

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan GETRAG CORPORATION 401(K) PLAN AND TRUST
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 07/01/1988
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) GETRAG CORPORATION 1848 GETRAG PARKWAY NEWTON, NC 28658-9418
2b	Employer Identification Number (EIN) 51-0260034
2c	Sponsor's telephone number 828-428-3711
2d	Business code (see instructions) 336300

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.	10/12/2010	BRENDA C. LEWIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

GETRAG CORPORATION

1848 GETRAG PARKWAY
NEWTON, NC 28658-9418**3b** Administrator's EIN

51-0260034

3c Administrator's telephone number

828-428-3711

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**

895

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**

587

b Retired or separated participants receiving benefits.....**6b**

23

c Other retired or separated participants entitled to future benefits.....**6c**

62

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

672

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

672

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

651

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

146

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:

3D 2E 2G 2J 2K 2F 2T

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

4B

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan GETRAG CORPORATION 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. GETRAG CORPORATION	D Employer Identification Number (EIN) 51-0260034	

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.
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1 Coverage Information:

(a) Name of insurance carrier

UNION CENTRAL

(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
31-0472910	80837	E745331	651	01/01/2009	12/31/2009

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
28057	7014

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

DAVID L. SPARKS
P. O. BOX 3509
HICKORY, NC 28603

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28057			3

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

CAPITAL CONCEPTS
1155 SOUTHGATE PARK, S.W.
HICKORY, NC 28602

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	7014	OVERRIDE	3

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2009
v.092308.1

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	17223233

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. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	5560625
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c Additions: (1) Contributions deposited during the year	7c(1)	202334	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	218232	
(4) Transferred from separate account	7c(4)	1007290	
(5) Other (specify below)	7c(5)	316059	

▶ LOAN PMTS AND LIFE INS CV TSFS

(6) Total additions	7c(6)	1743915
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d Total of balance and additions (add b and c(6)).	7d	7304540
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	338442	
(2) Administration charge made by carrier	7e(2)	5254	
(3) Transferred to separate account	7e(3)	993980	
(4) Other (specify below)	7e(4)	376062	

▶ FORF TSF FROM PART INS PREM AND LOAN

(5) Total deductions	7e(5)	1713738
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f Balance at the end of the current year (subtract e(5) from d)	7f	5590802
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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 organization(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)	7508	
(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)		7508
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)		0
(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)		0
(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. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

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

<div>A Name of plan</div> <div>GETRAG CORPORATION 401(K) PLAN AND TRUST</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>GETRAG CORPORATION</div>	<div>D Employer Identification Number (EIN)</div> <div>51-0260034</div>

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

UNION CENTRAL LIFE INSURANCE COMPAN

1876 WAYCROSS
CINCINNATI, OH 45240

31-0472910

(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	RECORDKEEPER	25358	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan GETRAG CORPORATION 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ►	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GETRAG CORPORATION	D Employer Identification Number (EIN) 51-0260034	

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: UCL MUTUAL FUND SEP ACCT IV			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-011	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1529642	
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LII			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-052	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72697	
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LVII			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-057	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32438	
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLIX			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-049	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 363818	
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLVIII			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-048	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 413230	
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLII			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-042	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 221808	
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XXI			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-037	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 354376	

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT III		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-010	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 939905
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLVI		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-046	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 272829
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT V		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-013	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 422433
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT VIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 283144
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT VI		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-014	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT VII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-015	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 213243
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-073	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1660
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXIV		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-074	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30743
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLI		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-041	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102635
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LIV		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-054	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLVII**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-047	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 505727
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LV**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-055	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 168634
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXV**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-065	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44552
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a Name of MTIA, CCT, PSA, or 103-12 IE: SUMMIT BALANCED INDEX SEP ACCT**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 490000
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XII**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 221505
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XXXIX**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-039	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112859
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXVIII**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-068	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 356752
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XVIII**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-029	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 300436
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LI**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 337074
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXV**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 298006
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CI		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-101	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3390
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XCIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-093	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 336643
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-102	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 915775
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-103	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 734294
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CIV		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-104	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1447623
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XI		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-022	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 523349
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XXIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-034	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80816
a Name of MTIA, CCT, PSA, or 103-12 IE: SUMMIT SHORT TERM SEP ACCT		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-012	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 404320
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXXIX		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-089	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 154482
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XCI		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-091	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85391

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXXIII**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-083	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21099
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXVI**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT L**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-050	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1553174
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LIX**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-059	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 403595
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LX**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-060	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1184801
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXI**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-061	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 258048
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXXVI**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 314858
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXIX**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-069	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 266812
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXVIII**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-078	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123754
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXII**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-062	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 318101
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXXVIII**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE**c** EIN-PN 31-0472910-088**d** Entity
code P**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

2759

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
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan GETRAG CORPORATION 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 GETRAG CORPORATION		
D Employer Identification Number (EIN) 51-0260034		

Part I	Asset and Liability Statement
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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)	86336	0
(2) Participant contributions	1b(2)	11752	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2177674	2236953
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	15394141	17223233
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	5544373	5590802
(15) Other	1c(15)	149705	144943

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	23363981	25195931

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	23363981	25195931
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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)	362800	
(B) Participants	2a(1)(B)	1225167	
(C) Others (including rollovers)	2a(1)(C)	59896	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1647863
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	136038	
(F) Other	2b(1)(F)	218232	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		354270
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3397322
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		6848
d Total income. Add all income amounts in column (b) and enter total.....	2d		5406303

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3246576	
(2) To insurance carriers for the provision of benefits	2e(2)	11609	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3258185
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		290810
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	25358	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		25358
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3574353

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1831950
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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 ☐ No

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

(1) Name: LANGFORD BLUE KOCK LLP

(2) EIN: 30-0114818

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

- 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
		2009
		This Form is Open to Public Inspection.

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

A Name of plan <u>GETRAG CORPORATION 401(K) PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GETRAG CORPORATION</u>	D Employer Identification Number (EIN) <u>51-0260034</u>

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): <u>31-0472910</u> <u>47-0098400</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure 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(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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):

GETRAG CORPORATION 401(k) PLAN & TRUST

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
AS OF DECEMBER 31, 2009 AND 2008
TOGETHER WITH
INDEPENDENT AUDITORS' REPORT

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

Langford de Kock LLP

Certified Public Accountants

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INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants of

Getrag Corporation 401(k) Plan & Trust:

We were engaged to audit the financial statements of Getrag Corporation 401(k) Plan & Trust (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedule as of December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to information summarized in Note 3, which was certified by Union Central Life Insurance Company (the "Custodian"), the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the Custodian as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the Plan administrator by the Custodian is complete and accurate.

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



Charlotte, North Carolina
October 11, 2010

Rödl & Partner

Member of Rödl & Partner International (Europe, Asia, North America, South America)

GETRAG CORPORATION 401(k) PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
Investments at fair value:		
Pooled separate accounts	\$ 17,223,233	\$ 15,394,141
Guaranteed investment contract	5,798,676	5,514,468
Participant loans	2,236,953	2,177,674
	<u>25,258,862</u>	<u>23,086,283</u>
Contributions receivable:		
Sponsor	-	114,259
Participant	-	11,752
	<u>-</u>	<u>126,011</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT FAIR VALUE	25,258,862	23,212,294
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(207,874)</u>	<u>29,905</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 25,050,988</u>	<u>\$ 23,242,199</u>

See independent auditors' report.
The accompanying notes are an integral part of these financial statements.

GETRAG CORPORATION 401(k) PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

	<u>2009</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in fair value of pooled separate accounts	\$ 3,397,322
Interest on guaranteed investment contract	218,232
Interest on participant loans	<u>136,038</u>
	<u>3,751,592</u>
Contributions:	
Participant	1,225,167
Sponsor	334,877
Rollovers	<u>59,896</u>
	<u>1,619,940</u>
	<u>5,371,532</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Payment of benefits:	
Benefits paid directly to participants	3,529,877
Payments to insurance carriers for the provision of benefits	<u>7,508</u>
	<u>3,537,385</u>
Administrative fees	<u>25,358</u>
	<u>3,562,743</u>
Net increase	1,808,789
NET ASSETS AVAILABLE FOR PLAN BENEFITS:	
BEGINNING OF YEAR	<u>23,242,199</u>
END OF YEAR	<u><u>\$ 25,050,988</u></u>

See independent auditors' report.
The accompanying notes are an integral part of this financial statement.

GETRAG CORPORATION 401(k) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

1. DESCRIPTION OF PLAN

The following description of the Getrag Corporation 401(k) Plan & Trust (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Getrag Corporation (the "Sponsor") who have at least 6 months of qualified service and are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and the Internal Revenue Code (the "IRC").

Contributions

Eligible participants may contribute to the Plan a percentage of their compensation, as defined by the Plan, under a salary deferral arrangement, subject to IRC limitations. The Plan also allows participant rollover contributions, which represent distributions from other qualified plans. The Sponsor matches 50% of participant deferral contributions, up to 4% of the participant's annual compensation. The Sponsor, at its sole discretion, may also make profit-sharing contributions on behalf of all participants, without regard to the participants' contributions, equal to a percentage of the participants' compensation. For the year ended December 31, 2009, the Sponsor made no discretionary profit-sharing contributions.

Investment options

The Plan's assets are held by Union Central Life Insurance Company (the "Custodian"), the custodian of the Plan's investment assets. Under this arrangement with the Custodian and upon enrollment in the Plan, participants may direct contributions in any whole percentage increments into any of the available funds. Participants may change their allocation to the various investment options at any time.

Participant accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Sponsor's contributions and (b) Plan earnings and losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting and forfeitures

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Sponsor's contributions and actual earnings thereon is based on years of qualifying service. A participant is 100% vested after three years of credited service. Forfeitures of nonvested balances are used to reduce future Sponsor contributions. Amounts forfeited during the year ended December 31, 2009 totaled \$148,957. The Sponsor utilized \$51,808 of forfeitures to reduce its contributions for the year ended December 31, 2009, and accumulated forfeitures available to reduce future matching contributions totaled \$134,580 at December 31, 2009.

Participant loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. Terms of loans may not exceed five years, except for loans to purchase a principal residence, which may be longer. The loans are secured by the balance in the participant's account and bear interest at a fixed rate determined by the Plan's administrator at the date of origination. This rate may be no less than prime plus 1%. Principal and interest are paid ratably through periodic payroll deductions. Interest rates ranged from 4.25% to 10.25% and from 6.00% to 10.25% on participant loans outstanding at December 31, 2009 and 2008, respectively.

Payment of benefits

Benefit payments are made to participants in the form of lump-sum payments. Distributions are not permitted before age 59 ½ except for participant loans or in the event of death, disability, termination of employment or reasons of proven financial hardship, as defined by the Plan.

Administrative expenses

Administrative fees associated with certain participant-directed transactions are paid by the Plan. These fees are charged to the accounts of the participants who initiate the transactions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements are prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for plan benefits present the fair value of the investment contracts as well as the adjustments of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for plan benefits is prepared on a contract value basis.

Payment of benefits

Benefits are recorded when paid.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion of fair value measurements. Interest income is recorded when earned. Net appreciation includes gains and losses on investments bought and sold as well as held during the year.

Subsequent events

The Sponsor has evaluated subsequent events through October 11, 2010, the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The Sponsor has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Sponsor instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Custodian, except for comparing such information certified by the Custodian to information included in the Plan's financial statements and supplemental schedule.

The following information included in the Plan's financial statements and supplemental schedule was prepared and certified to be complete and accurate by the Custodian as of December 31, 2009 and 2008 and for the year ended December 31, 2009:

	<u>2009</u>	<u>2008</u>
Investments:		
Pooled separate accounts	\$ 17,223,233	\$ 15,394,141
Guaranteed investment contract	<u>5,590,802</u>	<u>5,544,373</u>
	<u>\$ 22,814,035</u>	<u>\$ 20,938,514</u>
Investment income:		
Net appreciation in fair value of pooled separate accounts	\$ 3,397,322	
Interest on guaranteed investment contract	<u>218,232</u>	
	<u>\$ 3,615,554</u>	

Investments that represent 5% or more of the Plan's net assets available for plan benefits are as follows at December 31:

	<u>2009</u>	<u>2008</u>
Union Central Life Insurance Co. Guaranteed Investment Contract	\$ 5,590,802	\$ 5,544,373
Participant loans	2,236,953	2,177,674
T. Rowe Price Blue Chip Growth	1,553,174	1,183,239
Neuberger Berman Genesis	1,529,642	1,480,427
Calvert Cash Reserves Inst. Prime Fund	1,447,623	2,263,556

4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has a fully benefit-responsive investment contract with the Custodian. The Custodian maintains the contributions in a deposit administration account. The account is credited with earnings on the underlying investments, and charged for Plan withdrawals and miscellaneous administrative expenses. Because the investment is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits as described in Note 2. Contract value, as reported to the Plan by the Custodian, represents contributions made under the contract, plus accrued interest, less Plan withdrawals and administrative expenses.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value, and the issuer is not permitted to terminate the agreement prior to the scheduled maturity dates. Certain events would limit the ability of the Plan to transact with the issuer at contract value. Such events include the following: (a) termination of the Plan, (b) merger of the Plan into another plan, or (c) premature termination of the contract by the Sponsor. The Sponsor does not believe that such events are probable of occurring.

There are no reserves against contract value of the deposit account for credit risk of the contract issuer or otherwise. The specified contract rates are adjusted every three months and are guaranteed for a five-year period from the date of deposit. The guaranteed rate for deposits made at December 31, 2009 and 2008, was 3.40% and 3.65%, respectively. The weighted average crediting rate based on contract value for participants in the Plan at December 31, 2009 and 2008 was 4.16% and 3.93%, respectively. The average yield earned by the Plan and credited to participants in the Plan was 3.76% for the year ended December 31, 2009.

5. RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by the Custodian and, therefore, these transactions qualify as party-in-interest transactions. The Sponsor pays certain costs on behalf of the Plan for insurance and audit fees. The Sponsor also provides recordkeeping and administrative services to the Plan at no cost.

6. RISKS AND UNCERTAINTIES

The Plan invests 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 statements of net assets available for plan benefits.

7. 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:

Level 1

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

Level 2

Inputs to the valuation methodology include:

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

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

Level 3

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value. There were no changes in the methodologies used during the year ended December 31, 2009.

- Pooled separate accounts: Valued at unit value, as determined by the Custodian, using the net asset value of the underlying mutual funds.
- Guaranteed investment contract: Valued at the net present value of the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.
- Participant loans: Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Sponsor 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 tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009, and 2008:

Assets at fair value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Domestic equity funds	\$ -	\$ 9,138,603	\$ -	\$ 9,138,603
Fixed income funds	-	3,153,343	-	3,153,343
Balanced funds	-	3,015,070	-	3,015,070
International funds	-	1,410,490	-	1,410,490
Real estate funds	-	505,727	-	505,727
	-	17,223,233	-	17,223,233
Guaranteed investment contract	-	-	5,798,676	5,798,676
Participant loans	-	-	2,236,953	2,236,953
	<u>\$ -</u>	<u>\$ 17,223,233</u>	<u>\$ 8,035,629</u>	<u>\$ 25,258,862</u>
Assets at fair value as of December 31, 2008				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Domestic equity funds	\$ -	\$ 7,650,428	\$ -	\$ 7,650,428
Fixed income funds	-	3,730,715	-	3,730,715
Balanced funds	-	2,637,894	-	2,637,894
International funds	-	989,595	-	989,595
Real estate funds	-	385,509	-	385,509
	-	15,394,141	-	15,394,141
Guaranteed investment contract	-	-	5,514,468	5,514,468
Participant loans	-	-	2,177,674	2,177,674
	<u>\$ -</u>	<u>\$ 15,394,141</u>	<u>\$ 7,692,142</u>	<u>\$ 23,086,283</u>

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, 2009:

	Guaranteed investment contract	Participant loans	Total
Balance, beginning of year	\$ 5,514,468	\$ 2,177,674	\$ 7,692,142
Net depreciation in fair value	237,779	-	237,779
Interest credited	218,232	-	218,232
Purchases, sales, issuances, and settlements, net	(171,803)	59,279	(112,524)
Balance, end of year	<u>\$ 5,798,676</u>	<u>\$ 2,236,953</u>	<u>\$ 8,035,629</u>

8. LIFE INSURANCE CONTRACTS

The Plan has purchased certain allocated life insurance contracts, which represent a legal obligation by the insurance company to provide specific benefits to designated Plan participants or their beneficiaries. As a result, the cash surrender values of these contracts are not Plan assets and are excluded from the net assets available for plan benefits.

9. TAX STATUS

The Plan utilizes a prototype plan document sponsored by Union Central Life Insurance Company, who received a letter from the IRS, dated May 1, 2002, in which the IRS opined that the prototype plan is acceptable under the applicable sections of the IRC.

The Plan has not obtained a determination from the IRS on its adoption of the non-standardized prototype plan. In accordance with Revenue Procedure 2002-6, the Sponsor has chosen to rely on the opinion letter of the prototype plan. Subsequent to this opinion letter, the prototype plan has been amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan Sponsor believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, is qualified and the related trust is tax exempt.

10. PLAN TERMINATION

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

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the Plan's net assets available for plan benefits and net increase in net assets available for plan benefits as reported in the accompanying financial statements and those amounts reported on Form 5500 as of December 31, 2009 and 2008, and for the year ended December 31, 2009:

	2009	2008
Net assets available for plan benefits per the financial statements	\$ 25,050,988	\$ 23,242,199
Cash surrender value of life insurance contracts	144,943	149,705
Employer contribution receivable	-	(27,923)
Net assets available for plan benefits per Form 5500	<u>\$ 25,195,931</u>	<u>\$ 23,363,981</u>
Net increase in net assets available		
for plan benefits per the financial statements	\$ 1,808,789	
Net appreciation in cash surrender value of life insurance contracts	6,848	
Purchase of life insurance contracts	(11,610)	
Employer contribution receivable at beginning of year	27,923	
Net increase in net assets available for plan benefits per Form 5500	<u>\$ 1,831,950</u>	

GETRAG CORPORATION 401(k) PLAN AND TRUST
EIN 51-0260034; PLAN #002
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	<u>Pooled separate accounts</u>			
*	Union Central Life Insurance Co.	T. Rowe Blue Chip Growth	**	\$ 1,553,174
		Neuberger Berman Genesis	**	1,529,642
		Calvert Cash Reserves Inst. Prime Fund	**	1,447,623
		T. Rowe Price Retirement 2020	**	1,184,801
		Neuberger Berman Guardian	**	939,905
		Calvert Large Cap Value Fund	**	915,775
		Calvert Income Fund	**	734,294
		Summit S&P 500 Index	**	523,349
		Morgan Stanley IF US Real Estate	**	505,727
		Summit Balanced Index	**	490,000
		DWS International VIP	**	422,433
		Wasatch Small Cap Value	**	413,230
		Calvert Short Term Government	**	404,320
		T. Rowe Price Retirement 2010	**	403,595
		Wasatch Small Cap Growth	**	363,818
		American Century Midcap Value	**	356,752
		MFS VIT Total Return Series	**	354,376
		T. Rowe Equity Income	**	337,074
		Thornburg International Value Fund	**	336,643
		T. Rowe Price Retirement 2040	**	318,101
		PIMCO Total Return	**	314,858
		American Century Value	**	300,436
		Fidelity VIP Contrafund 2	**	298,006
		MFS VIT Growth Series	**	283,144
		AIM Dynamics	**	272,829
		Alger American MidCap Growth	**	266,812
		T. Rowe Price Retirement 2030	**	258,048
		American Century International Growth	**	221,808
		Calvert High Yield	**	221,505
		MFS VIT Investors Trust Series	**	213,243
		Oppenheimer Global Securities	**	168,634
		Third Avenue International Value	**	154,482
		Baron Small Cap	**	123,754
		Summit Russell 2000 Small Cap Index	**	112,859
		Marsico Focus	**	102,635
		Third Avenue Value	**	85,391

GETRAG CORPORATION 401(k) PLAN AND TRUST
EIN 51-0260034; PLAN #002
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
DECEMBER 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	<u>Pooled separate accounts(continued)</u>			
*	Union Central Life Insurance Co.	Summit S&P MidCap 400 Index	**	\$ 80,816
		Seligman Smaller-Cap Value	**	72,697
		Royce Total Return	**	44,552
		T. Rowe Mid Cap Growth	**	32,438
		Fidelity Advisor Strategic Income	**	30,743
		Templeton Global Bond Securities	**	21,099
		T. Rowe Price Retirement 2050	**	3,390
		T. Rowe Price Retirement Income	**	2,759
		Fidelity Advisor Small Cap	**	1,663
				<u>17,223,233</u>
*	Union Central Life Insurance Co.	Guaranteed Investment Contract	**	<u>5,590,802</u>
*	Participant Loans	Maturities from 2010 through 2014, interest from 4.25% to 10.25%	**	<u>2,236,953</u>
				<u>\$ 25,050,988</u>

*Indicates a party-in-interest to the Plan.

**Cost information omitted – not required for participant directed funds.

NOTE: The above schedule, except for that relating to participant loans, was derived from information certified by Union Central Life Insurance Company.

Getrag Corporation 401(k) Plan and Trust
Plan #: 745331
EIN: 51-0260034

Schedule H, Part IV, Item 4i - Schedule of Assets Held for Investment Purposes
Plan Year Ended 12/31/2009

The following is a list of assets held by the Plan as of December 31, 2009

Identity of Issue/Description of Asset	#Units	Current Value Cost (Cash Basis)	Price
The Union Central Life Insurance Company Deposit Account (Guaranteed) EIN: 31-0472910-000	5,590,802.05	N/A	5,590,802 1.00000
The Union Central Life Insurance Company UCL Mutual Fund Separate Account IV EIN: 31-0472910-011	311,832.00	N/A	1,529,642 4.90534
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LII EIN: 31-0472910-052	69,717.00	N/A	72,697 1.04275
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LVII EIN: 31-0472910-057	28,221.00	N/A	32,438 1.14943
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XLIX EIN: 31-0472910-049	411,768.00	N/A	363,818 0.88355
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XLVIII EIN: 31-0472910-048	466,958.00	N/A	413,230 0.88494
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XLII EIN: 31-0472910-042	311,305.00	N/A	221,808 0.71251
The Union Central Life Insurance Company UCL Mutual Fund Separate Account III EIN: 31-0472910-010	463,469.00	N/A	939,905 2.02798
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XLVI EIN: 31-0472910-046	440,445.00	N/A	272,829 0.61944
The Union Central Life Insurance Company UCL Mutual Fund Separate Account V EIN: 31-0472910-013	289,663.00	N/A	422,433 1.45836
The Union Central Life Insurance Company UCL Mutual Fund Separate Account VIII			

Getrag Corporation 401(k) Plan and Trust
Plan #: 745331
EIN: 51-0260034

Schedule H, Part IV, Item 4i - Schedule of Assets Held for Investment Purposes
Plan Year Ended 12/31/2009

The following is a list of assets held by the Plan as of December 31, 2009

Identity of Issue/Description of Asset	#Units	Current Value	
		Cost (Cash Basis)	Price
EIN: 31-0472910-016	194,015.00	N/A	283,144 1.45939
The Union Central Life Insurance Company UCL Mutual Fund Separate Account VI EIN: 31-0472910-014	0.00	N/A	0 1.23301
The Union Central Life Insurance Company UCL Mutual Fund Separate Account VII EIN: 31-0472910-015	133,931.00	N/A	213,243 1.59218
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XLVII EIN: 31-0472910-047	288,032.00	N/A	505,727 1.75580
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LV EIN: 31-0472910-055	133,645.00	N/A	168,634 1.26181
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXV EIN: 31-0472910-065	48,822.00	N/A	44,552 0.91254
The Union Central Life Insurance Company Summit Balanced Index Separate Account EIN: 31-0472910-036	226,688.00	N/A	490,000 2.16156
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XII EIN: 31-0472910-023	194,843.00	N/A	221,505 1.13684
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XXXIX EIN: 31-0472910-039	125,550.00	N/A	112,859 0.89892
The Union Central Life Insurance Company UCL Mutual Fund Separate Account CI EIN: 31-0472910-101	4,988.00	N/A	3,390 0.67960
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XCIII EIN: 31-0472910-093	539,682.00	N/A	336,643 0.62378
The Union Central Life Insurance Company			

Getrag Corporation 401(k) Plan and Trust
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Schedule H, Part IV, Item 4i - Schedule of Assets Held for Investment Purposes
Plan Year Ended 12/31/2009

The following is a list of assets held by the Plan as of December 31, 2009

Identity of Issue/Description of Asset	#Units	Current Value	
		Cost (Cash Basis)	Price
UCL Mutual Fund Separate Account CII EIN: 31-0472910-102	889,637.00	N/A	915,775 1.02938
The Union Central Life Insurance Company UCL Mutual Fund Separate Account CIII EIN: 31-0472910-103	719,621.00	N/A	734,294 1.02039
The Union Central Life Insurance Company UCL Mutual Fund Separate Account CIV EIN: 31-0472910-104	1,446,971.86	N/A	1,447,623 1.00045
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XI EIN: 31-0472910-022	342,773.00	N/A	523,349 1.52681
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXXXIII EIN: 31-0472910-083	17,461.00	N/A	21,099 1.20835
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXXVI EIN: 31-0472910-076	0.00	N/A	0 0.84619
The Union Central Life Insurance Company UCL Mutual Fund Separate Account L EIN: 31-0472910-050	2,179,679.19	N/A	1,553,174 0.71257
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LIX EIN: 31-0472910-059	423,619.00	N/A	403,595 0.95273
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LX EIN: 31-0472910-060	1,321,422.92	N/A	1,184,801 0.89661
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXI EIN: 31-0472910-061	299,481.00	N/A	258,048 0.86165
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXXXVIII EIN: 31-0472910-088	3,117.00	N/A	2,759 0.88516

Getrag Corporation 401(k) Plan and Trust
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Schedule H, Part IV, Item 4i - Schedule of Assets Held for Investment Purposes
Plan Year Ended 12/31/2009

The following is a list of assets held by the Plan as of December 31, 2009

Identity of Issue/Description of Asset	#Units	Current Value Cost (Cash Basis)	Price
The Union Central Life Insurance Company Calvert Short-Term Government Separate Account EIN: 31-0472910-012	213,068.16	N/A	404,320 1.89761
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXXXVI EIN: 31-0472910-086	248,730.44	N/A	314,858 1.26586
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXXIV EIN: 31-0472910-074	24,347.84	N/A	30,743 1.26266
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LI EIN: 31-0472910-051	291,796.25	N/A	337,074 1.15517
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XVIII EIN: 31-0472910-029	195,255.75	N/A	300,436 1.53868
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XLI EIN: 31-0472910-041	138,596.88	N/A	102,635 0.74053
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XLVII EIN: 31-0472910-047	158,862.90	N/A	356,752 2.24566
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XXIII EIN: 31-0472910-034	47,440.03	N/A	80,816 1.70355
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXIX EIN: 31-0472910-069	295,839.73	N/A	266,812 0.90188
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXXVIII EIN: 31-0472910-078	125,333.19	N/A	123,754 0.98740
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXXIII EIN: 31-0472910-073	1,576.21	N/A	1,660 1.05323

Getrag Corporation 401(k) Plan and Trust
Plan #: 745331
EIN: 51-0260034

Schedule H, Part IV, Item 4i - Schedule of Assets Held for Investment Purposes
Plan Year Ended 12/31/2009

The following is a list of assets held by the Plan as of December 31, 2009

Identity of Issue/Description of Asset	#Units	Current Value Cost (Cash Basis)	Price
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXXXIX EIN: 31-0472910-089	171,192.40	N/A	154,482 0.90239
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XXI EIN: 31-0472910-037	257,108.78	N/A	354,376 1.37831
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXII EIN: 31-0472910-062	273,331.98	N/A	318,101 1.16379
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XCI EIN: 31-0472910-091	99,924.46	N/A	85,391 0.85456
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXXV EIN: 31-0472910-075	321,785.54	N/A	298,006 0.92610
Loans to participants with Interest Rate of 4.25% - 10.25%	2,236,953.22	N/A	2,236,953 1.00000
Cash Value of life insurance contracts	144,943.33	N/A	144,943 1.00000
Total Assets Value as of Plan Year End		<u>25,195,930</u>	