL 10426 CYPRESSWOOD HOUSTON TX 77070	$45.18	$0.00
TIMOTHY NEFF 218 ELM STREET CHILLICOTHE OH 45601	$44.76	$0.00
LARRY GROVES 101 MARTIN STREET DUNN NC 28334	$44.70	$1.93
TIMOTHY QUINLAN 220 SOUTH MAIN ST STE B LOWER LEVEL BUTLER PA 16001	$44.21	$18.95
KANDI MCINTYRE 2000 MALLORY LANE SUITE 130-378 FRANKLIN TN 37067	$43.53	$0.00
ROBERT WALLACE 209 INDUSTRIAL PKWY STE E SARALAND AL 36571	$42.60	$0.00
KACY GRUENKEMEYER 920 E LONG LAKE RD STE 200 TROY MI 48085	$42.19	$0.00
LIGIANE DECARVALHO 2331 E SUSQUEHANNA AVENUE PHILADELPHIA PA 19125	$42.16	$0.00
MICHELLE KENNEDY 3700 MCCANN ROAD LONGVIEW TX 75605	$42.12	$0.00
G SCOTT COOKE 1501 E ORANGETHORPE AVE STE 180 FULLERTON CA 92831	$41.11	$0.00
MICHAEL JOHNSON 132 DOGWOOD DR HIGHLAND HEIGHTS KY 41076	$40.92	$0.00

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GREYHOUND / ATU		
DEBRA GAPP LLC 3658 G 7 RD PALISADE CO 81526	$40.44	$0.00
WILLIAM LENBERG 1228 PEPPOLI LOOP SE RIO RANCHO NM 87124	$40.29	$0.00
AG AND ASSOCIATES 2150 ASSOCIATION DR SUITE 150 OKEMOS MI 48864	$40.12	$7.34
J TAYLOR 5006 MIDDLESEX DR LOUISVILLE KY 40245	$39.87	$0.00
JEFFREY WEST 322 SPRING HILL DR SUITE A800 SPRING TX 77386	$39.61	$0.00
LEEZA BLEVINS 1949 GOLDSMITH LANE STE 102 LOUISVILLE KY 40218	$39.55	$9.04
JOHN HALL 9201 WARREN PKWY STE 200 FRISCO TX 75035	$39.47	$0.00
ELIZABETH GUZMAN 10623 NW 6 COURT CORAL SPRINGS FL 33071	$39.40	$0.00
LOUIE ALMANZA 5959 GATEWAY WEST SUITE 655 EL PASO TX 79925	$39.12	$13.84
HH ASSOCIATES LLC 210 PRODO DR JEFFERSON CITY MO 65109	$38.91	$0.00
KIMBERLY MOGER 10655 NE 4TH ST SUITE 212 BELLEVUE WA 98004	$38.42	$0.00
DOUGLAS DICKISON 7312 WILLOW CREEK DRIVE CHARLOTTE NC 28106	$38.04	$0.00
SCOTT MARTINA 4134 FLORIDA AVE STE 100 KENNER LA 70065	$38.02	$0.00

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GREYHOUND / ATU		
DAVID CHARLES 610 FRANKLIN SQUARE CT #29 JOHNSON CITY TN 37604	$37.68	$0.00
JOSEPH SAILERS 9332 WESTMINSTER DR HUNTERSVILLE NC 28078	$37.56	$0.00
BARBARA MCNAUGHTON 9957 LAUREL CHERRY DRIVE MCKINNEY TX 75070	$37.15	$0.00
ANNE STRENK 1501 E ORANGETHORPE AVE STE 180 FULLERTON CA 92831	$36.84	$0.00
MILDRED SEVERSON 630 HUDSON BAY DRIVE GRAND JUNCTION CO 81504	$36.77	$0.00
HENRY TOLBERT SR 201 PINNACLE DR SE APT 3724 RIO RANCHO NM 87124	$36.71	$0.00
HILARY NEWCOMB 15991 LAUDERDALE AVE BEVERLY HILLS MI 48025	$36.71	$7.34
KERRY LEWIS 6000 UPTOWN BLVD 312 ALBUQUERQUE NM 87110	$36.64	$1.74
TRUDY MARCELLINO 616 FM 1960 WEST SUITE 775 HOUSTON TX 77090	$36.50	$0.00
CATHY OGLESBY 590 B SCHILLINGER RD SO BOX 61 MOBILE AL 36695	$35.88	$0.00
TODD SHENBERGER 3620 WYOMING BLVD NE SUITE 102G ALBUQUERQUE NM 87111	$35.64	$0.00
MICHAEL CURTIS 11927 GRASON LANE BOWIE MD 20715	$35.16	$0.00
FRED HUBER 301 MIDDLE WINCHENDON ROAD RINDGE NH 03461	$35.04	$0.00

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GREYHOUND / ATU		
SHARON VINCZE 16810 SW 129TH AVE TIGARD OR 97224	$33.56	$0.00
JOHN DRZEWIECKI JR 210 SOUTH STREET SUITE 4 BENNINGTON VT 05201	$32.93	$0.00
KIEFER GROUP INS AGCY LC 11629 SOUTH 700 EAST #125 DRAPER UT 84020	$32.87	$0.00
GREGORY STENZEL 2740 AIRPORT DRIVE SUITE 170 COLUMBUS OH 43219	$32.83	$0.00
BIANCA MELONE PO BOX 811621 BOCA RATON FL 33481	$32.69	$0.00
ZAPF INC P O BOX 310 WAXHAW NC 28173	$32.64	$0.00
DANIEL ADAMS 3857 SCOTT CHURCH RD MARIANNA FL 32448	$32.27	$2.28
MARC MICKELSEN 8180 S 700 E STE 120 SANDY UT 84070	$32.05	$0.00
DAMON STREETMAN 2961 WEST MAPLE LOOP ROAD SUITE 230 LEHI UT 84043	$31.71	$4.91
SCOTT NIELSEN 8905 SW NIMBUS AVE STE 155 BEAVERTON OR 97008	$31.55	$0.00
JESSICA ZECK CHONICH 1145 W LILL AVE #3E CHICAGO IL 60614	$30.95	$0.00
ANNE CARBALLO 3273 ENDERBY ROAD SHAKER HEIGHTS OH 44120	$30.90	$0.00
DIVYA JAIN 152 ROLLINS AVE STE 210 ROCKVILLE MD 20852	$30.60	$0.00

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GREYHOUND / ATU		
AUDRELYN ELLIS 2121 FAIRFIELD AVE SHREVEPORT LA 71104	$30.29	$9.06
PETER BLEIBERG 14 HARRIS STREET BELMONT MA 02478	$30.12	$0.00
JASON NAVILLE 9247 N MERIDIAN SUITE 205 INDIANAPOLIS IN 46260	$30.00	$0.00
JAANA MEEKS TO THE ESTATE OF 1000 CREEK STONE DRIVE MOBILE AL 36608	$30.00	$0.00
BILLY ELKINS 1024 BOURLAND ROAD KELLER TX 76248	$29.86	$0.00
MARIANNE BOOTH P O BOX 359 TRILBY FL 33593	$29.62	$0.00
ROBERT TEDDER 6812 VIOLA CT INDIANAPOLIS IN 46237	$29.56	$0.00
EILEEN GALGANO 8559 BURR STREET CROWN POINT IN 46307	$29.42	$0.00
GEORGIANNA STOUT 388 MARKET STREET SUITE 1300 SAN FRANCISCO CA 94111	$29.16	$0.00
DONALD GREEN 901 E SYLVESTER SPRING PL GREEN VALLEY AZ 85614	$28.56	$0.00
DEWAYNE SIMPSON 4204 COPPER ROCK DR EDMOND OK 73025	$28.54	$0.00
MICHAEL RYAN PO BOX 930 MANCHESTER CENTER VT 05255	$28.48	$9.40
JUDITH J ROSEBERRY 207 ALCOVE DRIVE GRAND JUNCTION CO 81503	$28.14	$0.00
SUILSIDO PINEDA 6314 ROOS HOUSTON TX 77074	$27.72	$0.00

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GREYHOUND / ATU		
TERRY ALLEN P O BOX 13406 SPOKANE WA 99213	$27.17	$0.00
TONY DELBEN 862 BRAWLEY SCHOOL RD STE 205 MOORESVILE NC 28117	$27.00	$0.00
JEROME BROCKWAY 15617 BROOKRIDGE BLVD BROOKSVILLE FL 34613	$26.98	$0.00
KENDALL HUDSON 801 NORTHPOINT PARKWAY STE 35 WEST PALM BEACH FL 33407	$26.77	$0.00
LAURA SEGEL 360 WEST ILLINOIS ST 9A CHICAGO IL 60610	$26.49	$0.00
MATTHEW D BUTLER 12923 WILDEN CIR URBANDALE IA 50323	$26.37	$0.00
DAVID MOSKOWITZ 2050 GRAYSON DR GRAPEVINE TX 76051	$26.14	$0.00
MARIO HAIFA 1195 WASHINGTON PIKE SUITE 300 BRIDGEVILLE PA 15017	$26.04	$0.00
YOLANDA SORDIA 2916 W ASTER DR PHOENIX AZ 85029	$25.82	$0.00
JONATHAN DEMPSTER 113 OVERLOOK DR SAULSBURY MD 21806	$25.82	$0.00
DAVID SCHMIDT 1033 PIEDMONT CIRCLE ST PETERS MO 63304	$25.66	$0.00
RONALD KIRKLAND 12010 MALLARD BAY DRIVE KNOXVILLE TN 37922	$25.63	$1.56
JULIE SLAUGHTER 1816 SUNSET POINT RD APT P CLEARWATER FL 33765	$25.30	$0.00

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GREYHOUND / ATU		
PREFERRED MARKETING CORP P O BOX 1658 PINE MOUNTAIN GA 31822	$25.11	$0.00
JEREMY BULLAS 610 CROWN OAK CENTRE DR LONGWOOD FL 32750	$24.96	$0.00
BRADLEY ELLIS 102 THOROUGHBRED WAY GEORGETOWN KY 40324	$24.72	$0.00
MICHAEL SHINN 115 W STATE ST SUITE B2 KENNETT SQUARE PA 19348	$24.46	$0.00
PAUL ROBEDEAU 904 LA TERRAZA CT MONTEREY CA 93940	$24.26	$0.00
HERSCHEL HOLT 544 BATTLE RD ANTIOCH TN 37013	$24.00	$0.00
CHARLES SHOWALTER 200 PENNY LN ELKVIEW WV 25071	$23.98	$0.00
DENISE LUND 2823 KAISER SAN ANTONIO TX 78222	$23.94	$0.00
JEREMY FRYE & ASSOCIATES INC 1508 N CHURCH RD SUITE B LIBERTY MO 64068	$23.60	$0.00
MURIEL JERNIGAN 9927 COLDWATER CIRCLE DALLAS TX 75228	$23.52	$0.00
BRIAN DAY 8744 UNION CENTRE BLVD SUITE 500 WEST CHESTER OH 45069	$23.43	$0.00
EDWARD MARTINA JR 4134 FLORIDA AVE STE 100 KENNER LA 70065	$23.09	$0.00
WENDY RENARD 1068 S LAKE ST STE 100 FOREST LAKE MN 55025	$22.99	$0.00
DARAN WYCKOFF ONE STEWART PLAZA SUITE 2 DUNBAR WV 25064	$22.68	$0.00

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GREYHOUND / ATU		
LARRY LANTMAN 5921 WOODSPOINT DR MILFORD OH 45150	$22.36	$0.00
KRISTI MASTON 723 PINE STREET RANGER TX 76470	$22.34	$0.00
R WRIGHT 806 STONE CREEK PKWY STE 4 LOUISVILLE KY 40223	$22.25	$9.04
CHRISTOPHER EUBANKS 670 LOUIS HENNA BLVD APT 210 ROUND ROCK TX 78664	$21.48	$0.00
KEITH BELICH 2740 CENTRAL PKWY MONTGOMERY AL 36106	$20.82	$0.00
GRAVES INC 5336 CAPTAINS CT NEW PORT RICHEY FL 34652	$20.77	$0.00
ROBERT BARNES 6263 POPLAR AVE STE 540 MT PLEASANT SC 38119	$20.76	$0.00
SHEREE AMOS 3501 FRENCH PARK DR STE E EDMOND OK 73034	$20.52	$0.00
VICKIE ELIZARDO 4218 STONEY VIEW DRIVE PASADENA TX 77505	$20.49	$0.00
KELLY LEBSACK 3300 BATTLEGROUND AVE STE 206 GREENSBORO NC 27410	$20.32	$0.00
JONATHAN HAJIMOMEN 1501 EAST ORANGETHORPE AVE STE 180 FULLERTON CA 92831	$20.28	$0.00
DEREK MANN 360 SHADOW WOOD DR SMITHS STATION AL 36877	$20.16	$0.00
KRYSTAL SCOTT 5500 OLYMPIC DR D-105 GIG HARBOR WA 98335	$19.92	$0.00

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GREYHOUND / ATU		
TERRY MCLEMORE 2600 PARAMOUNT STE H3 AMARILLO TX 79109	$19.70	$0.00
JOHN DALY 2075 S 800 W WOODS CROSS UT 84087	$19.42	$0.00
KEVIN SORIA 815 S BRIDGEWAY PLACE STE 100 EAGLE ID 83616	$19.00	$0.00
JEREMY FRYE 1508 N CHURCH RD SUITE B LIBERTY MO 64068	$18.96	$0.00
MINDY SKIDMORE 3100 BROADWAY SUITE 223 KANSAS CITY MO 64111	$18.84	$0.00
BRADLEY KAUFFMAN 315 GREEN RIDGE ROAD SUITE H14 NEW CASTLE PA 16105	$18.53	$0.00
JEFFREY WERNER 678-B FRONT AVE NW #91 GRAND RAPIDS MI 49504	$18.41	$7.34
TED MILLER PO BOX 346 OSHKOSH NE 69154	$18.18	$0.00
JOE SEEWALD 1409 BRANCHWOOD SAN ANTONIO TX 78248	$18.13	$0.00
GARLAND GRAZIER 3051 HINTZ ROAD OWOSSO MI 48867	$18.12	$0.00
STACEY LAND 51 SPRINGHOUSE DRIVE COLD SPRING KY 41076	$17.76	$0.00
DAVID BYRD 11285 DOVEDALE CT MARRIOTTSVILLE MD 21104	$17.75	$0.00
DENNIS ESARTE 520 CENTRAL PKWY STE 106 PLANO TX 75074	$17.06	$0.00

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GREYHOUND / ATU		
GWEN MARIE DAVIS 7749 VALLEY OAK DRIVE ELKRIDGE MD 21075	$17.04	$0.00
POWERHOUSE BENEFITS INC 14010 ROOSEVELT BLVD SUITE 701 CLEARWATER FL 33762	$17.02	$0.00
AMIT JAIN 152 ROLLINS AVE STE 210 ROCKVILLE MD 20852	$16.92	$0.00
BRIAN PATTEN 120 MARGUERITE DRIVE SUITE 101 CRANBERRY PA 16066	$16.80	$0.00
SCOTT EDLIN 9565 SPRING BLUSH AVE LAS VEGAS NV 89148	$16.68	$0.00
DAVID AESOPH 5032 S BUR OAK PLACE STE 111 SIOUX FALLS SD 57108	$16.65	$0.00
JIMMY LEE 6942 N CENTRAL CHICAGO IL 60646	$16.61	$0.00
ANDREW LOVINGIER 7180 SW FIR LOOP STE 220 TIGARD OR 97223	$16.41	$0.00
BENJAMIN MORGENEGG 1915 NORTHSHORE HILLS BLVD KNOXVILLE TN 37922	$15.97	$1.56
JORDAN STEINERT ENTERPRISES INC 3100 BROADWAY STE 223 KANSAS CITY MO 64111	$15.96	$0.00
KATHRYN KITE 5024 4TH ST NW SUITE B ALBUQUERQUE NM 87107	$15.93	$1.74
IDA ENG 10123 KEMP FOREST HOUSTON TX 77080	$15.84	$0.00
DAVID HANCOCK INC 953 MEADOW HILL DRIVE LAVON TX 75166	$15.53	$0.00

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GREYHOUND / ATU		
JAMES STEADMAN 177 CREEK KNOLL LINCOLN AL 35096	$15.32	$0.00
RAINIE MESEWICZ 4306 VILLAGE CLUB DR POWELL OH 43065	$15.29	$0.00
MICHAEL AISSEN 11120 ABBOTTS WALK DR DULUTH GA 30097	$15.28	$0.00
DANIEL B ELLIS 2121 FAIRFIELD AVE SHREVEPORT LA 71104	$14.80	$1.81
BRIAN MCCROSKEY 11639 TRUAN LN CORNELIUS NC 28031	$14.24	$0.00
MARGUERITE LEMMON-RINEHART 10165 WOODBROOK CIR LAKELAND TN 38002	$14.24	$0.00
DONNA KOHL 5884 N BRONCO LANE PRESCOTT VALLEY AZ 86314	$14.04	$0.00
KENNETH HOFFMAN N65 W13544 COBBLESTONE CT MENOMONEE FALLS WI 53051	$14.01	$0.00
DIANE GREY 7665 LEYLAND CYPRESS LN QUINTON VA 23141	$13.80	$0.00
JOHN TYLER 201 W MCBEE AVE SUITE 301 GREENVILLE SC 29601	$13.50	$0.00
ROBIN HICKS 1307 SOUTH 1ST ST ABILENE TX 79602	$13.50	$0.00
GSL MARKETING INC 4200 SW 53RD PLACE TRENTON FL 32693	$13.45	$0.00
QUINCY MCCOMAS 1775 EAST PLUMB LANE STE 169 RENO NV 89502	$13.32	$0.00
QSMR, INC 309 S ANN STREET BALTIMORE MD 21231	$13.21	$0.00

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GREYHOUND / ATU		
DAVID RUBENSTEIN 10 DOWNING CIRCLE DOWNINGTOWN PA 19335	$13.08	$0.00
JULIE PETERSON 43202 W CHISOLM DR MARICOPA AZ 85138	$12.48	$0.00
FREDERICK ROSE 810 RIVER AVENUE SUITE 230 PITTSBURGH PA 15212	$12.36	$0.00
ROCKY CUNNINGHAM JR PO BOX 84478 BATON ROUGE LA 70884	$12.14	$0.00
DEBRA KNIGHT 4715 HIGHGROVE RD TALLAHASSEE FL 32308	$12.09	$0.00
C HUDSON AND ASSOCIATES 700 OCEAN ROYAL WAY APT 405 JUNO BEACH FL 33408	$11.53	$0.00
THOMAS GENTZ 8240 BECKETT PARK DR SUITE B WEST CHESTER OH 45069	$11.52	$0.00
PAUL AMOS II 1932 WYNNTON RD 14TH FLOOR COLUMBUS GA 31999	$11.47	$0.00
DONALD LARSON 1528 LOUISVILLE RD ALCOA TN 37701	$11.44	$0.00
CRUSER MARKETING INC 7516 BLUEBONNET BLVD 116 BATON ROUGE LA 70810	$11.20	$0.00
DARIN PAVLISH 13965 W PRESERVE BLVD BURNSVILLE MN 55337	$10.78	$0.00
LLOYD HUGHES 3775 N STATE ROAD 52 LEBANON IN 46052	$10.68	$0.00
KENNETH DOYLE 2412 COLLEGE HILLS BLVD STE 212 SAN ANGELO TX 76904	$10.49	$0.00

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GREYHOUND / ATU		
DAVID ROLL 8002 NE HWY 99 PMB 543 VANCOUVER WA 98665	$10.44	$0.00
LESLIE KIMBROUGH P O BOX 54468 LEXINGTON KY 40555	$10.20	$0.00
SCOTT LEE 7700 HARWOOD AVE WAUWATOSA WI 53213	$10.15	$5.93
BRAD FREDERIKSEN 8275 TOURNAMENT DRIVE SUITE 325 MEMPHIS TN 38125	$10.14	$0.00
RONALD GILMORE 8515 LANEWOOD CIRCLE LEEDS AL 35094	$10.03	$4.13
KENNETH ELDRED 182 TANNER COVE HERNANDO MS 38632	$10.00	$0.00
ERIK A WITHERSPOON 8400 VETERANS PKWY COLUMBUS GA 31909	$9.84	$0.00
BRIAN MANN 2210 GATEWAY DRIVE SUITE A OPELIKA AL 36801	$9.63	$4.13
LARRY HAAS 2262 TANGLEWOOD RD GRAND JUNCTION CO 81503	$9.62	$0.00
WILLIAM WENBERG 13024 STACY LANE LITTLE ROCK AR 72211	$9.56	$0.00
THERESA FRANCIS 2154 BISHOP HILL RD CHILLICOTHE OH 45601	$9.24	$0.00
LINDA HAZELTON 1848 8TH STREET NW WASHINGTON DC 20001	$9.24	$0.00
THOMAS JOLLEY 11108 133RD ST NW GIG HARBOR WA 98329	$9.12	$0.00
SONIA CALDERON 2321 E 4TH C-433 SANTA ANA CA 92705	$9.00	$0.00

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GREYHOUND / ATU		
LYNN BARNSON 2980 SUNRIDGE HEIGHTS PKWY HENDERSON NV 89052	$8.88	$0.00
LEO SUPAK 11800 WHILSHIRE BLVD NE ALBUQUERQUE NM 87122	$8.86	$0.00
JODI WATSON 4530 NW DAHLIA DRIVE CAMAS WA 98607	$8.67	$0.00
ERIC LEGER 1527 EBERHART AVE COLUMBUS GA 31906	$8.67	$0.00
CHRISTINA GILKEY 903 DOGWOOD RD JEFFERSONVILLE IN 47130	$8.60	$0.00
BENJAMIN KLINGER 5503 SPRUCE TREE AVE BETHESDA MD 20814	$8.28	$0.00
RONALD INFANTINO 343 MAJORCA AVE UNIT TH1 CORAL GABLES FL 33134	$8.16	$0.00
ROGER OLSON 471 DAVIS LK RD USK WA 99180	$7.81	$0.00
RONALD BROWN 930 WINGATE ST STE E CONWAY AR 72034	$7.67	$0.00
KATHERINE PRIZY 4351 N KENMORE AVE APT 2W CHICAGO IL 60613	$7.59	$0.00
ROGER MCCOY PO BOX 6 GNADENHUTTEN OH 44629	$7.56	$0.00
THOMAS PETERSON 4233 SE 182ND PMB 364 GRESHAM OR 97030	$7.20	$0.00
BRANDON DAW 1535 E LINCOLN ROAD IDAHO FALLS ID 83401	$7.10	$2.08

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GREYHOUND / ATU		
LAWRENCE THAMES 101 SOUTHWESTERN BLVD STE 113 SUGARLAND TX 77478	$7.08	$0.00
SCOTT STOBAUGH 704 228TH AVENUE NE #774 SAMMAMISH WA 98074	$6.96	$0.00
RICHARD BEARDEN 68 SPRINGVIEW DR BRANDON MS 39042	$6.93	$0.00
ERIN GIUSTI 4701 BISSONET DR METAIRIE LA 70003	$6.84	$0.00
JACQUELINE YEAGER P O BOX 3185 CARLSBAD NM 88221	$6.84	$0.00
MICHAEL ABSHER 4304 LORIANN BLVD NEW ALBANY IN 47150	$6.80	$0.00
MARK HILL 6700 N ORACLE RD STE 240 TUCSON AZ 85704	$6.66	$0.00
DAVID RICHARDS 7037 N COLLEGE AVE INDIANAPOLIS IN 46220	$6.56	$0.00
NATHAN THORPE P O BOX 5811 KNOXVILLE TN 37928	$6.48	$0.00
MARK TRIBONE 258 WISES GROVE ROAD NEW BRIGHTON PA 15066	$6.36	$0.00
MATHEW GAHM 13710 STRUTHERS RD STE 120 COLORADO SPRINGS CO 80921	$6.24	$0.00
JOHN DONALD PO BOX 95 PLYMOUTH VT 05056	$6.02	$0.00
EILEEN HUBER 301 MIDDLE WINCHENDON ROAD RINDGE NH 03461	$5.88	$0.00
JAMES BENCIN 11 SHELDRAKE LANE PALM BEACH FL 33418	$5.88	$0.00

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GREYHOUND / ATU		
CONNIE JOHNSON PO BOX 296 ARGYLE TX 76226	$5.64	$0.00
PETER SARANTIS 3137 DWIGHT ROAD SUITE 400 ELK GROVE CA 95758	$5.50	$2.08
WILLIAM WARNER 22262 GOLFTIME DRIVE PALO CEDRO CA 96073	$5.40	$0.00
BARRY CAMPBELL 2798 COUNTY ROAD 80 ALGER OH 45812	$5.40	$0.00
MARK STANLEY 93 FAIRVIEW AVE N PLAINFIELD NJ 07060	$5.22	$0.00
THOMAS OLLER 1857 WELLS RD SUITE 213 ORANGE PARK FL 32073	$4.98	$0.00
TAMMY SWAIN 5463 S DURANGO RD STE B LAS VEGAS NV 89113	$4.89	$0.00
DAVID BECK 15606 ELM STREET STE 105 OMAHA NE 68130	$4.68	$0.00
WILLIAM CANADAY 18 CHERRY STREET ATTLEBORO MA 02703	$4.68	$0.00
KENNETH WIMER 2121 FAIRFIELD AVE STE 150 SHREVEPORT LA 71104	$4.64	$1.81
TIS INSURANCE SERVICES INC P O BOX 10328 KNOXVILLE TN 37939	$4.56	$0.00
DANIEL JAIME 5463 SOUTH DURANGO DR STE B LAS VEGAS NV 89113	$4.55	$0.00
SUSAN MASCARO 18206 KRISTI RD W LIBERTY MO 64068	$4.44	$0.00

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GREYHOUND / ATU		
BARBARA BAROS 5301 GOSHEN CT CORPUS CHRISTI TX 78413	$4.42	$0.00
MICHAEL GRASS 21707 KINGSLAND BLVD SUITE 105 KATY TX 77450	$4.32	$0.00
MICHAEL MCCARTHY 8240 BECKETT PARK DRIVE STE B WEST CHESTER OH 45069	$4.32	$0.00
CASEY HOBSON 815 S BRIDGEWAY PLACE STE 100 EAGLE ID 83616	$4.29	$0.00
JON SCHAEFER 324 E NEW YORK ST SUITE 250 INDIANAPOLIS IN 46204	$4.16	$0.00
ALAN BERGMANN 284 TWIN PONDS OKEMOS MI 48864	$3.85	$0.00
JASON SCZEPANIAK 4001 FELLAND ROAD STE 106 MADISON WI 53718	$3.66	$5.93
SPAZ AND GLAUB ENTERPRISES 2150 ASSOCIATION DRIVE SUITE 150 OKEMOS MI 48864	$3.48	$0.00
ADAM MICHAELS 1333 2ND ST STE 550 SANTA MONICA CA 90401	$3.25	$0.00
NAVILLE & ASSOCIATES 9247 N MERIDIAN SUITE 205 INDIANAPOLIS IN 46260	$3.25	$0.00
YANIS KALOUDIS 422 RINGWOOD AVE #216 POMPTON LAKES NJ 07442	$3.23	$0.00
CHRIS GEHLHAUSEN 2602 NEWTON ST SUITE B JASPER IN 47546	$3.20	$0.00

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GREYHOUND / ATU		
ABBIE COFFMAN 31 HAWTHORN CIR CROSSVILLE TN 38555	$3.09	$0.00
PAGE AND ASSOCIATES LLC 19001 GRAYSTONE ROAD WHITEHALL MD 21161	$2.97	$0.00
TRAVIS TAZELAAR 307 MARVIN RD SILVER SPRING MD 20901	$2.97	$0.00
DONALD REYNOLDS 8945 HWY 5 STE B LAKE ELMO MN 55042	$2.64	$0.00
GLEN SCHWEIKERT 2105 HIGHLAND SPRINGS PLACE LOUISVILLE KY 40245	$2.60	$0.00
LOREN MEYER 2604 WEST EUCLID AVE INDIANOLA IA 50125	$2.50	$0.00
DAVID M COUGHLIN 9159 W DESERT INN RD 101 LAS VEGAS NV 89117	$2.28	$0.00
CHUCK WILSON 6710 CROSSWAYS PL LOUISVILLE KY 40241	$2.22	$0.00
ANDREW GRETHEL 5963 LA PLACE COURT SUITE #310 CARLSBAD CA 92008	$1.95	$0.00
BRADLEY HARRISON 210 PRODO DR JEFFERSON CITY MO 65109	$1.94	$0.00
STEVEN YENNEY 3738 S 149TH ST STE 115 OMAHA NE 68144	$1.92	$0.00
LES HEINSEN INS SERVICES INC 193 BLUE RAVINE RD STE 140 FOLSOM CA 95630	$1.68	$0.00
DAVID HANNANT 11400 SE 8TH STREET SUITE 375 BELLEVUE WA 98004	$1.62	$2.08

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GREYHOUND / ATU		
JACK HENNINGSGAARD 10311 UPLANDER ST NW COON RAPIDS MN 55433	$1.57	$0.00
BLAZE FREMIN P O BOX 53871 LAFAYETTE LA 70505	$1.52	$1.81
RODNEY BALLANCE JR 1235 GARRETT RD WILLIAMSTON NC 27892	$1.35	$0.00
CHARLES GREER 1201 MAIN ST SUITE 2300 COLUMBIA SC 29201	$1.32	$0.00
STEPHANIE RINGER 6418 MEADOW OAK DR GEORGETOWN IN 47122	$1.02	$0.00
MARY MERICA 3738 SOUTH 149TH STREET SUITE 101 OMAHA NE 68144	$0.84	$0.00
MICHELLE HOLZHAUER 4381 FARQUHAR AVE LOS ALAMITOS CA 90720	$0.74	$0.00
DIANA CARABALLO 1101 WHEATON AVENUE SUITE 530 MILLVILLE NJ 08332	$0.72	$0.00
JAMES GRIMES PO BOX 218 HAMPTON FALLS FL 03842	$0.60	$0.00
MERLE HALL 950 W BANNOCK STE 1100 BOISE ID 83702	$0.54	$0.00
MARSHA HEBERT 29788 ASPEN LANE EVERGREEN CO 80439	$0.27	$0.00
WILLIAM ROBERTSON PO BOX 118 BELDEN MS 38826	$0.21	$0.00
RICHARD KIMBROUGH 1972 MUIRFIELD WAY SE PALM BAY FL 32909	$0.17	$0.00
GRAND TOTAL	$119,978.85	$5,241.57

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

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

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SCHEDULE A EARNINGS REPORT

PLEASE USE THE FOLLOWING INFORMATION
TO COMPLETE YOUR SCHEDULE A

FEBRUARY 01, 2012

NAME OF PLAN SPONSOR

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

NAME OF INSURANCE CARRIER	APPROXIMATE NUMBER OF PERSONS COVERED AT END OF PLAN YEAR	PLAN YEAR FROM TO
Aflac 1932 Wynnton Road Columbus, GA 31999 Contract Number 58-0663085	106	01/01/11 - 12/31/11 NAIC CODE 60380

TOTAL PREMIUM COLLECTED
$64,209.06

INSURANCE FEES AND COMMISSIONS PAID TO AGENTS

NAME AND ADDRESS OF AGENTS	COMMISSIONS PAID*	FEES PAID**
ANNE STRENK 1501 E ORANGETHORPE AVE STE 180 FULLERTON CA 92831	$3,563.29	$137.26
WILLIAM NEWBERRY 13762 ASPEN LEAF LN CORONA CA 92880	$2,666.08	$72.51
JONATHAN HAJIMOMEN 1501 EAST ORANGETHORPE AVE STE 180 FULLERTON CA 92831	$1,066.70	$27.45
CAROL VAUGHN 19 GENOA CT SACRAMENTO CA 95831	$810.86	$89.19
G SCOTT COOKE 1501 E ORANGETHORPE AVE STE 180 FULLERTON CA 92831	$613.84	$27.45
RONALD SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92673	$544.58	$0.00
TERRANCE LUCZAJ INSURANCE SVCS INC 255 E RINCON STREET SUITE 110 CORONA CA 92879	$471.18	$41.92
SONIA CALDERON 2321 E 4TH C-433 SANTA ANA CA 92705	$334.50	$0.00
ROXANNE BICKHAM PO BOX 3554 SAN DIMAS CA 91773	$268.44	$0.00

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GREYHOUND / ATU		
PEGGY SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92672	$261.05	$0.00
CHRISTOPHER DISBROW 5171 EDISON AVENUE SUITE C CHINO CA 91710	$215.75	$14.47
CRAIG HILL 4801 LAGUNA BLVD STE 105-358 ELK GROVE CA 95758	$189.98	$17.84
GARY WARE JR 2306 VALLEYBROOK DR CHAMPAIGN IL 61822	$136.72	$0.00
JOY GUNDERSON 990 SOUTH HEDIN CIRCLE ANAHEIM HILLS CA 92807	$134.57	$0.00
JACQUELINE SLAVIN 13762 ASPEN LEAF LN CORONA CA 92880	$115.54	$0.00
DAVID KITCHEN 1100 CORPORATE WAY SUITE 100 SACRAMENTO CA 95831	$109.90	$17.84
SCOTT BLACKSHEAR 128 FAIRWAY DRIVE EAST HIDEAWAY TX 75771	$105.21	$0.00
LES HEINSEN INS SERVICES INC 193 BLUE RAVINE RD STE 140 FOLSOM CA 95630	$78.05	$17.84
CLAUDIA ALBA 5914 E HADRIANS CRES ANAHEIM CA 92807	$73.60	$14.47
LINDA BAILEY INS SERV INC 6929 SUNRISE BLVD SUITE 102 K CITRUS HEIGHTS CA 95610	$65.10	$0.00
SHARON VINCZE 16810 SW 129TH AVE TIGARD OR 97224	$53.64	$0.00
BARRY WHITE 4506 BANTAM WAY ELK GROVE CA 95758	$36.68	$0.00

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GREYHOUND / ATU		
LORRIE RODRIGUEZ 1922 E ECLIPSE FRESNO CA 93720	$33.84	$0.00
JAMES BOADA 2 HEARTWOOD WAY ALISO VIEJO CA 92656	$26.90	$0.00
JODIE BOHNER 4974 E CLINTON WAY STE 212 FRESNO CA 93727	$24.98	$0.00
DIANE SMUGALA 2733 E 9725 S SANDY UT 84092	$19.20	$0.00
ROBERT BENEFIEL 6197 S RURAL RD STE 103 TEMPE AZ 85283	$17.51	$0.00
MICHELLE HOLZHAUER 4381 FARQUHAR AVE LOS ALAMITOS CA 90720	$17.43	$0.00
VERONICA ILIC-STONE 8050 N PALM STE 300 FRESNO CA 93711	$16.14	$0.00
CLAUDIA FELDMAN 9037 E CASITAS DEL RIO DR SCOTTSDALE AZ 85255	$15.96	$0.00
GEORGIANNA STOUT 388 MARKET STREET SUITE 1300 SAN FRANCISCO CA 94111	$12.50	$0.00
RICHARD CALL 25292 STAYSAIL DR DANA POINT CA 92629	$11.98	$0.00
YOLANDA SORDIA 2916 W ASTER DR PHOENIX AZ 85029	$11.16	$0.00
MARIA RECALDE MEDINA 4749 S ADELLE CIRCLE MESA AZ 85212	$10.80	$0.00
HOWARD KAMLET 25422 TRABUCO ROAD 105-364 LAKE FOREST CA 92630	$10.68	$0.00
RYAN HEEKE 3529 PEACH TREE ST JEFFERSONVILLE IN 47130	$10.20	$0.00

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GREYHOUND / ATU		
CINDY UNRUH 2415 FISHER RD NE SALEM OR 97305	$8.16	$0.00
JEFFORY MERTEN 523 W 6TH STREET SUITE 515 LOS ANGELES CA 90014	$7.92	$0.00
ANTHONY SWEETER 901 W HWY 10 ANOKA MN 55303	$7.32	$0.00
JODI WATSON 4530 NW DAHLIA DRIVE CAMAS WA 98607	$6.60	$0.00
THOMAS BURNETT 2908 BROWNSBORO ROAD STE 118 LOUISVILLE KY 40206	$6.33	$0.00
DEBORAH SENN 15042 N 6TH STREET PHOENIX AZ 85022	$6.24	$0.00
DOUGLAS FOX 120 BOARDMAN AVE STE B TRAVERSE CITY MI 49684	$4.98	$0.00
SCOTT NIELSEN 8905 SW NIMBUS AVE STE 155 BEAVERTON OR 97008	$4.68	$0.00
PREFERRED MARKETING CORP P O BOX 1658 PINE MOUNTAIN GA 31822	$4.20	$0.00
R WRIGHT 806 STONE CREEK PKWY STE 4 LOUISVILLE KY 40223	$4.14	$0.00
TRISHA NEWMAN 5301 WINDY WILLOW DR LOUISVILLE KY 40241	$3.84	$0.00
JERRY HOKE 6700 N ORACLE ROAD SUITE 240 TUCSON AZ 85704	$3.24	$0.00
PETER SARANTIS 3137 DWIGHT ROAD SUITE 400 ELK GROVE CA 95758	$3.20	$0.00

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GREYHOUND / ATU		
GREGORY STENZEL 2740 AIRPORT DRIVE SUITE 170 COLUMBUS OH 43219	$3.12	$0.00
STEVEN BAILEY 26170 ENTERPRISE WAY SUITE 600 LAKE FOREST CA 92630	$3.00	$0.00
JENNIFER KARSTING 17671 COWAN AVE SUITE 125 IRVINE CA 92614	$2.00	$0.00
MICHAEL HURLEY P O BOX 13 ALGER OH 45812	$1.80	$0.00
LESLIE KIMBROUGH P O BOX 54468 LEXINGTON KY 40555	$1.44	$0.00
M H & ASSOCIATES INC 17401 ARMSTRONG AVE SUITE 200 IRVINE CA 92614	$1.37	$0.00
ANDREW GRETHEL 5963 LA PLACE COURT SUITE #310 CARLSBAD CA 92008	$1.15	$0.00
KIEFER GROUP INS AGCY LC 11629 SOUTH 700 EAST #125 DRAPER UT 84020	$0.96	$0.00
LEEZA BLEVINS 1949 GOLDSMITH LANE STE 102 LOUISVILLE KY 40218	$0.81	$0.00
GRAND TOTAL	$12,241.04	$478.24

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

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

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SCHEDULE A EARNINGS REPORT

PLEASE USE THE FOLLOWING INFORMATION
TO COMPLETE YOUR SCHEDULE A

FEBRUARY 01, 2012

NAME OF PLAN SPONSOR

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

NAME OF INSURANCE CARRIER	APPROXIMATE NUMBER OF PERSONS COVERED AT END OF PLAN YEAR	PLAN YEAR FROM TO
Aflac 1932 Wynnton Road Columbus, GA 31999 Contract Number 58-0663085	7	01/01/11 - 12/31/11 NAIC CODE 60380

TOTAL PREMIUM COLLECTED
$2,061.68

INSURANCE FEES AND COMMISSIONS PAID TO AGENTS

NAME AND ADDRESS OF AGENTS	COMMISSIONS PAID*	FEES PAID**
LAWRENCE POTWIN 97 HIDDEN LANE WHITE RIVER JCT VT 05001	$68.50	$11.45
MICHELLE KENNEDY 3700 MCCANN ROAD LONGVIEW TX 75605	$46.34	$0.00
MICHAEL ZORN 8 PHEASANT RUN KINNELON NJ 07405	$30.47	$0.00
JOHN FEEHAN 146 CRESTVIEW AVE ABSECON NJ 08201	$25.84	$0.00
NICHOLAS DUCHENSKY 252 N 15TH ST BLOOMFIELD NJ 07003	$19.50	$0.00
BRIAN LEYPOLDT 67 ALLISON PLACE EGG HARBOR TWP NJ 08234	$19.21	$0.00
RONALD SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92673	$18.92	$0.00
RUSSELL BARRETT 21 CORPORATE DR SUITE 210 CLIFTON PARK NY 12065	$12.68	$0.00
RICHARD TOBIAS 416 JEFFERSON AVE LINWOOD NJ 08221	$9.95	$0.00

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GREYHOUND ATU		
MICHAEL FORNARO 271 ROUTE 46 WEST STE H-119 FAIRFIELD NJ 07004	$9.26	$0.00
DAVID BECKSTEAD 8 CRIMSON RIDGE DRIVE HURRICANE UT 84737	$8.55	$0.00
MICHAEL RYAN PO BOX 930 MANCHESTER CENTER VT 05255	$5.04	$1.91
BRADLEY JONES 286 WASHINGTON AVE EXT SUITE 202 ALBANY NY 12203	$4.22	$0.00
LORENZO CUTAIA 858 S WHITE HORSE PIKE STE B-6 HAMMONTON NJ 08037	$4.03	$0.00
MELTON & ASSOCIATES INC 18167 US HIGHWAY 19 N CLEARWATER FL 33764	$3.07	$1.91
PEGGY SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92672	$2.26	$0.00
ALBERT SHUST 300 LANIDEX PLAZA SUITE 3303 PARSIPPANY NJ 07054	$1.32	$0.00
LEO SUPAK 11800 WHILSHIRE BLVD NE ALBUQUERQUE NM 87122	$1.13	$0.00
GRAND TOTAL	$290.29	$15.27

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XS12100067

SCHEDULE A EARNINGS REPORT

PLEASE USE THE FOLLOWING INFORMATION
TO COMPLETE YOUR SCHEDULE A

FEBRUARY 01, 2012

NAME OF PLAN SPONSOR

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

NAME OF INSURANCE CARRIER	APPROXIMATE NUMBER OF PERSONS COVERED AT END OF PLAN YEAR	PLAN YEAR FROM TO
Aflac 1932 Wynnton Road Columbus, GA 31999 Contract Number 58-0663085	3	01/01/11 - 12/31/11 NAIC CODE 60380

TOTAL PREMIUM COLLECTED
$2,384.40

INSURANCE FEES AND COMMISSIONS PAID TO AGENTS

NAME AND ADDRESS OF AGENTS	COMMISSIONS PAID*	FEES PAID**
RONALD SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92673	$54.72	$0.00
SONIA CALDERON 2321 E 4TH C-433 SANTA ANA CA 92705	$49.92	$0.00
WILLIAM NEWBERRY 13762 ASPEN LEAF LN CORONA CA 92880	$48.24	$0.00
PEGGY SALMON 2203 AVENIDA OLIVA SAN CLEMENTE CA 92672	$26.40	$0.00
CAROLYN GARRISON 908 CLOVIS AVENUE CAPITAL HEIGHTS MD 20743	$25.68	$0.00
DEBORAH HEARD 7610 PENNSYLVANIA AVE STE 307 FORESTVILLE MD 20747	$18.00	$0.00
GARY WARE JR 2306 VALLEYBROOK DR CHAMPAIGN IL 61822	$12.72	$0.00
CHARLENE BELTON 601 PENNSYLVANIA AVE NORTH BUILDING STE 708 WASHINGTON DC 20004	$7.92	$0.00
ALDEAN PEARSON 604 DOVER HEIGHTS TRAIL MANSFIELD TX 76063	$5.52	$0.00

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GREYHOUND / ATU		
FRANCES SHAFFER 14025 TOWER RD SMITHBURG MD 21783	$4.68	$0.00
GRAND TOTAL	$253.80	$0.00

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TENTATIVE DRAFT - SUBJECT TO CHANGE

GREYHOUND LINES, INC. -
NATIONAL LOCAL 1700 OF THE AMALGAMATED
TRANSIT UNION HEALTH & WELFARE PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2011

(a) Identity of Parties Involved	(b) Description of Asset	Number of Transactions	Number of Sales	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset
Single transactions:						
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	$ 912,000	$ -	$ 912,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	898,000	-	898,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	717,000	-	717,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	805,000	-	805,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	818,000	-	818,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	919,000	-	919,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	717,000	-	717,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	421,000	-	421,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	1	-	388,000	388,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	926,000	-	926,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	1,031,000	-	1,031,000
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	1	-	807,000	-	807,000
Series of transactions:						
* M&I Marshall & Ilsley Bank	Marshall Money Market Fund	52	205	12,517,438	13,557,000	13,557,000

* Indicates party-in-interest to the Plan

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