

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

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan AMERICAN HARDWARE MUTUAL INSURANCE COMPANY PROVIDENT PLUS RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 01/01/1985
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) AMERICAN HARDWARE MUTUAL INSURANCE 471 EAST BROAD STREET COLUMBUS, OH 43215	2b Employer Identification Number (EIN) 41-0299900
		2c Sponsor's telephone number 614-225-1865
		2d Business code (see instructions) 524150

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.	10/13/2010	MARK PEACOCK
	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") AMERICAN HARDWARE MUTUAL INSURANCE 471 EAST BROAD STREET COLUMBUS, OH 43215	3b Administrator's EIN 41-0299900 3c Administrator's telephone number 614-225-1865
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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	796
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	214
b Retired or separated participants receiving benefits.....	6b	242
c Other retired or separated participants entitled to future benefits.....	6c	308
d Subtotal. Add lines 6a , 6b , and 6c	6d	764
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	51
f Total. Add lines 6d and 6e	6f	815
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1
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:
 1A 1G

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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
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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) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>AMERICAN HARDWARE MUTUAL INSURANCE COMPANY PROVIDENT PLUS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMERICAN HARDWARE MUTUAL INSURANCE</u>	D Employer Identification Number (EIN) <u>41-0299900</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>33285014</u>
b	Actuarial value 2b <u>36613515</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>259</u> <u>20020766</u>
b	For terminated vested participants 3b <u>327</u> <u>8513349</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>243754</u>
(2)	Vested benefits 3c(2) <u>12290773</u>
(3)	Total active 3c(3) <u>210</u> <u>12534527</u>
d	Total 3d <u>796</u> <u>41068642</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>8.23</u> %
6	Target normal cost 6 <u>1031286</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>10/04/2010</u>
Signature of actuary	Date
<u>LORI DEVORE, F.S.A</u>	<u>08-05257</u>
Type or print name of actuary	Most recent enrollment number
<u>AON CONSULTING</u>	<u>614-436-8100</u>
Firm name	Telephone number (including area code)
<u>445 HUTCHINSON AVENUE, SUITE 900</u> <u>COLUMBUS, OH 43235-8619</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	9590194	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	1033946	0
9	Amount remaining (Item 7 minus item 8).....	8556248	0
10	Interest on item 9 using prior year's actual return of <u>-33.10</u> %	-2832118	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		2488407
b	Interest on (a) using prior year's effective rate of <u>6.09</u> %		151544
c	Total available at beginning of current plan year to add to prefunding balance		2639951
d	Portion of (c) to be added to prefunding balance.....		2639951
12	Reduction in balances due to elections or deemed elections.....	4605480	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	1118650	2639951

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	98.21 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/17/2009	2900000				
08/24/2010	4000000				
Totals ►			18(b)	6900000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 6200554
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	1031286
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5749609	1023992
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	2055278
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	858870	0
36 Additional cash requirement (item 34 minus item 35).....	36	1196408
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	6200554
38 Interest-adjusted excess contributions for current year (see instructions).....	38	5004146
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		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 AMERICAN HARDWARE MUTUAL INSURANCE COMPANY PROVIDENT PLUS RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN HARDWARE MUTUAL INSURANCE	D Employer Identification Number (EIN) 41-0299900

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

(b)

Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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

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

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

SEI TRUST

06-1271230

(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?
51	NONE	127439	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 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 <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>AMERICAN HARDWARE MUTUAL INSURANCE COMPANY PROVIDENT PLUS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN HARDWARE MUTUAL INSURANCE</u>	D Employer Identification Number (EIN) <u>41-0299900</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	2900000	4000000
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)	63949	77292
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	30410769	42565191
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

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	33374718	46642483

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	31172	37915
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	31172	37915

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	33343546	46604568
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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)	6900000	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6900000
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(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)		0
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		9015353
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		15915353

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2523858	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2523858
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	3034	
(3) Investment advisory and management fees	2i(3)	127439	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		130473
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2654331

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13261022
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☐ 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: MCGLADREY & PULLEN, LLP

(2) EIN: 42-0714325

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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.		X	

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

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

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

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>AMERICAN HARDWARE MUTUAL INSURANCE COMPANY PROVIDENT PLUS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN HARDWARE MUTUAL INSURANCE</u>	D Employer Identification Number (EIN) <u>41-0299900</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	<u>0</u>
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>23-2937176</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	<u>1</u>

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
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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
--	-----------------------------------	-----------------------------------	-------------------------------	--

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

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

Schedule R (Form 5500) 2009
v.092308.1

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: 66% Investment-Grade Debt: 23% High-Yield Debt: 9% Real Estate: 0% Other: 2%

- 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):

Independent Auditor's Report

To the Board of Directors and Plan Administrator
American Hardware Mutual Insurance Company
Provident Plus Retirement Plan
Columbus, Ohio

We were engaged to audit the accompanying statements of net assets available for benefits of the American Hardware Mutual Insurance Company Provident Plus Retirement Plan (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules of assets (held at end of year) as of December 31, 2009 and reportable transactions for the year ended December 31, 2009. These financial statements and supplemental schedules 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 the investment information summarized in Note 4, which was certified or provided by SEI Private Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 4, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of and for the years ended December 31, 2009 and 2008.

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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McGladrey & Pullen, LLP

Columbus, Ohio
October 7, 2010

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan

American Hardware Mut Ins Co Provident Plus Rtmnt Plan

B Three-digit
plan number (PN) ▶

002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

American Hardware Mutual Insurance

D Employer Identification Number (EIN)

41-0299900

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2009**2** Assets:

	2a	2b
a Market value.....	33,285,014	
b Actuarial value.....		36,613,515

3 Funding target/participant count breakdown

(1) Number of participants

(2) Funding Target

	3a	3b	3c(1)	3c(2)	3c(3)	3d
a For retired participants and beneficiaries receiving payment.....	259					20,020,766
b For terminated vested participants.....	327					8,513,349
c For active participants:						
(1) Non-vested benefits.....						243,754
(2) Vested benefits.....						12,290,773
(3) Total active.....	210					12,534,527
d Total.....	796					41,068,642

4 If the plan is at-risk, check the box and complete items (a) and (b) ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions.....		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....		

5 Effective interest rate..... **5** 8.23 %**6** Target normal cost..... **6** 1,031,286**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

Lori DeVore, F.S.A.

Type or print name of actuary

Aon Consulting

Firm name

445 Hutchinson Avenue, Suite 900

Columbus

OH 43235-8619

Address of the firm

10/4/10

Date

08-05257

Most recent enrollment number

(614) 436-8100

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	9,590,194	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	1,033,946	0
9 Amount remaining (Item 7 minus item 8)	8,556,248	0
10 Interest on item 9 using prior year's actual return of (33.10)%	(2,832,118)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		2,488,407
b Interest on (a) using prior year's effective rate of 6.09%		151,544
c Total available at beginning of current plan year to add to prefunding balance		2,639,951
d Portion of (c) to be added to prefunding balance		2,639,951
12 Reduction in balances due to elections or deemed elections	4,605,480	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	1,118,650	2,639,951

Part III Funding percentages

14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	80.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.21 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/17/2009	2,900,000				
08/24/2010	4,000,000				
Totals ▶			18(b)	6,900,000	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 6,200,554

20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	1,031,286
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5,749,609	1,023,992
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	2,055,278
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	858,870	0
36 Additional cash requirement (item 34 minus item 35)	36	1,196,408
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	6,200,554
38 Interest-adjusted excess contributions for current year (see instructions)	38	5,004,146
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Plan Sponsor: American Hardware Mutual Insurance

Plan Name: American Hardware Mutual Insurance Company Provident Plus Retirement Plan

EIN: 41-0299900

Plan Number: 002

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date	1/1/2009		EIR	8.23%
Date of Contribution	Quarterly Contribution Amount	Days	Discounting factor	Discounted Contribution Amount
12/17/2009	\$2,900,000	350	0.926966	\$2,688,202
08/24/2010	\$4,000,000	600	0.878088	\$3,512,352
			Total	\$6,200,554

Plan Sponsor: American Hardware Mutual Insurance

Plan Name: American Hardware Mutual Insurance Company Provident Plus Retirement Plan

EIN: 41-0299900

Plan Number: 002

Schedule SB, line 22 – Description of Weighted Average Retirement Age

	Retirement		Cumulative		Retirement	
Age	qx	px	px	= (1) * (3)	Age	= (4) * (5)
55	0.050000	0.950000	1.000000	0.050000	55.0	2.750
56	0.050000	0.950000	0.950000	0.047500	56.0	2.660
57	0.050000	0.950000	0.902500	0.045125	57.0	2.572
58	0.050000	0.950000	0.857375	0.042869	58.0	2.486
59	0.050000	0.950000	0.814506	0.040725	59.0	2.403
60	0.050000	0.950000	0.773781	0.038689	60.0	2.321
61	0.050000	0.950000	0.735092	0.036755	61.0	2.242
62	0.250000	0.750000	0.698337	0.174584	62.0	10.824
63	0.200000	0.800000	0.523753	0.104751	63.0	6.599
64	0.200000	0.800000	0.419002	0.083800	64.0	5.363
65	0.500000	0.500000	0.335202	0.167601	65.0	10.894
66	0.666667	0.333333	0.167601	0.111734	66.0	7.374
67	1.000000	0.000000	0.055867	0.055867	67.0	3.743
Totals:						62.231
Total of Column (6) / Total of Column (4), Rounded to nearest age :						62

Plan Sponsor: American Hardware Mutual Insurance
Plan Name: American Hardware Mutual Insurance Company Provident Plus Retirement Plan
EIN: 41-0299900
Plan Number: 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Cost Method

Funding: Traditional Unit Credit.

NAIC: Projected Unit Credit.

Asset Method

Funding: Based on average of fair market values over the period beginning on the last day of the 25th month preceding the month in which the valuation occurs and ending on the Valuation Date. This result is limited to no lower than 90% and no greater than 110% of the fair market value of plan assets as of the Valuation Date.

NAIC: The Market-Related Value of Assets is determined by using an 5-year Moving average method.

Dates of Calculations

Funding: The Valuation Date is January 1, 2009.

NAIC: The Measurement Date is December 31, 2008.

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Plan Sponsor: American Hardware Mutual Insurance
Plan Name: American Hardware Mutual Insurance Company Provident Plus Retirement Plan
EIN: 41-0299900
Plan Number: 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Source of Data

Participant salaries are limited to the IRC Section 401(a)(17) limit that was in effect as of the beginning of the plan year. Projected benefits are limited to the IRC Section 415(b) limit that was in effect as of the beginning of the plan year.

Data is as of the valuation date and is supplied to us by the Employer.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break in service. These employees may have participation requirements different from other new employees.

Financial information was supplied to us by the Trustee, SEI Investments.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

Plan Sponsor: American Hardware Mutual Insurance
Plan Name: American Hardware Mutual Insurance Company Provident Plus Retirement Plan
EIN: 41-0299900
Plan Number: 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Interest and Other Rate Assumptions

Below is a summary of interest and inflation rates used for the January 1, 2009 valuation.

Interest Rates		Assumption
(1)	Funding	November 2008 Full Yield Curve
(2)	Expected Return on Plan Assets	8.25%
(3)	FAS 35	8.25%
(4)	NAIC	
	(a) Discount	6.25%
	(b) Long-Term Rate of Return	8.25%

Other Rates		Assumption
(1)	Social Security Wage Bases	4.50%
(2)	CPI for Social Security	4.50%
(3)	Future Salaries	
	(a) Funding	5.00%
	(b) FAS 35	None
	(c) FAS 87	3.50%
(4)	Increase Rate for the Maximum Benefit and Compensation Limits for NAIC	3.00%

Plan Sponsor: American Hardware Mutual Insurance
Plan Name: American Hardware Mutual Insurance Company Provident Plus Retirement Plan
EIN: 41-0299900
Plan Number: 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Decrement Assumptions

Below is a summary of decrements used in this valuation.

Mortality Decrements	Description
(1) FAS 35 and NAIC	1983 Group Annuity Mortality Table for males and females
(2) Funding	
(a) Non-annuitant	IRS 2009 Non-annuitant Mortality Table for Males and Females
(b) Annuitant	IRS 2009 Annuitant Mortality Table for Males and Females

—Retirement— Decrement		—Non-Annuitant Mortality—			—Termination— ¹		
Age	Rates	Decrement Age	Male Rates	Female Rates	Decrement Age	Male Rates	Female Rates
55	0.050000	25	.000295	.000148	25	0.140607	0.140607
56	0.050000	40	.000890	.000491	40	0.094145	0.094145
57	0.050000	55	.001911	.002083	55	0.017446	0.017446
58	0.050000	65	.005399	.005161	65	0.000000	0.000000
59	0.050000						
60	0.050000	—Annuitant Mortality—					
61	0.050000	Decrement	Male	Female			
62	0.250000	Age	Rates	Rates			
63	0.200000	45	.001739	.000767			
64	0.200000	55	.004344	.003105			
65	0.500000	65	.010709	.009565			
66	0.666667	75	.030193	.024716			
67	1.000000						

The weighted average retirement age is 62. Sample Retirement and Termination rates are illustrated in the tables above. Sample Mortality rates for funding purposes are also shown.

¹ Rates shown are for employees with four or more years of service. During the first three years of service, employees are assumed to terminate at the rate of 25% per year.

Plan Sponsor: American Hardware Mutual Insurance
Plan Name: American Hardware Mutual Insurance Company Provident Plus Retirement Plan
EIN: 41-0299900
Plan Number: 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Expenses

The plan pays trust fees from the trust. The current year's expenses are assumed to be equal to the prior year's expenses paid from the trust.

Form of Benefit Payment

100% of participants are assumed to elect the Normal Form.

Other Considerations

Disability benefits are not considered to have material effect on cost and have not been specifically valued.

For the purpose of valuing death benefits, 80% of the employees are assumed to be married. Wives are assumed to be 3 years younger than their husbands.

The present value of accrued benefits shown in the Benefit Security Ratio on page 7 is based on the segment interest rates for the November preceding the valuation date and required mortality for cash distributions during the current plan year.

Plan Sponsor: American Hardware Mutual Insurance
Plan Name: American Hardware Mutual Insurance Company Provident Plus Retirement Plan
EIN: 41-0299900
Plan Number: 002

Schedule SB, Part V – Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan:

General Information

Original Effective Date:	January 1, 1985
Effective Date of Last Amendment:	January 1, 2008
Plan Year:	January 1st to December 31st
Employer Fiscal Year	January 1st to December 31st
Employer ID Number:	41-0299900
Plan Administrator's ID Number:	41-0299900
Plan Number:	002
Plan Administrator:	American Hardware Mutual Insurance Company

Eligibility

All employees of the Employer not covered by a collective bargaining agreement are eligible to participate in the Plan on the first day of the month coinciding with or next following the completion of one year of service and the attainment of age 21.

Service

Service for benefit accrual purposes is equal to the period of continuous service with the Employer. Prior to January 1, 2002, service for vesting purposes is based on the number of plan years in which at least 1,000 hours are worked. After January 1, 2002, service for vesting purposes is based on elapsed time, disregarding fractional years of service.

Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or next following the attainment of age 65 and the completion of five years of vesting service. However, in no event will a participant's Normal Retirement Date be later than the first day of the month coincident with or next following the attainment of age 65 and the fifth anniversary of participation.

Plan Sponsor: American Hardware Mutual Insurance
Plan Name: American Hardware Mutual Insurance Company Provident Plus Retirement Plan
EIN: 41-0299900
Plan Number: 002

Schedule SB, Part V – Summary of Plan Provisions (Cont.)

Normal Retirement Benefit

The amount of the monthly benefit to be paid for life with 5 years certain is the sum of (1) and (2) below:

(1) 1.00% of Average Compensation times years of benefit service

plus

(2) 0.65% of Average Compensation in excess of covered compensation times years of benefit service not in excess of 35 years.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event, he will receive at actual retirement or death, the greater of a benefit based upon salary and service through his actual date of retirement and the actuarial equivalent of his Normal Retirement Benefit.

Annual Compensation

Compensation reflects that compensation which is treated as FICA wages without regard to the Social Security taxable wage base, excluding relocation expenses, recruiting awards, car allowances, merchandise prizes and executive physicals.

Compensation also includes any amounts deferred under a Section 125 or 401(k) Plan maintained by the Employer.

Average Compensation

The average of a participant's monthly compensation during the highest five consecutive, complete Plan Years of service.

Plan Sponsor: American Hardware Mutual Insurance
Plan Name: American Hardware Mutual Insurance Company Provident Plus Retirement Plan
EIN: 41-0299900
Plan Number: 002

Schedule SB, Part V – Summary of Plan Provisions (Cont.)

Accrued Benefit

The Normal Retirement Benefit taking into account Average Compensation and Service through the date of determination.

Unless otherwise provided under the Plan, each section 401(a)(17) employee's Accrued Benefit under this Plan will be the greater of the Accrued Benefit determined for the Employee under 1 or 2 below:

- (1) the Employee's Accrued Benefit determined with respect to the benefit formula applicable for the Plan Year beginning on or after January 1, 1994, as applied to the Employee's total years of service taken into account under the Plan for the purposes of benefit accruals, or
- (2) the sum of:
 - (a) the Employee's Accrued Benefit as of the last day of the last Plan Year beginning before January 1, 1994, frozen in accordance with Section 1.401(a)(4)-13 of the regulations, and
 - (b) the Employee's Accrued Benefit determined under the benefit formula applicable for the Plan Year beginning on or after January 1, 1994, as applied to the Employee's years of service credited to the Employee for Plan Years beginning on or after January 1, 1994, for purposes of benefit accruals.

A Section 401(a)(17) employee means an employee whose current Accrued Benefit as of a date on or after the first day of the first Plan Year beginning on or after January 1, 1994, is based on Compensation for a year beginning prior to the first day of the first Plan Year beginning on or after January 1, 1994, that exceeded \$150,000.

Early Retirement Benefit

Upon the completion of 5 years of vesting service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life with 5 years certain beginning at his Normal Retirement Date equal to the benefit accrued at early retirement date. Payments may begin before the Normal Retirement Date, with the benefit being reduced 1/2 of 1% for each month preceding the Normal Retirement Date.

Plan Sponsor: American Hardware Mutual Insurance
Plan Name: American Hardware Mutual Insurance Company Provident Plus Retirement Plan
EIN: 41-0299900
Plan Number: 002

Schedule SB, Part V – Summary of Plan Provisions (Cont.)

Death Benefit

In the event of a vested active participant's death, a spouse's benefit will be payable assuming the participant had terminated on the day prior to death and elected a joint and one-half contingent annuitant survivor benefit commencing at the earliest possible retirement date.

Severance Benefit

Upon the termination of employment after 5 or more years of vesting service, a participant shall have a vested interest in his Accrued Benefit. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity, a life annuity with 5 years certain. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below with the participant's spouse as the beneficiary. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half the reduced benefit to be continued to his beneficiary for the beneficiary's lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 75 percent of the reduced benefit to be continued to his beneficiary for the beneficiary's lifetime after his death.
- (3) An increased benefit to be paid for life.

The life only Optional Method of Settlement is actuarially equivalent to the normal form of annuity based on a 7% interest rate and the 1983 Group Annuity Mortality. The beneficiary survivor Optional Method of Settlements are actuarially equivalent to the normal form of annuity based on tables defined in the plan document.

Plan Sponsor: American Hardware Mutual Insurance

Plan Name: American Hardware Mutual Insurance Company Provident Plus Retirement Plan

EIN: 41-0299900

Plan Number: 002

Schedule SB, Part V – Summary of Plan Provisions (Cont.)

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Sponsor: American Hardware Mutual Insurance

Plan Name: American Hardware Mutual Insurance Company Provident Plus Retirement Plan

EIN: 41-0299900

Plan Number: 002

Schedule SB, Line 24 – Change in Actuarial Assumptions

An assumption for expenses paid from the trust has been added for purposes of the funding target normal cost. The current year's expenses are assumed to be equal to the prior year's expenses paid from the trust.

Plan Sponsor: American Hardware Mutual Insurance

Plan Name: American Hardware Mutual Insurance Company Provident Plus Retirement Plan

EIN: 41-0299900

Plan Number: 002

Schedule SB, line 25 - Change in Method

1. The asset valuation method has been changed such that the actuarial value of assets is based on the average of fair market values over the period beginning on the last day of the 25th month preceding the month in which the valuation occurs and ending on the Valuation Date. This result is limited to no lower than 90% and no greater than 110% of the fair market value of plan assets as of the Valuation Date.

2. The Funding Target interest rates were changed from the segment rates with no lookback to the full yield curve with a two-month lookback

Plan Number: 002

[illegible]

Plan Sponsor: American Hardware Mutual Insurance
Plan Name: American Hardware Mutual Insurance Company Provident Plus Retirement Plan
EIN: 41-0299900
Plan Number: 002

Schedule SB, line 32 - Schedule of Amortization Bases

Date Established	Period Remaining	Current Year Present Value Factor ²	Balance		Annual Payment
			Original	Remaining	
01/01/2009	7	5.614894	\$5,749,609	\$5,749,609	\$1,023,992
Total				\$5,749,609	\$1,023,992

² Calculated using the November 2008 Corporate Bond Yield Curve for the current Plan Year.

**American Hardware Mutual
Insurance Company Provident
Plus Retirement Plan**

**Financial Report
December 31, 2009**

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Independent Auditor's Report

To the Board of Directors and Plan Administrator
American Hardware Mutual Insurance Company
Provident Plus Retirement Plan
Columbus, Ohio

We were engaged to audit the accompanying statements of net assets available for benefits of the American Hardware Mutual Insurance Company Provident Plus Retirement Plan (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules of assets (held at end of year) as of December 31, 2009 and reportable transactions for the year ended December 31, 2009. These financial statements and supplemental schedules 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 the investment information summarized in Note 4, which was certified or provided by SEI Private Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 4, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of and for the years ended December 31, 2009 and 2008.

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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McGladrey & Pullen, LLP

Columbus, Ohio
October 7, 2010

**American Hardware Mutual Insurance Company
Provident Plus Retirement Plan**

**Statements of Net Assets Available for Benefits
December 31, 2009 and 2008**

	2009	2008
Assets:		
Investments, at fair value:		
Mutual funds	<u>\$ 42,565,191</u>	<u>\$ 30,410,769</u>
Receivables:		
Sponsor's contribution	-	2,900,000
Accrued dividends	<u>77,292</u>	<u>63,949</u>
Total receivables	<u>77,292</u>	<u>2,963,949</u>
 Total assets	 42,642,483	 33,374,718
Liabilities:		
Investment expenses payable	36,871	30,208
Administrative fees payable	<u>1,044</u>	<u>964</u>
Total liabilities	<u>37,915</u>	<u>31,172</u>
 Net assets available for benefits	 <u><u>\$ 42,604,568</u></u>	 <u><u>\$ 33,343,546</u></u>

See notes to the financial statements.

**American Hardware Mutual Insurance Company
Provident Plus Retirement Plan**

**Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2009 and 2008**

	2009	2008
Additions (Reductions):		
Investment income (loss):		
Interest and dividends	\$ 1,324,223	\$ 1,327,866
Net appreciation (depreciation) in fair value of investments	7,691,130	(16,741,592)
	<u>9,015,353</u>	<u>(15,413,726)</u>
Less: investment expenses	127,439	138,881
Investment income (loss), net	<u>8,887,914</u>	<u>(15,552,607)</u>
Sponsor's contribution	2,900,000	2,900,000
	<u>11,787,914</u>	<u>(12,652,607)</u>
Deductions:		
Pension benefits paid directly to participants and beneficiaries	2,523,858	2,382,136
Administrative expenses	3,034	3,792
Total deductions	<u>2,526,892</u>	<u>2,385,928</u>
Net increase (decrease)	<u>9,261,022</u>	<u>(15,038,535)</u>
Net Assets Available for Benefits:		
Beginning of Year	<u>33,343,546</u>	<u>48,382,081</u>
End of Year	<u><u>\$ 42,604,568</u></u>	<u><u>\$ 33,343,546</u></u>

See notes to the financial statements.

American Hardware Mutual Insurance Company

Provident Plus Retirement Plan

Notes to the Financial Statements

Note 1. Description of the Plan

The following description of the American Hardware Mutual Insurance Company Provident Plus Retirement Plan (the Plan) is provided for general informational purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined benefit pension plan covering substantially all employees of American Hardware Mutual Insurance Company (the Sponsor) and its subsidiaries. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension benefits: Participants are eligible to receive pension benefits upon reaching age 65; or, subject to certain age and length of service requirements, a participant may elect an early retirement at a reduced benefit. The normal form of benefit is a life annuity with a 5-year term certain guaranteed and optional forms of payment of benefits are available at the election of the participant. Benefits under the Plan are based on employees' average monthly compensation received during the five complete consecutive years with the highest compensation levels. Employees are 100% vested after 5 years of service. Survivor benefits are distributed in the event of pre-retirement death. Death benefits are paid to the beneficiaries of active and retired employees in accordance with the Plan. Active participants who become disabled continue to accrue pension benefits subject to certain limitations, as defined by the Plan; however, the Plan does not provide disability benefits.

Funding: Contributions are made by the Sponsor in such amounts as has been actuarially determined to fund current costs. Minimum funding requirements as set forth in ERISA have been met.

Note 2. Summary of Significant Accounting Policies

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

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 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions: The Sponsor's contributions are recognized on an accrual basis.

Benefits: Benefit payments to participants and beneficiaries are recorded upon distribution.

Administrative expenses: Administrative expenses represent fees for investment management and benefit payment services. Administrative expenses are recorded on an accrual basis. The Sponsor pays certain administrative expenses directly.

American Hardware Mutual Insurance Company
Provident Plus Retirement Plan

Notes to the Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' average monthly compensation received during the five complete consecutive years with the highest compensation levels. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date of which the benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Allocated benefits, to be provided via annuity contracts, are excluded from Plan assets and the related liabilities are excluded from accumulated plan benefits.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions that affect the reported amounts of Plan assets available for benefits and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

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 such changes could materially affect the participants' account balances and amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Subsequent events: The Sponsor has evaluated subsequent events for potential recognition and/or disclosure through October 7, 2010, the date the financial statements were available to be issued.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an independent consulting actuary and is determined by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

American Hardware Mutual Insurance Company
Provident Plus Retirement Plan

Notes to the Financial Statements

Note 3. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The actuarial present values of accumulated plan benefits as of December 31 are as follows:

	2009	2008
Vested benefits:		
Participants currently receiving benefits	\$ 21,643,836	\$ 19,508,961
Other participants	19,685,229	19,240,599
	41,329,065	38,749,560
Nonvested accrued benefits	349,789	302,238
Total actuarial present value of accumulated plan benefits	\$ 41,678,854	\$ 39,051,798

The actuarial present value increased (decreased) due to the following:

	2009	2008
Actuarial present value of accumulated plan benefits, beginning of year	\$ 39,051,798	\$ 39,152,254
Interest	3,119,727	2,941,992
Change in actuarial assumptions	445,716	(1,893,531)
Benefits accumulated	1,585,471	1,233,219
Benefits paid	(2,523,858)	(2,382,136)
Net increase (decrease)	2,627,056	(100,456)
Actuarial present value of accumulated plan benefits, end of year	\$ 41,678,854	\$ 39,051,798

The actuarial present value presented at December 31, 2009 and 2008 used January 1, 2010 and 2009 data, respectively, which was not materially different. Significant assumptions underlying the actuarial computations as of December 31, 2009 and 2008 include:

- (a) Assumed rate of return on investments of 8.25%.
- (b) Retirement at varying rates beginning at age 55 with all participants retired at age 67; and
- (c) Assumed mortality based on RP2000 Mortality Table and 1983 Group Annuity Mortality Table, respectively.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The change in actuarial assumptions at December 31, 2009 is due to a change in the mortality table. The change in actuarial assumptions at December 31, 2008 is due to an increase in the rate of return from 7.75% to 8.25%.

American Hardware Mutual Insurance Company
Provident Plus Retirement Plan

Notes to the Financial Statements

Note 4. Investments and Information Certified and Provided by SEI Private Trust Company (SEI)

The following is a summary of the investment information as of December 31, 2009 and 2008, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules that was prepared by or derived from information provided by SEI, the trustee, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and the supplemental schedules related to the following investments.

The following table presents the fair value of the investments that were certified by SEI as of December 31. The fair value of individual investments that represent 5% or more of the Plan's net assets are separately identified:

	<u>2009</u>		<u>2008</u>	
Mutual funds:				
SEI Core Fixed Income Fund	\$ 10,758,217	*	\$ 6,896,350	*
SEI Large Cap Fund	14,035,637	*	12,408,844	*
SEI International Equity Fund	-		4,528,904	*
SEI Small Cap Fund	3,149,507	*	2,486,461	*
SEI High Yield Bond Fund	4,299,365	*	2,766,353	*
SEI World Equity Fund	8,627,417	*	-	
Other mutual funds	1,695,048		1,323,857	
Total investments	<u>\$ 42,565,191</u>		<u>\$ 30,410,769</u>	

Accrued dividends	<u>\$ 77,292</u>		<u>\$ 63,949</u>	
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* Greater than 5% of Plan's net assets in the current year.

SEI also certified as to the completeness and accuracy of net appreciation (depreciation) in the fair value of investments, and of interest and dividend income for the years ended December 31, which included the following:

	<u>2009</u>	<u>2008</u>
Net appreciation (depreciation) in fair value of investments:		
Mutual funds	\$ 7,691,130	\$ (16,741,592)
Interest and dividends	1,324,223	1,327,866
	<u>\$ 9,015,353</u>	<u>\$ (15,413,726)</u>

American Hardware Mutual Insurance Company
Provident Plus Retirement Plan

Notes to the Financial Statements

Note 5. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

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

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

American Hardware Mutual Insurance Company
Provident Plus Retirement Plan

Notes to the Financial Statements

Note 5. Fair Value Measurements (Continued)

The following table sets 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
Equity mutual funds:				
Large cap	\$ 14,035,637	\$ -	\$ -	\$ 14,035,637
Small cap	3,149,507	-	-	3,149,507
International	8,627,417	-	-	8,627,417
Fixed income mutual funds:				
Core	10,758,217	-	-	10,758,217
Emerging markets	1,695,048	-	-	1,695,048
High yield bond	4,299,365	-	-	4,299,365
Total assets at fair value	<u>\$ 42,565,191</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 42,565,191</u>

Assets at Fair Value as of December 31, 2008				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 30,410,769	\$ -	\$ -	\$ 30,410,769
Total assets at fair value	<u>\$ 30,410,769</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 30,410,769</u>

In January 2010, FASB issued an amendment which requires new disclosures and reasons for transfers to financial assets and liabilities between Levels 1 and 2. This amendment also clarifies that fair value measurement disclosures are required for each class of financial assets and liabilities, and disclosures about inputs and valuation techniques are required for both Level 2 and Level 3 measurements. It further clarifies that the reconciliation of Level 3 measurements should separately present purchases, sales, issuances, and settlements instead of netting these changes.

With respect to the matters other than Level 3 measurements, the amendment was effective and not yet adopted for periods beginning on or after December 15, 2009. The guidance related to Level 3 measurements is effective for periods beginning on or after December 15, 2010 and has not yet been adopted.

Note 6. Related Party Transactions

Certain plan investments are shares of mutual funds managed by SEI. SEI is the trustee, as defined by the Plan; therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for investment management and other administrative services provided by SEI amounted to \$130,473 and \$142,673 for the years ended December 31, 2009 and 2008, respectively. The Plan owed SEI \$37,915 and \$31,172 for fourth quarter fees at December 31, 2009 and 2008, respectively.

Note 7. Plan Termination

Under the terms of the Plan, the Sponsor has the right to terminate the Plan. While the Sponsor has not expressed any intent to terminate the Plan or to discontinue contributions, it is free to do so at any time, subject to the provisions set forth in ERISA. Should the Plan be terminated at some future time, all participants become 100% vested in benefits earned as of the termination date.

American Hardware Mutual Insurance Company
Provident Plus Retirement Plan

Notes to the Financial Statements

Note 7. Plan Termination (Continued)

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2009 that ceiling is \$4,500 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Sponsor and the level of benefits guaranteed by the PBGC.

If, however, the Plan is terminated for any reason other than the bankruptcy or near bankruptcy of the Sponsor and the Plan has sufficient assets, the Sponsor will be required to pay to the Plan an amount that, together with Plan assets, will satisfy all benefits accumulated to the date of the Plan's termination.

Note 8. Tax Status

The Internal Revenue Service has determined and informed the Sponsor by a letter dated May 13, 2002, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

American Hardware Mutual Insurance Company
Provident Plus Retirement Plan

Notes to the Financial Statements

Note 8. Tax Status (Continued)

The FASB issued new guidance on accounting for uncertain tax positions. The Plan adopted this new guidance for the year ended December 31, 2009. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the tax authorities for the years before 2006.

Note 9. Reconciliation of the Financial Statements to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per financial statements	\$ 42,604,568	\$ 33,343,546
Contribution receivable included on Form 5500	4,000,000	-
Net assets available for benefits per the Form 5500	<u>\$ 46,604,568</u>	<u>\$ 33,343,546</u>

Following is the reconciliation of the Sponsor's contribution per the financial statements to the Form 5500 for the year ended December 31, 2009:

Sponsor's contribution per financial statements	\$ 2,900,000
Contribution receivable included on Form 5500	4,000,000
Sponsor's contribution per the Form 5500	<u>\$ 6,900,000</u>

The contributions on the Form 5500 reflect all contributions attributable to the plan year for actuarial funding purposes. However, the contribution receivable reported on the Form 5500 is not recognized on the financial statements because a formal funding commitment was not made by the end of the plan year.

Note 10. Subsequent Events

Effective April 1, 2010, the formula used to determine future pension benefits changed. As a result, the actuarial present value of accumulated plan benefits related to future service will be lower than if the present benefit formula were used.

The Sponsor made a \$4,000,000 contribution on August 24, 2010 attributable to the 2009 plan year that was not committed to be funded prior to December 31, 2009.

**American Hardware Mutual Insurance Company
Provident Plus Retirement Plan**

**EIN 41-0299900 / Plan No. 002
Schedule H, 4i - Schedule of Assets (Held at End of Year)
December 31, 2009**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer or Borrower	Description of Assets	Cost Value	Current Value
*	SEI Private Trust Co.	SEI Core Fixed Income Fund	\$ 10,745,175	\$ 10,758,217
*	SEI Private Trust Co.	SEI High Yield Bond Fund	4,618,175	4,299,365
*	SEI Private Trust Co.	SEI Large Cap Fund	13,776,363	14,035,637
*	SEI Private Trust Co.	SEI Small Cap Fund	4,088,595	3,149,507
*	SEI Private Trust Co.	SEI Emerging Markets Debt Fund	1,711,802	1,695,048
*	SEI Private Trust Co.	SEI World Equity Fund	8,591,495	8,627,417
			<u>\$ 43,531,605</u>	<u>\$ 42,565,191</u>

*Indicates party-in-interest to the Plan

Note: The above information has been certified as complete and accurate by SEI Private Trust Company, trustee of the Plan.

**American Hardware Mutual Insurance Company
Provident Plus Retirement Plan**

**EIN 41-0299900 / Plan No. 002
Schedule H, 4j - Schedule of Reportable Transactions
Year Ended December 31, 2009**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Net Gain / (Loss) on Sales
Category (iii) - series of transactions in excess of 5 percent of plan assets:						
SEI Large Cap Fund	Mutual Fund	\$ 8,844,636	\$ -	\$ 8,844,636	\$ 8,844,636	\$ -
		\$ -	\$ 10,485,392	\$ 10,572,467	\$ 10,485,392	\$ (87,075)
SEI Core Fixed Income Fund	Mutual Fund	\$ 7,433,072	\$ -	\$ 7,433,072	\$ 7,433,072	\$ -
		\$ -	\$ 4,271,941	\$ 4,348,450	\$ 4,271,941	\$ (76,509)
SEI High Yield Bond Fund	Mutual Fund	\$ 1,591,798	\$ -	\$ 1,591,798	\$ 1,591,798	\$ -
		\$ -	\$ 1,279,089	\$ 1,461,537	\$ 1,279,089	\$ (182,448)
SEI International Equity Fund	Mutual Fund	\$ -	\$ 5,445,535	\$ 8,201,721	\$ 5,445,535	\$ (2,756,186)
SEI Small Cap Fund	Mutual Fund	\$ 760,219	\$ -	\$ 760,219	\$ 760,219	\$ -
		\$ -	\$ 1,006,431	\$ 1,487,255	\$ 1,006,431	\$ (480,824)
SEI Emerging Markets Debt Fund	Mutual Fund	\$ 1,221,880	\$ -	\$ 1,221,880	\$ 1,221,880	\$ -
		\$ -	\$ 475,827	\$ 474,200	\$ 475,827	\$ 1,627
SEI World Equity Fund	Mutual Fund	\$ 10,625,155	\$ -	\$ 10,625,155	\$ 10,625,155	\$ -
		\$ -	\$ 2,091,327	\$ 2,033,660	\$ 2,091,327	\$ 57,667

Notes:

There were no category (i), (ii) or (iv) transactions during the year ended December 31, 2009.

Rental expense and expenses incurred with transactions are not applicable.

**American Hardware Mutual Insurance Company
Provident Plus Retirement Plan**

**EIN 41-0299900 / Plan No. 002
Schedule H, 4i - Schedule of Assets (Held at End of Year)
December 31, 2009**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer or Borrower	Description of Assets	Cost Value	Current Value
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*	SEI Private Trust Co.	SEI High Yield Bond Fund	4,618,175	4,299,365
*	SEI Private Trust Co.	SEI Large Cap Fund	13,776,363	14,035,637
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			<u>\$ 43,531,605</u>	<u>\$ 42,565,191</u>

*Indicates party-in-interest to the Plan

Note: The above information has been certified as complete and accurate by SEI Private Trust Company, trustee of the Plan.

**American Hardware Mutual Insurance Company
Provident Plus Retirement Plan**

**EIN 41-0299900 / Plan No. 002
Schedule H, 4j - Schedule of Reportable Transactions
Year Ended December 31, 2009**

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain / (Loss) on Sales
Category (iii) - series of transactions in excess of 5 percent of plan assets:						
SEI Large Cap Fund	Mutual Fund	\$ 8,844,636	\$ -	\$ 8,844,636	\$ 8,844,636	\$ -
		\$ -	\$ 10,485,392	\$ 10,572,467	\$ 10,485,392	\$ (87,075)
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		\$ -	\$ 4,271,941	\$ 4,348,450	\$ 4,271,941	\$ (76,509)
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		\$ -	\$ 1,279,089	\$ 1,461,537	\$ 1,279,089	\$ (182,448)
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		\$ -	\$ 1,006,431	\$ 1,487,255	\$ 1,006,431	\$ (480,824)
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		\$ -	\$ 475,827	\$ 474,200	\$ 475,827	\$ 1,627
SEI World Equity Fund	Mutual Fund	\$ 10,625,155	\$ -	\$ 10,625,155	\$ 10,625,155	\$ -
		\$ -	\$ 2,091,327	\$ 2,033,660	\$ 2,091,327	\$ 57,667

Notes:

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Rental expense and expenses incurred with transactions are not applicable.