Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WILLIAMS TANK LINES 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1979

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

WILLIAMS TANK LINES, INC.

1477 TILLIE LEWIS DR.
STOCKTON, CA 95206

2b Employer Identification Number (EIN) 94-2514319

2c Sponsor's telephone number 209-944-5613

2d Business code (see instructions) 484120

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.	10/15/2012	MARYLS WILLIAMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	MARYLS WILLIAMS
	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")
WILLIAMS TANK LINES, INC.

1477 TILLIE LEWIS DR.
STOCKTON, CA 95206

3b Administrator's EIN
94-2514319

3c Administrator's telephone number
209-944-5613

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**	518
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**	393
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	77
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	470
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	470
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	470
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
WILLIAMS TANK LINES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2514319

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
HARTFORD LIFE 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
06-0974148	88072	GA-827660	470	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
27652	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

WS CA INSURANCE SERVICES LLC
WELLS FARGO ADVS FINET LLC 401 S TR
CHARLOTTE, NC 28288

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27652			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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	10137823

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP FUNDING AGREEMENT

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

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

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
WILLIAMS TANK LINES 401(K) PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
WILLIAMS TANK LINES, INC.	94-2514319	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

HARTFORD LIFE INSURANCE COMPANY

06-0974148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 49 50 54 55 56 59 60 62 63 64 65 66	NA	400	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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?
67 99			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORNINGSTAR ASSOCIATES, LLC

36-4317381

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

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

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

MESIROW FINANCIAL INVESTMENT MANAGE

36-3429599

(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?
27 49	NA	0	Yes [X] No [ ]	Yes [ ] No [X]	56	Yes [ ] No [X]

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

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

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

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

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
HARTFORD LIFE INSURANCE COMPANY	15 23 37 38 49 50 54 55 56 59 60 62 63 64 65 66 67 99	0

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

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

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MESIROW FINANCIAL INVESTMENT MANAGE	27 49	56

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
WILLIAMS TANK LINES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WILLIAMS TANK LINES, INC.

D Employer Identification Number (EIN)
94-2514319

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 401

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
06-0974148-000	P	10137823

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
WILLIAMS TANK LINES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2514319

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(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)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(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)	0	0
(9) Value of interest in common/collective trusts	1c(9)	2905588	2864840
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	7252048	7272983
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	10157636	10137823
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10157636	10137823

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)	400000	
	(B) Participants	2a(1)(B)	862538	
	(C) Others (including rollovers)	2a(1)(C)	2332	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1264870
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(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)	0	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		801
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-194079
(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)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1071592
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1089549	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1089549
f Corrective distributions (see instructions)	2f		6
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1850	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1850
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1091405
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-19813
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: LAUTZE & LAUTZE **(2)** EIN: 94-2513310

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			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
WILLIAMS TANK LINES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2514319

Part I Distributions

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

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

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

EIN(s): 06-0974148

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c** 0

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

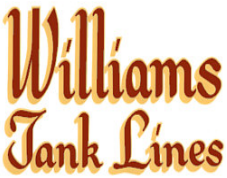
19 If the total number of participants is 1,000 or more, complete items (a) through (c)

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

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

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

401(k) PROFIT SHARING PLAN



FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE WITH INDEPENDENT AUDITORS' REPORT

Years Ended
December 31, 2011 and 2010

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LAUTZE & LAUTZE
CPAs & FINANCIAL ADVISORS

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Williams Tank Lines, Inc. 401(k) Profit Sharing Plan
Stockton, California

We have audited the accompanying statements of net assets available for benefits of *Williams Tank Lines, Inc. 401(k) Profit Sharing Plan* (the Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits 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 audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit 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 net assets available for benefits of the Plan as of December 31, 2011 and 2010, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule, *Form 5500, Schedule H, line 4i - Schedule of Assets (Held at End of Year)* as of December 31, 2011 is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is 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. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Lautze & Lautze

San Francisco, California
October 10, 2012

WILLIAMS TANK LINES, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	2011	2010
Assets:		
Investments at fair value:		
Investment funds	$ 10,137,823	$ 10,157,636
Employer receivables:		
Matching contributions	300,000	125,000
Profit sharing contributions	700,000	275,000
Total assets	11,137,823	10,557,636
Liabilities:	-	-
Net assets available for benefits	$ 11,137,823	$ 10,557,636

See notes to financial statements.

WILLIAMS TANK LINES, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31,

	2011	2010
Additions:		
Additions to net assets attributed to:		
Investment income:		
Investment earnings	$ 172,459	$ 100,520
Net appreciation (depreciation) in fair value of investment funds	(365,737)	655,405
	(193,278)	755,925
Contributions:		
Employer:		
Matching, net of forfeiture credits of $20,972 ($16,889 for 2010)	300,000	125,000
Profit sharing, net of forfeiture credits of $9,760 ($70,071 for 2010)	700,000	275,000
Employee salary deferrals	862,538	940,075
Rollover	2,332	10,799
	1,864,870	1,350,874
Total additions	1,671,592	2,106,799
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	1,089,549	591,042
Administrative and miscellaneous fees	1,856	798
Total deductions	1,091,405	591,840
Net increase	580,187	1,514,959
Net assets available for benefits:		
Beginning of year	10,557,636	9,042,677
End of year	$ 11,137,823	$ 10,557,636

See notes to financial statements.

WILLIAMS TANK LINES, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

1. DESCRIPTION OF THE PLAN

The following description of Williams Tank Lines, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement and its amendments for a more complete description of the Plan's provisions.

General

The Plan, established for the benefit of employees of Williams Tank Lines, Inc. (the Company), is a defined contribution plan comprised of an employer matching contribution, a discretionary employer profit sharing contribution, and an employee salary deferral agreement and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers all employees with a minimum of one year of service (1,000 hours). Participants enter the Plan on either January 1 or July 1, immediately following the satisfaction of these eligibility requirements. In addition to the general eligibility requirements, the participant must be employed on the last day of the Plan year to be eligible for any employer contributions.

Contributions

Employer matching contributions are discretionary and are determined by the Company. For the year ended December 31, 2011, the Company made a matching contribution equal to 58.75% of the participant's deferral contributions (25% in 2010). For the years ended December 31, 2011 and 2010, the matching contribution is limited to 4% of compensation.

Employer profit sharing contributions are also discretionary and are determined by the Company. Employer profit sharing contributions are allocated to each participant based on a two-tiered integrated allocation formula in the ratio that each participant's compensation plus excess compensation bears to the total compensation plus excess compensation paid to all eligible participants for the Plan year. For the year ended December 31, 2011, the Company made a profit sharing contribution equal to 3.6% of the first $86,508 ($106,100 times 81%, according to the plan's documents), plus 7.2% of any excess amount. For the year ended December 31, 2010, the Company made a profit sharing contribution equal to 1.75% of the first $86,508, plus 4% of any excess amount.

Employee salary deferral contributions are voluntary and are made through payroll withholdings. The minimum contribution is 1% of the employee's salary and is limited to the Internal Revenue Service's maximum elective deferral amount of $16,500 for 2011 and 2010. An additional catch-up contribution of $5,500 for 2011 and 2010 may also be contributed by employees who are at least 50 years of age by the end of the Plan year. Upon meeting the eligibility requirements employees are automatically enrolled in the Plan with a 3% deferral amount, unless they elect out of the Plan.

Rollover contributions may only be made with the approval of the Plan administrator. A rollover may be made directly from another qualified plan or, if not a direct rollover, it must be received by the trustee (Hartford) within 60 days of receipt of distribution. However, employees may not become participants in the Plan and become entitled to make pre-tax contributions and to share in employer contributions until the Plan's eligibility and entry date requirements are met.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Participant Accounts

Separate accounts are maintained in the trust for each participant showing separately the participant's share of employer contributions, salary deferral contributions, rollover contributions, and actual earnings thereon.

Forfeitures

The nonvested portion of a terminated participant's account is forfeited. Forfeited amounts are used to reduce the Company's future employer profit sharing and matching contributions. The forfeiture account balance available at December 31, 2011 and 2010 was $16,250 and $60,874, respectively.

Vesting

Participants are immediately vested in their voluntary salary deferral contributions. The employer contributions plus actual earnings thereon are vested as follows:

Years of Service	Vesting Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Payments of Benefits

On termination of service and completion of a termination workpaper package, a participant shall receive a distribution which may take the form of (a) a lump sum amount equal to the value of the participant's account or (b) a nontransferable, conventional, fixed, or variable annuity. All participants who had requested distributions during 2011 and 2010 were paid before the end of that respective year.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accounting records of the Plan are maintained on the accrual basis of accounting.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements, in conformity with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4, *Fair Value Measurements*, for discussion of fair value measurements.

The Plan presents in the statements of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains (losses) and the unrealized appreciation (depreciation) on those investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date.

Plan Costs

The Company absorbs a significant portion of all plan costs. Administrative fees charged by Hartford are withdrawn from the participant's account balance.

Payment of Benefits

Benefits are recorded when paid.

Recent Accounting Pronouncement

In May 2011, the FASB issued ASU No. 2011-04, Fair Value Measurement (Topic 820): Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and International Financial Reporting Standards (IFRS). ASU 2011-04 provides guidance which is expected to result in common fair value measurement and disclosure requirements between U.S. GAAP and IFRS. It changes the wording used to describe many of the requirements in U.S. GAAP for measuring fair value and for disclosing information about fair value measurements. For many of the requirements, the FASB does not intend for ASU 2011-04 to result in a change in the application of the requirements in Topic 820. Some of the amendments clarify the FASB's intent about the application of existing fair value measurement requirements. Other amendments change a particular principle or requirement for measuring fair value or for disclosing information about fair value measurements. ASU No. 2011-04 is to be applied prospectively and is effective for annual periods beginning after December 15, 2011. The adoption of this guidance is not expected to have a material impact on the financial statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Recent Accounting Pronouncement (Continued)

In January 2010, the Financial Accounting Standards Board (FASB) issued guidance that clarifies existing disclosures and requires new disclosures about fair value measurements. The clarifications and the requirement to disclose the amounts and reasons for significant transfers between Level 1 and Level 2 and significant transfers into and out of Level 3 of the fair value hierarchy are effective for periods beginning after December 15, 2009. The new requirement that purchases, sales, issuances, and settlements be presented gross in the Level 3 reconciliation is effective for fiscal years beginning after December 15, 2010 and for interim periods within those years, with early adoption permitted. Since this new guidance only amends the disclosure requirements, it will not have any impact on the Plan's financial statements.

Subsequent Events

The Plan has evaluated all subsequent events through October 10, 2012, the date the financial statements were available to be issued.

3. INVESTMENT FUNDS

All investments are held in pooled separate accounts administered by Hartford. The following investment options represented investments in excess of 5% of net assets available for benefits at December 31:

		2011	2010
SEI	Stable Asset Fund	$ 2,864,840	$ 2,905,588
AllianceBernstein	Balance Shares Fund	-	1,042,798
American Funds	AM Balanced Fund	-	707,596
Lord Abbott	Affiliated Fund	645,378	704,854
Federated	Kaufmann Fund	-	542,177
American Funds	Growth Fund	575,450	-
Blackrock	Lifepath Retirement	676,186	-
Pimco	Total Return Fund	637,018	-
MFS	Total Return Fund	1,110,940	-

4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

4. FAIR VALUE MEASUREMENTS (CONTINUED)

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

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 market 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 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.

The 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.

Certificates of deposit: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

Mutual funds: Valued at the net asset value (NAV) of shares held by the at year end.

U.S. government securities: Valued at the closing price reported in the active market in which the individual securities are traded.

Corporate bonds: Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

4. FAIR VALUE MEASUREMENTS (CONTINUED)

Common stocks: Certain common stocks are valued at the closing price reported in the active market in which the individual securities are traded. Investments in certain restricted common stocks are valued at the quoted market price of the issuer's unrestricted common stock less an appropriate discount. If a quoted market price for unrestricted common stock of the issuer is not available, restricted common stocks are valued at a multiple of current earnings less an appropriate discount. The multiple chosen is consistent with multiples of similar companies based on current market prices.

Guaranteed investment contract: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

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

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

	Investment funds at fair value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Stable Value	$ -	$ -	$ 2,864,840	$ 2,864,840
Asset Allocation/Balanced	-	2,593,362	-	2,593,362
Large Cap	-	2,114,353	-	2,114,353
Mid Cap	-	482,641	-	482,641
Bond	-	1,053,618	-	1,053,618
Specialty	-	375,269	-	375,269
International/Global	-	425,793	-	425,793
Small Cap	-	227,947	-	227,947
Total investment at fair value	$ -	$ 7,272,983	$ 2,864,840	$ 10,137,823

4. FAIR VALUE MEASUREMENTS (CONTINUED)

	Investment funds at fair value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Stable Value	$ -	$ -	$ 2,905,588	$ 2,905,588
Large Cap	-	2,382,444	-	2,382,444
Asset Allocation/Balanced	-	1,690,654	-	1,690,654
Specialty	-	956,309	-	956,309
Bond	-	951,762	-	951,762
Mid Cap	-	651,227	-	651,227
International/Global	-	416,590	-	416,590
Small Cap	-	203,062	-	203,062
Total investment at fair value	$ -	$ 7,252,048	$ 2,905,588	$ 10,157,636

Level 3 Gains and Losses

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

	2011	2010
Common/Collective Trust		
Balance at beginning of the year	$ 2,905,588	$ 2,201,797
Net investment income	172,459	100,520
Purchases, sales, issuances, and settlements, net	(213,207)	603,271
Balance at the end of the year	$ 2,864,840	$ 2,905,588

5. RELATED PARTY TRANSACTIONS

Certain Plan investments are pooled separate accounts managed by Hartford. Hartford is the trustee as defined by the Plan and, therefore, these transactions qualify as permitted party-in-interest transactions.

6. CONCENTRATION OF CREDIT RISK

Financial instruments, which potentially subject the Plan to a concentration of credit risk, principally consist of short-term investments. The Plan invests cash in money market securities in various banks, commercial paper of industrial and other companies with high credit ratings, and securities backed by the United States Government. The Plan has not experienced any losses in these accounts and believes it is not exposed to any significant credit risk.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan agreement to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

In the event of Plan termination, all account balances shall become 100% vested. The accrued benefit to each participant shall be the value of his or her account balance. The net assets of the Plan shall be distributed to the participants.

8. TAX STATUS

The Company has executed an Adoption Agreement to fully adopt the Hartford Prototype Non-standardized 401(k) Profit Sharing Plan and Trust provisions. Hartford has obtained from the Internal Revenue Service, a favorable determination letter dated March 31, 2008, which states the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code (IRC). The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

FASB ASC 740, *Income Taxes*, requires entities to disclose in their financial statements the nature of any uncertainty in their tax positions. For tax exempt entities, tax-exempt status itself is deemed to be an uncertainty, as events could potentially occur to jeopardize their tax-exempt status. Management believes the Plan has no uncertain tax positions. The Plan anticipates that it will not have a change in uncertain tax positions during the next twelve months that could have a material impact on the Plan's financial statements. If necessary, the Plan would accrue interest and penalties on uncertain tax positions as a component of the provision for income taxes.

9. ADMINISTRATION

The Plan is administered by a two-person Administrative Committee. The Administrative Committee has elected to use the services of Hartford as an administrative agent to manage the day-to-day activities of the Plan.

10. RISKS AND UNCERTAINTIES

Plan participants 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 will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

WILLIAMS TANK LINES, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

	Per December 31, 2011 Accrual Basis Financial Statements	Accrual to Cash Adjustments Increase (Decrease)	Per December 31, 2011 Cash Basis 5500
Selected accounts on the statement of net assets available for benefits:			
Employer matching receivables	$ 300,000	$ (300,000) [1]	$ -
Employer profit sharing receivables	700,000	(700,000) [1]	-
Ending net assets available for benefits	11,137,823	(1,000,000) [2]	10,137,823
Selected accounts on the statement of changes in net assets available for benefits:			
Employer contributions	1,000,000	(1,000,000) [2]	400,000
		400,000 [3]	
Total additions	1,671,592	(600,000) [4]	1,071,592
Corrective distribution	-	6 [5]	6
Administrative and miscellaneous fees	1,856	(6) [5]	1,850
Net increase (decrease)	580,187	(600,000) [4]	(19,813)
Ending net assets available for benefits	11,137,823	(1,000,000) [2]	10,137,823

[1] Exclude December 31, 2011, employer matching and profit sharing contributions received in 2012.
[2] The sum of [1].
[3] Include December 31, 2010, employer matching and profit sharing contributions received in 2011.
[4] The net of [2] and [3].
[5] Reclassify other income from administrative and miscellaneous fees.

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

	Per December 31, 2010 Accrual Basis Financial Statements	Accrual to Cash Adjustments Increase (Decrease)	Per December 31, 2010 Cash Basis 5500
Selected accounts on the statement of net assets available for benefits:			
Employer matching receivables	$ 125,000	$ (125,000) [1]	$ -
Employer profit sharing receivables	275,000	$ (275,000) [1]	-
Ending net assets available for benefits	10,557,636	(400,000) [2]	10,157,636
Selected accounts on the statement of changes in net assets available for benefits:			
Employer contributions	400,000	(400,000) [2]	1,100,000
		1,100,000 [3]	
Other Income	-	452 [6]	452
Total additions	2,106,799	700,452 [4]	2,807,251
Corrective distribution	-	941 [5]	941
Administrative and Miscellaneous fees	798	452 [6]	1,250
Net increase (decrease)	1,514,959	699,059 [7]	2,214,018
Ending net assets available for benefits	10,557,636	(400,000) [2]	10,157,636

[1] Exclude December 31, 2010, employer matching and profit sharing contributions received in 2011.
[2] The sum of [1].
[3] Include December 31, 2009, employer matching and profit sharing contributions received in 2010.
[4] The net of [2], [3], and [6].
[5] Include the return of 2009 excess contribution paid in 2010.
[6] Reclassify other income from administrative and miscellaneous fees.
[7] Equals to [4] less [5] and [6].

WILLIAMS TANK LINES, INC.
401(k) PROFIT SHARING PLAN

SUPPLEMENTAL SCHEDULE

December 31, 2011

WILLIAMS TANK LINES, INC. 401(k) PROFIT SHARING PLAN
FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 94-2514319
Plan Number: 001
December 31, 2011

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Alger	8,659 shares, Capital Appreciation Fund	**	$ 170,836
	Allianz	3,341 shares, Nfj Divval A Fund	**	37,992
	American Funds:	975 shares, Capital World Fund	**	31,144
		20,312 shares, Growth Fund	**	575,450
	Blackrock	20,219 shares, Lifepath 2020 A Fund	**	291,758
	Blackrock:	35,053 shares, Lifepath 2030 A Fund	**	484,076
		1,589 shares, Lifepath 2040 A Fund	**	25,704
		274 shares, Lifepath 2050 A Fund	**	4,698
		64,399 shares, Lifepath Retirement Fund	**	676,186
	Col Seli	6,016 shares, Columbia Seligman Comms & Info	**	245,458
	Davis	10,622 shares, New York Venture Fund	**	345,222
	Federated	99,466 shares, Kaufmann Fund	**	462,515
	Goldman Sachs	25,427 shares, Government Inc	**	174,174
		12,546 shares, Government Income Fund	**	193,464
*	Hartford	11,731 shares, Index HLS Fund	**	306,091
*	Hartford	2,007 shares, Heathcare Fund	**	35,773
	Ivy	5,467 shares, Global Natural Resources Fund	**	94,038
	Lord Abbott	61,231 shares, Affiliated Fund	**	645,378
	MFS	79,240 shares, Total Return Fund	**	1,110,940
	Nuveen	1,572 shares, Mid Capital Index Fund	**	19,244
	Oppen	5,667 shares, Global Fund	**	306,248
		2,609 shares, International Bond	**	16,203
	Oppen Main	3,467 shares, Street Small & Meddle Capital Fund	**	68,790
	Pimco	58,603 shares, Total Return Fund	**	637,018
	Pioneer:	848 shares, High Yield Fund	**	32,759
	Prudential	32 shares, Jennison Mid-Cap Growth Fund	**	882
	Ridgeworth	2,699 shares, Large Capital Value Equity Fund	**	33,384
	SEI	2,864,840 shares, Stable Asset Fund	**	2,864,840
	Templeton	10,133 shares, Foreign Fund	**	59,988
	Wells Fargo	1,475 shares, Advantage EM Growth Fund	**	28,413
	Victory SM	5,263 shares, Small Company Opportunity Fund	**	159,157
				$ 10,137,823

* Denotes party-in-interest.

** Not required as the investment is parcipant directed.

Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in completing the Form 5500 Schedule C[1] by identifying different types of compensation paid with respect to the Hartford product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

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

This report includes compensation actually paid to or by the Hartford within the indicated plan year as part of your Hartford product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your Hartford customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

Please contact your Hartford Service Team should you require additional information regarding the compensation paid to or by Hartford with respect to your plan.

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Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan's service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

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[1] Please refer to the Schedule C of the Form 5500 and its instructions (available at: http://www.dol.gov/ebsa/5500main.html), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

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

WILLIAMS TANK LINES 401(K) PLAN (827660)
EIN #: 94-2514319

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

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

Total Direct Compensation Paid **$400.00**

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

Recipient: Hartford Life Insurance Company EIN: 06-0974148

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

Direct Compensation **$400.00**

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

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

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

Indirect Compensation

Float compensation **$0.37**

Bank accounts and investments associated with short-term investment pool, 200 Hopmeadow Road, Simsbury, CT 06089

This is an estimate based on the annual average rate of float (0.01% for 2011) earned on the bank accounts and investments associated with the short-term investment pool for the 2011 calendar year multiplied by an estimate of the assets related to uncashed checks.* This estimate does not include float earned for any other reason (e.g., if amounts remitted to The Hartford cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

* A complete listing of distribution checks that remain outstanding is available on the Retirement Plan Access web site under the Standard Reports section (Report R03998-Outstanding Distribution Checks). Uncashed check assets will continue to remain in a float-earning bank account until such time direction is received from the Plan Sponsor. The Plan Sponsor should consult with their tax advisor or benefits counsel to determine if assets attributable to uncashed checks should be included on the Form 5500 filing.

Non Monetary Compensation

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

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

Compensation paid with respect to Funds

Investment Option Name	*EIN*	*Revenue Sharing Rate (%) Paid to The Hartford (rates as of 12/31/2011)*	*Underlying Fund Gross Expense Ratio as of the Fund's Year End*[*]
ALGER CAP APP INSTITUTIONAL I	13-2665689	0.55% x assets	1.17%
ALLIANZ NFJ DIVIDEND VALUE A	33-0457728	0.50% x assets	1.06%
AMERICAN FUNDS CAP WLD GR INC R3	95-1411037	0.65% x assets	1.10%
AMERICAN FUNDS GR FD OF AMER R3	52-0792143	0.65% x assets	0.97%
BLACKROCK LIFEPATH 2020 A	51-0318674	0.75% x assets	1.44%
BLACKROCK LIFEPATH 2030 A	51-0318674	0.75% x assets	1.44%
BLACKROCK LIFEPATH 2040 A	51-0318674	0.75% x assets	1.44%
BLACKROCK LIFEPATH 2050 A	51-0318674	0.75% x assets	1.56%
BLACKROCK LIFEPATH RETIREMENT A	51-0318674	0.75% x assets	1.43%
COL SELI COMMUNICAT AND INF A	36-3376651	0.55% x assets	1.36%
DAVIS NEW YORK VENTURE A	13-2601967	0.35% x assets plus $12/participant	0.89%
FEDERATED KAUFMANN R	25-1470423	0.75% x assets	2.50%
GOLDMAN SACHS HIGH YIELD A	NA[1]	0.55% x assets	1.06%
GOLDMANSACHS GOVERNMENT INCOME A	NA[1]	0.55% x assets	0.99%
HARTFORD INDEX HLS IB	22-2937447	0.50% x assets	0.59%
IVY GLOBAL NATURAL RESOURCES Y	04-6006759	0.50% x assets	1.27%
LORD ABBETT AFFILIATED A	13-6020600	0.50% x assets	0.85%
MFS TOTAL RETURN R3	04-2468583	0.65% x assets	0.78%
NUVEEN MID CAP INDEX A	41-1418224	0.50% x assets	0.84%
OPPENHEIMER GLOBAL A	13-2649093	0.55% x assets	1.20%
OPPENHEIMER INTERNATIONAL BOND A	84-1308320	0.55% x assets	0.98%
OPPENHEIMER MAIN ST SM&MD CAP A	84-1501338	0.55% x assets	1.25%
PIMCO TOTAL RETURN A	33-0629048	0.40% x assets	0.85%
PIONEER A	04-6013015	0.55% x assets	1.16%
PRU JENNISON MID CAP GROWTH A	13-2631108	0.50% x assets	1.09%
RIDGEWORTH LARGE CAP VALUE EQ A	23-2678674	0.75% x assets	1.13%
SEI STABLE ASSET 4	23-2177800	0.50% x assets	0.65%
TEMPLETON FOREIGN A	22-2169185	0.35% x assets plus $12/participant	1.17%
THE HARTFORD HEALTHCARE R4	22-2937447	0.65% x assets	1.37%
VICTORY SMALL CO OPPORTUNITY A	31-6364605	0.45% x assets plus $16/participant	1.43%
WELLS FARGO ADV EMERNG MK EQ-A	41-0449260	0.55% x assets	1.84%

[1] At the time this report was generated this information was not available.

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Hartford Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

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

* This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. Please note that affiliates of Hartford Life Insurance Company act as advisor to the Hartford funds. Such affiliates are identified in the fund's prospectus' and receive management fees in the following amounts:

Hartford Healthcare R4	0.90% x assets
Hartford Index HLS IB	0.30% x assets

Recipient: Morningstar Associates, LLC EIN: 36-4317381

Service Code: 49

Indirect Compensation

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

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

Recipient: Mesirow Financial Investment Management, Inc. EIN: 36-3429599

Indirect Compensation

Annual fee and basis point fee for Mesirow plan fiduciary service **$30.58**
Service code: 27

Payor: Hartford Life Insurance Company EIN: 06-0974148

This is an estimate based on the annual flat fee plus the basis point fee paid to Mesirow divided by the number of plans using this feature.

Annual platform package fee ("Model My Goals") **$25.42**
Service code: 49

Payor: Hartford Life Insurance Company EIN: 06-0974148

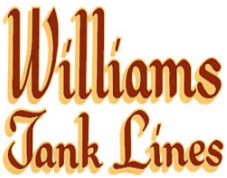
This is an estimate based on the annual platform package fee paid to Mesirow divided by the number of plans using this feature.

Direct Revenue Detail

Recipient: ***Hartford Life Insurance Company***

Fee Description	**Dollar Amount**
One-Time Distribution Fee	$400.00
Total Direct Revenue:	**$400.00**
Grand Total Direct Fees:	**$400.00**

401(k) PROFIT SHARING PLAN



FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE WITH INDEPENDENT AUDITORS' REPORT

Years Ended
December 31, 2011 and 2010

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LAUTZE & LAUTZE
CPAs & FINANCIAL ADVISORS

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Williams Tank Lines, Inc. 401(k) Profit Sharing Plan
Stockton, California

We have audited the accompanying statements of net assets available for benefits of *Williams Tank Lines, Inc. 401(k) Profit Sharing Plan* (the Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits 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 audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit 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 net assets available for benefits of the Plan as of December 31, 2011 and 2010, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule, *Form 5500, Schedule H, line 4i - Schedule of Assets (Held at End of Year)* as of December 31, 2011 is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is 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. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Lautze & Lautze

San Francisco, California
October 10, 2012

WILLIAMS TANK LINES, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	2011	2010
Assets:		
Investments at fair value:		
Investment funds	$ 10,137,823	$ 10,157,636
Employer receivables:		
Matching contributions	300,000	125,000
Profit sharing contributions	700,000	275,000
Total assets	11,137,823	10,557,636
Liabilities:	-	-
Net assets available for benefits	$ 11,137,823	$ 10,557,636

See notes to financial statements.

WILLIAMS TANK LINES, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31,

	2011	2010
Additions:		
Additions to net assets attributed to:		
Investment income:		
Investment earnings	$ 172,459	$ 100,520
Net appreciation (depreciation) in fair value of investment funds	(365,737)	655,405
	(193,278)	755,925
Contributions:		
Employer:		
Matching, net of forfeiture credits of $20,972 ($16,889 for 2010)	300,000	125,000
Profit sharing, net of forfeiture credits of $9,760 ($70,071 for 2010)	700,000	275,000
Employee salary deferrals	862,538	940,075
Rollover	2,332	10,799
	1,864,870	1,350,874
Total additions	1,671,592	2,106,799
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	1,089,549	591,042
Administrative and miscellaneous fees	1,856	798
Total deductions	1,091,405	591,840
Net increase	580,187	1,514,959
Net assets available for benefits:		
Beginning of year	10,557,636	9,042,677
End of year	$ 11,137,823	$ 10,557,636

See notes to financial statements.

WILLIAMS TANK LINES, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

1. DESCRIPTION OF THE PLAN

The following description of Williams Tank Lines, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement and its amendments for a more complete description of the Plan's provisions.

General

The Plan, established for the benefit of employees of Williams Tank Lines, Inc. (the Company), is a defined contribution plan comprised of an employer matching contribution, a discretionary employer profit sharing contribution, and an employee salary deferral agreement and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers all employees with a minimum of one year of service (1,000 hours). Participants enter the Plan on either January 1 or July 1, immediately following the satisfaction of these eligibility requirements. In addition to the general eligibility requirements, the participant must be employed on the last day of the Plan year to be eligible for any employer contributions.

Contributions

Employer matching contributions are discretionary and are determined by the Company. For the year ended December 31, 2011, the Company made a matching contribution equal to 58.75% of the participant's deferral contributions (25% in 2010). For the years ended December 31, 2011 and 2010, the matching contribution is limited to 4% of compensation.

Employer profit sharing contributions are also discretionary and are determined by the Company. Employer profit sharing contributions are allocated to each participant based on a two-tiered integrated allocation formula in the ratio that each participant's compensation plus excess compensation bears to the total compensation plus excess compensation paid to all eligible participants for the Plan year. For the year ended December 31, 2011, the Company made a profit sharing contribution equal to 3.6% of the first $86,508 ($106,100 times 81%, according to the plan's documents), plus 7.2% of any excess amount. For the year ended December 31, 2010, the Company made a profit sharing contribution equal to 1.75% of the first $86,508, plus 4% of any excess amount.

Employee salary deferral contributions are voluntary and are made through payroll withholdings. The minimum contribution is 1% of the employee's salary and is limited to the Internal Revenue Service's maximum elective deferral amount of $16,500 for 2011 and 2010. An additional catch-up contribution of $5,500 for 2011 and 2010 may also be contributed by employees who are at least 50 years of age by the end of the Plan year. Upon meeting the eligibility requirements employees are automatically enrolled in the Plan with a 3% deferral amount, unless they elect out of the Plan.

Rollover contributions may only be made with the approval of the Plan administrator. A rollover may be made directly from another qualified plan or, if not a direct rollover, it must be received by the trustee (Hartford) within 60 days of receipt of distribution. However, employees may not become participants in the Plan and become entitled to make pre-tax contributions and to share in employer contributions until the Plan's eligibility and entry date requirements are met.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Participant Accounts

Separate accounts are maintained in the trust for each participant showing separately the participant's share of employer contributions, salary deferral contributions, rollover contributions, and actual earnings thereon.

Forfeitures

The nonvested portion of a terminated participant's account is forfeited. Forfeited amounts are used to reduce the Company's future employer profit sharing and matching contributions. The forfeiture account balance available at December 31, 2011 and 2010 was $16,250 and $60,874, respectively.

Vesting

Participants are immediately vested in their voluntary salary deferral contributions. The employer contributions plus actual earnings thereon are vested as follows:

Years of Service	Vesting Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Payments of Benefits

On termination of service and completion of a termination workpaper package, a participant shall receive a distribution which may take the form of (a) a lump sum amount equal to the value of the participant's account or (b) a nontransferable, conventional, fixed, or variable annuity. All participants who had requested distributions during 2011 and 2010 were paid before the end of that respective year.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accounting records of the Plan are maintained on the accrual basis of accounting.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements, in conformity with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4, *Fair Value Measurements*, for discussion of fair value measurements.

The Plan presents in the statements of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains (losses) and the unrealized appreciation (depreciation) on those investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date.

Plan Costs

The Company absorbs a significant portion of all plan costs. Administrative fees charged by Hartford are withdrawn from the participant's account balance.

Payment of Benefits

Benefits are recorded when paid.

Recent Accounting Pronouncement

In May 2011, the FASB issued ASU No. 2011-04, Fair Value Measurement (Topic 820): Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and International Financial Reporting Standards (IFRS). ASU 2011-04 provides guidance which is expected to result in common fair value measurement and disclosure requirements between U.S. GAAP and IFRS. It changes the wording used to describe many of the requirements in U.S. GAAP for measuring fair value and for disclosing information about fair value measurements. For many of the requirements, the FASB does not intend for ASU 2011-04 to result in a change in the application of the requirements in Topic 820. Some of the amendments clarify the FASB's intent about the application of existing fair value measurement requirements. Other amendments change a particular principle or requirement for measuring fair value or for disclosing information about fair value measurements. ASU No. 2011-04 is to be applied prospectively and is effective for annual periods beginning after December 15, 2011. The adoption of this guidance is not expected to have a material impact on the financial statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Recent Accounting Pronouncement (Continued)

In January 2010, the Financial Accounting Standards Board (FASB) issued guidance that clarifies existing disclosures and requires new disclosures about fair value measurements. The clarifications and the requirement to disclose the amounts and reasons for significant transfers between Level 1 and Level 2 and significant transfers into and out of Level 3 of the fair value hierarchy are effective for periods beginning after December 15, 2009. The new requirement that purchases, sales, issuances, and settlements be presented gross in the Level 3 reconciliation is effective for fiscal years beginning after December 15, 2010 and for interim periods within those years, with early adoption permitted. Since this new guidance only amends the disclosure requirements, it will not have any impact on the Plan's financial statements.

Subsequent Events

The Plan has evaluated all subsequent events through October 10, 2012, the date the financial statements were available to be issued.

3. INVESTMENT FUNDS

All investments are held in pooled separate accounts administered by Hartford. The following investment options represented investments in excess of 5% of net assets available for benefits at December 31:

		2011	2010
SEI	Stable Asset Fund	$ 2,864,840	$ 2,905,588
AllianceBernstein	Balance Shares Fund	-	1,042,798
American Funds	AM Balanced Fund	-	707,596
Lord Abbott	Affiliated Fund	645,378	704,854
Federated	Kaufmann Fund	-	542,177
American Funds	Growth Fund	575,450	-
Blackrock	Lifepath Retirement	676,186	-
Pimco	Total Return Fund	637,018	-
MFS	Total Return Fund	1,110,940	-

4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

4. FAIR VALUE MEASUREMENTS (CONTINUED)

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

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 market 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 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.

The 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.

Certificates of deposit: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

Mutual funds: Valued at the net asset value (NAV) of shares held by the at year end.

U.S. government securities: Valued at the closing price reported in the active market in which the individual securities are traded.

Corporate bonds: Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

4. FAIR VALUE MEASUREMENTS (CONTINUED)

Common stocks: Certain common stocks are valued at the closing price reported in the active market in which the individual securities are traded. Investments in certain restricted common stocks are valued at the quoted market price of the issuer's unrestricted common stock less an appropriate discount. If a quoted market price for unrestricted common stock of the issuer is not available, restricted common stocks are valued at a multiple of current earnings less an appropriate discount. The multiple chosen is consistent with multiples of similar companies based on current market prices.

Guaranteed investment contract: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

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

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

	Investment funds at fair value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Stable Value	$ -	$ -	$ 2,864,840	$ 2,864,840
Asset Allocation/Balanced	-	2,593,362	-	2,593,362
Large Cap	-	2,114,353	-	2,114,353
Mid Cap	-	482,641	-	482,641
Bond	-	1,053,618	-	1,053,618
Specialty	-	375,269	-	375,269
International/Global	-	425,793	-	425,793
Small Cap	-	227,947	-	227,947
Total investment at fair value	$ -	$ 7,272,983	$ 2,864,840	$ 10,137,823

4. FAIR VALUE MEASUREMENTS (CONTINUED)

	Investment funds at fair value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Stable Value	$ -	$ -	$ 2,905,588	$ 2,905,588
Large Cap	-	2,382,444	-	2,382,444
Asset Allocation/Balanced	-	1,690,654	-	1,690,654
Specialty	-	956,309	-	956,309
Bond	-	951,762	-	951,762
Mid Cap	-	651,227	-	651,227
International/Global	-	416,590	-	416,590
Small Cap	-	203,062	-	203,062
Total investment at fair value	$ -	$ 7,252,048	$ 2,905,588	$ 10,157,636

Level 3 Gains and Losses

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

	2011	2010
Common/Collective Trust		
Balance at beginning of the year	$ 2,905,588	$ 2,201,797
Net investment income	172,459	100,520
Purchases, sales, issuances, and settlements, net	(213,207)	603,271
Balance at the end of the year	$ 2,864,840	$ 2,905,588

5. RELATED PARTY TRANSACTIONS

Certain Plan investments are pooled separate accounts managed by Hartford. Hartford is the trustee as defined by the Plan and, therefore, these transactions qualify as permitted party-in-interest transactions.

6. CONCENTRATION OF CREDIT RISK

Financial instruments, which potentially subject the Plan to a concentration of credit risk, principally consist of short-term investments. The Plan invests cash in money market securities in various banks, commercial paper of industrial and other companies with high credit ratings, and securities backed by the United States Government. The Plan has not experienced any losses in these accounts and believes it is not exposed to any significant credit risk.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan agreement to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

In the event of Plan termination, all account balances shall become 100% vested. The accrued benefit to each participant shall be the value of his or her account balance. The net assets of the Plan shall be distributed to the participants.

8. TAX STATUS

The Company has executed an Adoption Agreement to fully adopt the Hartford Prototype Non-standardized 401(k) Profit Sharing Plan and Trust provisions. Hartford has obtained from the Internal Revenue Service, a favorable determination letter dated March 31, 2008, which states the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code (IRC). The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

FASB ASC 740, *Income Taxes*, requires entities to disclose in their financial statements the nature of any uncertainty in their tax positions. For tax exempt entities, tax-exempt status itself is deemed to be an uncertainty, as events could potentially occur to jeopardize their tax-exempt status. Management believes the Plan has no uncertain tax positions. The Plan anticipates that it will not have a change in uncertain tax positions during the next twelve months that could have a material impact on the Plan's financial statements. If necessary, the Plan would accrue interest and penalties on uncertain tax positions as a component of the provision for income taxes.

9. ADMINISTRATION

The Plan is administered by a two-person Administrative Committee. The Administrative Committee has elected to use the services of Hartford as an administrative agent to manage the day-to-day activities of the Plan.

10. RISKS AND UNCERTAINTIES

Plan participants 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 will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

WILLIAMS TANK LINES, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

	Per December 31, 2011 Accrual Basis Financial Statements	Accrual to Cash Adjustments Increase (Decrease)	Per December 31, 2011 Cash Basis 5500
Selected accounts on the statement of net assets available for benefits:			
Employer matching receivables	$ 300,000	$ (300,000) [1]	$ -
Employer profit sharing receivables	700,000	(700,000) [1]	-
Ending net assets available for benefits	11,137,823	(1,000,000) [2]	10,137,823
Selected accounts on the statement of changes in net assets available for benefits:			
Employer contributions	1,000,000	(1,000,000) [2]	400,000
		400,000 [3]	
Total additions	1,671,592	(600,000) [4]	1,071,592
Corrective distribution	-	6 [5]	6
Administrative and miscellaneous fees	1,856	(6) [5]	1,850
Net increase (decrease)	580,187	(600,000) [4]	(19,813)
Ending net assets available for benefits	11,137,823	(1,000,000) [2]	10,137,823

[1] Exclude December 31, 2011, employer matching and profit sharing contributions received in 2012.
[2] The sum of [1].
[3] Include December 31, 2010, employer matching and profit sharing contributions received in 2011.
[4] The net of [2] and [3].
[5] Reclassify other income from administrative and miscellaneous fees.

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

	Per December 31, 2010 Accrual Basis Financial Statements	Accrual to Cash Adjustments Increase (Decrease)	Per December 31, 2010 Cash Basis 5500
Selected accounts on the statement of net assets available for benefits:			
Employer matching receivables	$ 125,000	$ (125,000) [1]	$ -
Employer profit sharing receivables	275,000	$ (275,000) [1]	-
Ending net assets available for benefits	10,557,636	(400,000) [2]	10,157,636
Selected accounts on the statement of changes in net assets available for benefits:			
Employer contributions	400,000	(400,000) [2]	1,100,000
		1,100,000 [3]	
Other Income	-	452 [6]	452
Total additions	2,106,799	700,452 [4]	2,807,251
Corrective distribution	-	941 [5]	941
Administrative and Miscellaneous fees	798	452 [6]	1,250
Net increase (decrease)	1,514,959	699,059 [7]	2,214,018
Ending net assets available for benefits	10,557,636	(400,000) [2]	10,157,636

[1] Exclude December 31, 2010, employer matching and profit sharing contributions received in 2011.
[2] The sum of [1].
[3] Include December 31, 2009, employer matching and profit sharing contributions received in 2010.
[4] The net of [2], [3], and [6].
[5] Include the return of 2009 excess contribution paid in 2010.
[6] Reclassify other income from administrative and miscellaneous fees.
[7] Equals to [4] less [5] and [6].

WILLIAMS TANK LINES, INC.
401(k) PROFIT SHARING PLAN

SUPPLEMENTAL SCHEDULE

December 31, 2011

WILLIAMS TANK LINES, INC. 401(k) PROFIT SHARING PLAN
FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 94-2514319
Plan Number: 001
December 31, 2011

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Alger	8,659 shares, Capital Appreciation Fund	**	$ 170,836
	Allianz	3,341 shares, Nfj Divval A Fund	**	37,992
	American Funds:	975 shares, Capital World Fund	**	31,144
		20,312 shares, Growth Fund	**	575,450
	Blackrock	20,219 shares, Lifepath 2020 A Fund	**	291,758
	Blackrock:	35,053 shares, Lifepath 2030 A Fund	**	484,076
		1,589 shares, Lifepath 2040 A Fund	**	25,704
		274 shares, Lifepath 2050 A Fund	**	4,698
		64,399 shares, Lifepath Retirement Fund	**	676,186
	Col Seli	6,016 shares, Columbia Seligman Comms & Info	**	245,458
	Davis	10,622 shares, New York Venture Fund	**	345,222
	Federated	99,466 shares, Kaufmann Fund	**	462,515
	Goldman Sachs	25,427 shares, Government Inc	**	174,174
		12,546 shares, Government Income Fund	**	193,464
*	Hartford	11,731 shares, Index HLS Fund	**	306,091
*	Hartford	2,007 shares, Heathcare Fund	**	35,773
	Ivy	5,467 shares, Global Natural Resources Fund	**	94,038
	Lord Abbott	61,231 shares, Affiliated Fund	**	645,378
	MFS	79,240 shares, Total Return Fund	**	1,110,940
	Nuveen	1,572 shares, Mid Capital Index Fund	**	19,244
	Oppen	5,667 shares, Global Fund	**	306,248
		2,609 shares, International Bond	**	16,203
	Oppen Main	3,467 shares, Street Small & Meddle Capital Fund	**	68,790
	Pimco	58,603 shares, Total Return Fund	**	637,018
	Pioneer:	848 shares, High Yield Fund	**	32,759
	Prudential	32 shares, Jennison Mid-Cap Growth Fund	**	882
	Ridgeworth	2,699 shares, Large Capital Value Equity Fund	**	33,384
	SEI	2,864,840 shares, Stable Asset Fund	**	2,864,840
	Templeton	10,133 shares, Foreign Fund	**	59,988
	Wells Fargo	1,475 shares, Advantage EM Growth Fund	**	28,413
	Victory SM	5,263 shares, Small Company Opportunity Fund	**	159,157
				$ 10,137,823

* Denotes party-in-interest.

** Not required as the investment is parcipant directed.