

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MOSAIC SALES SOLUTIONS 401(K) SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/01/2003</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>08/01/2003</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MOSAIC SALES SOLUTIONS US OPER</u> <u>6051 N. STATE HWY, 161</u> <u>SUITE 100</u> <u>IRVING, TX 75038</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>56-2360186</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>972-870-4768</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541910</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>56-2360186</u>	2c Sponsor's telephone number <u>972-870-4768</u>	2d Business code (see instructions) <u>541910</u>	
2b Employer Identification Number (EIN) <u>56-2360186</u>					
2c Sponsor's telephone number <u>972-870-4768</u>					
2d Business code (see instructions) <u>541910</u>					

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.	10/05/2011	BRENDA VAUGHN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2011	BRENDA VAUGHN
	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

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MOSAIC SALES SOLUTIONS US OPER 6051 N. STATE HWY, 161 SUITE 100 IRVING, TX 75038	3b Administrator's EIN 56-2360186 3c Administrator's telephone number 972-870-4768
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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
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5 Total number of participants at the beginning of the plan year	5	8579
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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	14536
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	72
d Subtotal. Add lines 6a , 6b , and 6c	6d	14608
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	14608
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	959
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	951

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2J 2F 2G 2K 3D 2T

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) ☒ ¹ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan MOSAIC SALES SOLUTIONS 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. MOSAIC SALES SOLUTIONS US OPER	D Employer Identification Number (EIN) 56-2360186	

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

(a) Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	FL 51731	14608	01/01/2010	12/31/2010

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	7449943

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

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

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

b Balance at the end of the previous year	7b	1345692
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c Additions: (1) Contributions deposited during the year	7c(1)	2246899	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	48888	
(4) Transferred from separate account	7c(4)	8641	
(5) Other (specify below)	7c(5)	415266	

▶ LN INT, LN PRIN, LOAN DEFAULT, LOAN

(6) Total additions	7c(6)	2719694
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d Total of balance and additions (add b and c(6))	7d	4065386
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	173667	
(2) Administration charge made by carrier	7e(2)	11637	
(3) Transferred to separate account	7e(3)	1933613	
(4) Other (specify below)	7e(4)	36971	

▶ LN DISTRIB

(5) Total deductions	7e(5)	2155888
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f Balance at the end of the current year (subtract e(5) from d)	7f	1909498
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan MOSAIC SALES SOLUTIONS 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MOSAIC SALES SOLUTIONS US OPER	D Employer Identification Number (EIN) 56-2360186	

Part I	Service Provider Information (see instructions)
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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
MASSACHUSETTS MUTUAL LIFE INS. CO.
04-1590850

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

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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?
52 60 63 64 67 68 72 99	CONTRACT ADMINISTRATOR	42265	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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>LARGE-CAP VALUE EATON VANCE</p> <p>04-1590850</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>MASSACHUSETTS MUTUAL LIFE INS. CO.</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">72</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>PREMIER INT'L EQUITY OFI INST</p> <p>04-3212044</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>MASSACHUSETTS MUTUAL LIFE INS. CO.</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">60</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>EQUITY & INCOME OAKMARK</p> <p>04-3276558</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p> </div> </div>		

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>PREMIER CORE BOND BABSON</p> <p>04-3277549</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>MASSACHUSETTS MUTUAL LIFE INS. CO.</p>		
	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>INT'L NEW DISCOVERY MFS</p> <p>04-3379729</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>MASSACHUSETTS MUTUAL LIFE INS. CO.</p>		
	72	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>SELECT LARGE CAP VALUE DAVIS</p> <p>04-3513019</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p>		

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PREMIER HIGH YIELD BABSON 04-3520009	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SOCIALLY RESP NEUBERGER BERMAN 13-3749226	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60 99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
QUEST OPPORTUNITY VALUE OFI 13-6918880	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SMALL CAP INDEX NORTHERN	BASIS POINTS * PLAN ASSETS	
20-1524639		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ADV CAPITAL GROWTH WLSFRGO	BASIS POINTS * PLAN ASSETS	
20-2241880		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LONGTERM US GOVT PIMCO	BASIS POINTS * PLAN ASSETS	
33-0239894		

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NFJ SMALL CAP VALUE ALLIANZ	BASIS POINTS * PLAN ASSETS	
33-0434038		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GROWTH WILLIAM BLAIR	BASIS POINTS * PLAN ASSETS	
36-2272155		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ADV DISCOVERY WELLS FARGO	BASIS POINTS * PLAN ASSETS	
39-1593255		

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NFJ INTERNATIONAL VALUE ALLIANZ 47-0887613	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PREMIER GLOBAL OFI 51-0529334	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60 67	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NEW HORIZONS T. ROWE PRICE 52-0791372	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation MID CAP VALUE PERKINS 84-1458637		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 MASSACHUSETTS MUTUAL LIFE INS. CO.		
(b) Service Codes (see instructions) 60 99		(c) Enter amount of indirect compensation 0
(d) Enter name and EIN (address) of source of indirect compensation COMMODITY STRATEGY TOTAL RTRN OFI 84-6297469		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 MASSACHUSETTS MUTUAL LIFE INS. CO.		
(b) Service Codes (see instructions) 60		(c) Enter amount of indirect compensation 0
(d) Enter name and EIN (address) of source of indirect compensation INTERNATIONAL VALUE THORNBURG 85-0451747		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		

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: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>MOSAIC SALES SOLUTIONS 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MOSAIC SALES SOLUTIONS US OPER</u>	D Employer Identification Number (EIN) <u>56-2360186</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-AE PREMIER CORE BOND</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-014</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>848783</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-AG PREMIER MONEY MARKET</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-AI PREMIER INT'L EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-017</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>261915</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-AJ SELECT LARGE CAP VALUE</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-018</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>784146</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-BW GROWTH</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-417</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>522923</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-C5 COMMODITY STRATEGY TOTAL RTR</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>90-0342299-046</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>72812</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CJ INTERNATIONAL VALUE</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-422</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>123214</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-DH PREMIER HIGH YIELD			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 04-1590850-274	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 254980

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-DP ADV CAPITAL GROWTH			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 04-1590850-402	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 217086

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-DR ADV DISCOVERY			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 04-1590850-455	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 543540

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-GD LARGE-CAP VALUE			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 90-0342299-062	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77178

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-KH LONGTERM US GOVT			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 04-1590850-445	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93195

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-O7 QUEST OPPORTUNITY VALUE			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 04-1590850-093	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 186691

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-OC PREMIER CAPITAL APPRECIATION			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 04-1590850-097	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 271697

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-OD PREMIER GLOBAL			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 04-1590850-098	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 352229

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-OL NFJ INTERNATIONAL VALUE			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 90-0342299-075	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35895

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-SQ SOCIALLY RESP			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 04-1590850-438	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 778548

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-TG SMALL CAP INDEX**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-439	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	530396
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-TI MID CAP VALUE**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0342299-017	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	449740
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-VA EQUITY & INCOME**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-430	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	106347
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-W4 NEW HORIZONS**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-116	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	428013
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-WR INT'L NEW DISCOVERY**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-231	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	426169
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-WW NFJ SMALL CAP VALUE**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-235	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	61305
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-Y PREM INFLAT-PROT AND INCM**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-183	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	23141
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan MOSAIC SALES SOLUTIONS 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MOSAIC SALES SOLUTIONS US OPER	D Employer Identification Number (EIN) 56-2360186	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	163050	192395
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)	5312549	7449943
(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)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1345692	1909498
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6821291	9551836

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6821291	9551836
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	786204	
(B) Participants	2a(1)(B)	1460695	
(C) Others (including rollovers)	2a(1)(C)	266696	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2513595

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)	6795	
(F) Other	2b(1)(F)	48888	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		55683

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(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)		990298
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		3559576

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	784531	
(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)		784531
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		2235
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	14114	
(3) Investment advisory and management fees	2i(3)	27951	
(4) Other	2i(4)	200	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		42265
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		829031

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2730545
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: BDO

(2) EIN: 13-5381590

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		1000000
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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>MOSAIC SALES SOLUTIONS 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MOSAIC SALES SOLUTIONS US OPER</u>	D Employer Identification Number (EIN) <u>56-2360186</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>04-1590850</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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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
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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) 2010
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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Mosaic Sales Solutions 401(k) Savings Plan

Financial Statements and Supplemental Schedule

**As of December 31, 2010 and 2009 and
for the year ended December 31, 2010**

Mosaic Sales Solutions 401(k) Savings Plan

Financial Statements and
Supplemental Schedule
As of December 31, 2010 and 2009 and
for the year ended December 31, 2010

Mosaic Sales Solutions 401(k) Savings Plan

Contents

Independent Auditors' Report	3
Financial Statements	
Statements of Net Assets Available for Benefits - as of December 31, 2010 and 2009	5
Statement of Changes in Net Assets Available for Benefits - for the year ended December 31, 2010	6
Notes to Financial Statements	7
Supplemental Schedule	
Schedule H, line 4(i), Schedule of Assets Held (at End of Year) as of December 31, 2010	15



Tel: 214-969-7007
Fax: 214-953-0722
www.bdo.com

700 North Pearl, Suite 2000
Dallas, TX 75201

Independent Auditors' Report

To the Plan Administrator and Plan participants of the
Mosaic Sales Solutions 401(k) Savings Plan
Irving, TX

We were engaged to audit the financial statements and supplemental schedule of Mosaic Sales Solutions 401(k) Savings Plan (the "Plan"), as of December 31, 2010 and 2009, and for the year ended December 31, 2010, as listed in the accompanying contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Massachusetts Mutual Life Insurance Company, (the Trustee) of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the Trustee as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the Plan administrator by the Trustee is complete and accurate.

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

BDO USA, LLP

Dallas, Texas
September 20, 2011

Financial Statements

Mosaic Sales Solutions 401(k) Savings Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2010	2009
Assets		
Investments, at fair value:		
Pooled separate accounts	\$ 7,449,943	\$ 5,312,549
Guaranteed investment contracts	2,055,709	1,397,743
Total investments, at fair value	9,505,652	6,710,292
Receivables:		
Notes receivable from participants	192,395	162,888
Net assets available for benefits, at fair value	9,698,047	6,873,180
Adjustment from fair value to contract value for fully benefit responsive investment contracts	(146,210)	(52,051)
Net Assets Available for Benefits	\$ 9,551,837	\$ 6,821,129

See accompanying independent auditors' report and notes to financial statements.

Mosaic Sales Solutions 401(k) Savings Plan
Statement of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2010
Additions:	
Investment income:	
Net appreciation in fair value of pooled separate accounts	\$ 1,039,187
Interest from participant notes receivable	6,957
Contributions:	
Participant	1,460,695
Employer	786,204
Rollover	266,696
Total contributions	2,513,595
Total additions	3,559,739
Deductions:	
Benefits paid to participants and beneficiaries	786,766
Administrative expenses	42,265
Total deductions	829,031
Net increase	2,730,708
Net assets available for benefits, beginning of year	6,821,129
Net assets available for benefits, end of year	\$ 9,551,837

See accompanying independent auditors' report and notes to financial statements.

Mosaic Sales Solutions 401(k) Savings Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the Mosaic Sales Solutions 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit-sharing plan for employees of Mosaic Sales Solutions (the "Company" or "Employer"). The Plan was established August 1, 2003 and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Participation

Employees of the Company may voluntarily commence participation in the Plan on the first day of the month following completion of 30 days of service.

Contributions

Participants may contribute up to 20% of their annual compensation to the Plan, provided their contribution for any year does not exceed the Internal Revenue Code (the "Code") limitation. Participants' contributions are made through payroll deductions. Additionally, participants who have attained age 50 are eligible to make catch-up contributions, subject to the statutory limit. Participants may also make rollover contributions which represent distributions from other qualified plans.

The Company makes safe harbor matching contributions equal to 100% of each participants' tax-deferred contributions not exceeding 3% of the participants' compensation, plus 50% of each participants' tax-deferred contributions that exceed 3% of the participants' compensation but that do not exceed 5% of the participants' compensation. The Company may also make discretionary profit sharing contributions, as determined annually by the Company. During the 2010 Plan year, the Company made no discretionary profit sharing contributions.

Participant Accounts and Vesting

Each participant's share of assets is segregated in an individual account and invested in accordance with the investment choices elected by the participant. Participant accounts are credited with the participants' contributions; rollover contributions; the Company's safe harbor matching contributions; the Company's profit-sharing contributions, if any; and allocations of earnings and losses attributed thereto, and are charged with any benefit payments and allocations of administrative expenses. Allocations of earnings and losses and administrative expenses are based on participants' account balances.

Participants are immediately vested in their voluntary contributions and related earnings and losses thereon, all safe harbor matching contributions, and the Company's profit-sharing contributions, if any. Vesting in the Company's matching contributions made prior to the Company adopting the safe harbor provisions and profit-sharing contributions and related earnings or losses thereon occurs at the rate of 20% per year of service. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance. The nonvested portion of the Company's contributions and related earnings of terminated employees

Mosaic Sales Solutions 401(k) Savings Plan

Notes to Financial Statements

is first used to pay administrative expenses of the plan and then to reduce future employer contributions.

Benefit Payments

As provided under the Plan document and as allowed under the Code, distribution of a participant's vested account is available upon the participant's retirement, death, disability, termination of employment, or attainment of age 59 ½. Distribution is also available to satisfy a financial hardship, subject to certain requirements.

Notes Receivable from Participants

A participant may borrow a minimum of \$1,000 up to a maximum of \$50,000 (or, if less, 50% of the vested account balance) at an interest rate equal to the prime rate or the prime rate plus additional reasonable fixed rate. A participant may have two loans outstanding under the Plan at one time. Generally, loans shall be repaid within five years of the date on which the loan is made, except for the purchase of a primary residence, which must be repaid within thirty years. The loans are secured by the balances in the participant's account. Principal and interest are repaid through payroll deductions.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document. There was no allowance at December 31, 2010 or 2009 as the loans are fully collateralized by the participants' accounts.

Administration

Massachusetts Mutual Life Insurance Company (MassMutual or the Trustee) serves as the Trustee and recordkeeper of the Plan. Expenses of administering the Plan are paid by the Company unless paid by the Plan.

Plan Termination

Although there is no current intention to do so, the Company has the right under the Plan to amend, modify, suspend, or terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants become 100% vested in their account balances.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

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 reported amounts of assets, liabilities, and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Mosaic Sales Solutions 401(k) Savings Plan

Notes to Financial Statements

Investment Valuation and Income Recognition

Investments in pooled separate accounts are valued based on quoted market prices of the underlying assets as determined by MassMutual.

The Plan holds a guaranteed interest account ("GIA") through the group annuity contract with MassMutual supported by MassMutual's general account. As described in Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("Codification" or "ASC") 962 (formerly known as FASB Staff Position ("FSP") AAG INV-1 and SOP 94-4-1, *Reporting of Fully benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans*), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by the ASC 962, the Statement of Net Assets Available for Benefits presents the fair value of the GIA as well as the adjustment from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis. Contract value, as reported to the Plan by MassMutual, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

Participants may direct the withdrawal or transfer of up to 20% of their accounts at contract value per year. The fair value of the GIA was determined by MassMutual using the cash flow due to the Plan under the surrender provisions of the contract, considering current crediting rates and benefit-eligible events, and discounting according to the risk-adjusted market rates. There are no reserves against contract value for credit risk of MassMutual. Additionally, there are no events specifically identified in the group annuity contract which would cause it to settle at an amount other than contract value.

MassMutual is contractually obligated to repay the principal plus specified interest at a rate that is guaranteed to the Plan. The crediting rate is reset semiannually and is based on a formula agreed upon with MassMutual, but can be no less than 3% for participant accounts set up before December 1, 2003.

The average yield of the GIA is presented below:

December 31,	2010	2009
Based on interest rate credited to participant	2.83%	3.06%
Based on actual earnings	2.83%	3.06%

Factors that can influence the future crediting rates are (i) the totality of investments previously made by participants; (ii) anticipated payout timing requirements; (iii) current investment climate; (iv) contractual minimum interest rate guarantees; (v) competitive requirements; and (vi) required return on invested capital supporting the product. If future crediting rates increase, the adjustment between fair value and contract value is expected to increase.

Mosaic Sales Solutions 401(k) Savings Plan

Notes to Financial Statements

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

Forfeitures

Forfeitures are used to reduce future Company contributions and pay administrative expenses. The Plan had forfeiture balances of \$42,403 and \$41,038 as of December 31, 2010 and 2009, respectively, which may be used to reduce future Company contributions and pay administrative expenses. For the year ended December 31, 2010, \$110 of forfeitures was used to pay Plan expenses. Forfeitures were not used toward Company contributions during the year ended December 31, 2010.

New Accounting Pronouncements

Accounting Standards Update ("ASU") 2010-25 requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. ASU 2010-25 is effective retrospectively for fiscal years after December 15, 2010, with early adoption permitted. The Plan adopted and retrospectively applied ASU 2010-25 as of January 1, 2010. Upon adoption, there was no material impact to the Plan.

In January 2010, the Financial Accounting Standards Board ("FASB") issued ASUs ASU 2010-06, which amends ASC 820, Fair Value Measurements and Disclosures, adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The adoption did not have a material impact on the Plan's financial statements.

In May 2011, the FASB issued ASU 2011-04, Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs (ASU 2011-04). ASU 2011-04 amended ASC 820, Fair Value Measurements and Disclosures, to provide a consistent definition of fair value and improve the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with U.S. GAAP and IFRSs. Some of the amendments clarify the application of existing fair value measurement and disclosure requirements, while other amendments change a particular principle or requirement for measuring fair value or disclosing information about fair value measurements. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

Reclassifications

Some prior year amounts have been reclassified to conform to the current year presentation.

Mosaic Sales Solutions 401(k) Savings Plan

Notes to Financial Statements

3. Investments

The fair value of individual investments that represent 5% or more of the Plan's net assets is as follows:

December 31,	2010	2009
Guaranteed investment contracts:		
Guaranteed Interest Account	\$ 2,055,709	\$ 1,397,743
Pooled separate accounts:		
Premier Core Bond (Babson)	848,783	642,623
Select Large Cap Value (Davis)	784,146	637,744
Adv Discovery (Wells Fargo)	543,540	347,428
Growth (William Blair)	522,923	374,452
Int'l New Discovery (MFS)	*	453,450
Small Cap Equity Index (SSGA)	530,396	362,405
Socially Resp (Neuberger Brmn)	778,548	499,694

* Amount is not greater than 5% of net assets available for benefits at December 31, 2010.

4. Fair Value Measurement

ASC 820 (formerly SFAS No. 157, *Fair Value Measurements*) defines fair value as the exit price, which is the price that would be received to sell an asset or paid to transfer a liability in a transaction between market participants at the measurement date. ASC 820 establishes 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 of hierarchy under ASC 820 are as follows:

Level 1: Quoted prices in active markets for identical assets or liabilities

Level 2: Quoted prices for similar assets and liabilities in active markets or inputs that are observable

Level 3: Inputs that are unobservable (for example cash flow modeling inputs based on assumptions)

The following table summarizes investment assets measured at fair value at December 31, 2010 and 2009:

Investment Assets at Fair Value as of December 31, 2010				
	Level 1	Level 2	Level 3	Total
Guaranteed Interest Accounts	\$ -	\$ -	\$ 2,055,709	\$ 2,055,709
Pooled Separate Accounts	-	7,449,943	-	7,449,943
Total investments at fair value	\$ -	\$ 7,449,943	\$ 2,055,709	\$ 9,505,652

Mosaic Sales Solutions 401(k) Savings Plan

Notes to Financial Statements

Investment Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Guaranteed Interest Accounts	\$ -	\$ -	\$ 1,397,743	\$ 1,397,743
Pooled Separate Accounts	-	5,312,549	-	5,312,549
Total investments at fair value	\$ -	\$ 5,312,549	\$ 1,397,743	\$ 6,710,292

The table below sets forth a summary of changes in the fair value of the Plan's level 3 investments for the year ended December 31, 2010.

Level 3 Investment Assets Year Ended December 31, 2010	
	Guaranteed Interest Accounts
Balance, beginning of year	\$ 1,397,743
Unrealized gains/(losses)	143,047
Purchases	700,223
Sales	(185,304)
Balance, end of year	\$ 2,055,709

5. Information Certified by the Plan's Trustee (Unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

December 31,	2010	2009
Guaranteed interest accounts	\$ 2,055,709	\$ 1,397,743
Pooled separate accounts	7,449,943	5,312,549
Year ended December 31,	2010	
Net appreciation in fair value of Investments	\$ 1,039,187	

As permitted by 29 CFR 2520.103-8, the Plan's independent auditors did not perform auditing procedures with respect to the information summarized in this Note, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Mosaic Sales Solutions 401(k) Savings Plan

Notes to Financial Statements

6. Related-Party Transactions

Plan investments in the pooled separate accounts and the GIA are managed by MassMutual and, therefore, these transactions qualify as party-in-interest transactions.

7. Excess Contributions Payable to Participants

The Plan administrator became aware of certain nondiscriminatory contribution violations for the year ended December 31, 2010. Accordingly, contributions totaling \$4,941 for were re-characterized as catch-up contributions to remedy the noncompliance issue.

8. 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 risks associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect participants' accounts and the amounts reported in the statements of net assets available for benefits.

9. Income Tax Status

The underlying nonstandardized prototype plan has received an opinion letter from the Internal Revenue Service (IRS) dated April 23, 2002, stating that the form of the plan is qualified under Section 401(a) of the Code, and, therefore, the related trust is tax-exempt. In accordance with Revenue Procedures 2007-6, the Plan sponsor has determined that it is eligible to and has chosen to rely on the current IRS prototype plan opinion letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of the liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2007.

10. Subsequent Events

Plan management evaluated subsequent events through September 20, 2011, the date the financial statements were available for issuance.

Supplemental Schedule

Mosaic Sales Solutions 401(k) Savings Plan

Schedule H, line 4(i), Schedule of Assets Held (at End of Year) as of December 31, 2010

EIN: 56-2360186
Plan Number: 001
Form: 5500
(e)

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
*	Massachusetts Mutual Life Insurance Company	Guaranteed Interest Account	a	\$ 2,055,709
*	Massachusetts Mutual Life Insurance Company	Prm Core Bond (Babson)	a	848,783
*	Massachusetts Mutual Life Insurance Company	Prem Intl Equity (OFI Inst)	a	261,915
*	Massachusetts Mutual Life Insurance Company	Sel Large Cap Value (Davis)	a	784,146
*	Massachusetts Mutual Life Insurance Company	Premier Cap Appreciation (OFI)	a	271,697
*	Massachusetts Mutual Life Insurance Company	Premier Global (OFI)	a	352,229
*	Massachusetts Mutual Life Insurance Company	Adv Capital Growth (WlsFrigo)	a	217,086
*	Massachusetts Mutual Life Insurance Company	Adv Discovery (Wells Fargo)	a	543,540
*	Massachusetts Mutual Life Insurance Company	MidCap Val (Janus Adv Perkins)	a	449,740
*	Massachusetts Mutual Life Insurance Company	Commodity Stratgy Tot Ret(OFI)	a	72,812
*	Massachusetts Mutual Life Insurance Company	Equity & Income (Oakmark)	a	106,347
*	Massachusetts Mutual Life Insurance Company	Growth (William Blair)	a	522,923
*	Massachusetts Mutual Life Insurance Company	Int'l New Discovery (M FS)	a	426,169
*	Massachusetts Mutual Life Insurance Company	Intl Value (Thornburg)	a	123,214
*	Massachusetts Mutual Life Insurance Company	Large-Cap Value (Eaton Vance)	a	77,178
*	Massachusetts Mutual Life Insurance Company	Long Term US Govt (PIMCO)	a	93,195
*	Massachusetts Mutual Life Insurance Company	New Horizons (T. Rowe Price)	a	428,013
*	Massachusetts Mutual Life Insurance Company	NFJ International Val(Allianz)	a	35,895
*	Massachusetts Mutual Life Insurance Company	NFJ Small Cap Val (Allianz)	a	61,305
*	Massachusetts Mutual Life Insurance Company	Prm High Yield (Babson)	a	254,980
*	Massachusetts Mutual Life Insurance Company	Prm Infl-Prot Bd (Babson)	a	23,141
*	Massachusetts Mutual Life Insurance Company	Quest Opportunity Value (OFI)	a	186,691
*	Massachusetts Mutual Life Insurance Company	Small Cap Equity Index (SSGA)	a	530,396
*	Massachusetts Mutual Life Insurance Company	Socially Resp (Neuberger Brmn)	a	778,548
Total Pooled Separate Accounts				7,449,943
*	Participant Loans	Interest rates ranging from 3.25% to 8.25%	N/A	192,395
Total Investments				\$ 9,698,047

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

a - The cost of participant directed funds is not required to be disclosed.

See accompanying independent auditors' report.

A Name of Plan Mosaic Sales Solutions 401(k) Savings Plan	B Three-digit plan Number	001
C Plan sponsor's name as shown on line 2a of Form 5500 Mosaic Sales Solutions US Oper	D Employer Identification Number 562360186	

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	MassMutual	Guaranteed Interest Account	1,909,498	1,909,498
*	MassMutual	Holding Account - SIA-AG	0	2
*	MassMutual	SIA-AE	732,860	848,783
*	MassMutual	SIA-AI	216,317	261,915
*	MassMutual	SIA-AJ	635,515	784,146
*	MassMutual	SIA-BW	367,251	522,923
*	MassMutual	SIA-C5	63,295	72,812
*	MassMutual	SIA-CJ	107,247	123,214
*	MassMutual	SIA-DH	199,622	254,980
*	MassMutual	SIA-DP	151,204	217,086
*	MassMutual	SIA-DR	344,133	543,540
*	MassMutual	SIA-GD	68,606	77,178
*	MassMutual	SIA-KH	92,988	93,195
*	MassMutual	SIA-O7	156,122	186,691
*	MassMutual	SIA-OC	244,547	271,697
*	MassMutual	SIA-OD	285,645	352,229
*	MassMutual	SIA-OL	31,534	35,895
*	MassMutual	SIA-SQ	551,400	778,548
*	MassMutual	SIA-TG	351,378	530,396
*	MassMutual	SIA-TI	319,114	449,740
*	MassMutual	SIA-VA	98,596	106,347
*	MassMutual	SIA-W4	272,620	428,013
*	MassMutual	SIA-WR	274,301	426,169
*	MassMutual	SIA-WW	53,893	61,305
*	MassMutual	SIA-Y	22,227	23,141
	Participant Loans	3.250000 - 8.250000	0	192,395

A Name of Plan Mosaic Sales Solutions 401(k) Savings Plan	B Three-digit plan Number 001
C Plan sponsor's name as shown on line 2a of Form 5500 Mosaic Sales Solutions US Oper	D Employer Identification Number 562360186

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
Allianz Funds	330434038		MassMutual provided the Plan with the required written disclosure for Management Fees received by Allianz Funds with respect to the mutual fund underlying the NFJ Small Cap Value (Allianz) separate account (SIA-WW).
Allianz Funds	330434038		MassMutual provided the plan with the required written disclosure for Other Fees received by Allianz Funds with respect to the mutual fund underlying the NFJ Small Cap Value (Allianz) separate account (SIA-WW).
Allianz Funds	470887613		MassMutual provided the Plan with the required written disclosure for Management Fees received by Allianz Funds with respect to the mutual fund underlying the NFJ International Value (Allianz) separate account (SIA-OL).
Allianz Funds	470887613		MassMutual provided the plan with the required written disclosure for Other Fees received by Allianz Funds with respect to the mutual fund underlying the NFJ International Value (Allianz) separate account (SIA-OL).
Eaton Vance	046006714		MassMutual provided the Plan with the required written disclosure for Management Fees received by Eaton Vance with respect to the mutual fund underlying the Large-Cap Value (Eaton Vance) separate account (SIA-GD).
Eaton Vance	046006714		MassMutual provided the plan with the required written disclosure for Other Fees received by Eaton Vance with respect to the mutual fund underlying the Large-Cap Value (Eaton Vance) separate account (SIA-GD).
Eaton Vance	046006714		MassMutual provided the plan with the required written disclosure for Shareholder Service Fees received by Eaton Vance with respect to the mutual fund underlying the Large-Cap Value (Eaton Vance) separate account (SIA-GD).
Janus	841458637		MassMutual provided the Plan with the required written disclosure for Management Fees received by Janus with respect to the mutual fund underlying the Mid Cap Value (Perkins) separate account (SIA-TI).
Janus	841458637		MassMutual provided the plan with the required written disclosure for Other Fees received by Janus with respect to the mutual fund underlying the Mid Cap Value (Perkins) separate account (SIA-TI).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan the required written disclosure for soft dollar compensation received by MassMutual & any affiliates (if applicable) with respect to the mutual fund underlying the Premier Capital App (OFI) separate acct (SIA-OC).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan the required written disclosure for soft dollar compensation received by MassMutual & any affiliates (if applicable) with respect to the mutual fund underlying the Premier Global (OFI) separate acct (SIA-OD).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan the required written disclosure for soft dollar compensation received by MassMutual & any affiliates (if applicable) with respect to the mutual fund underlying the Premier Int'l Equity (OFI Inst) separate acct (SIA-AI).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Commodity Strategy Total Rtrn (OFI) separate account (SIA-C5).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Int'l New Discovery (MFS) separate account (SIA-WR).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Large-Cap Value (Eaton

Massachusetts Mutual Life Insurance Company	041590850	Vance) separate account (SIA-GD). MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the LongTerm US Govt (PIMCO) separate account (SIA-KH).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Mid Cap Value (Perkins) separate account (SIA-TI).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the NFJ International Value (Allianz) separate account (SIA-OL).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the NFJ Small Cap Value (Allianz) separate account (SIA-WW).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Premier Capital Appreciation (OFI) separate account (SIA-OC).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Premier Core Bond (Babson) separate account (SIA-AE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Premier Int'l Equity (OFI Inst) separate account (SIA-AI).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Premier Money Market (Babson) separate account (SIA-AG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Quest Opportunity Value (OFI) separate account (SIA-O7).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select Large Cap Value (Davis) separate account (SIA-AJ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Socially resp (Neuberger Berman) separate account (SIA-SQ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Prem Inflat-Prot and Incm (Babson) separate account (SIA-Y).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Capital Appreciation (OFI) separate account (SIA-OC).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Core Bond (Babson) separate account (SIA-AE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Global (OFI) separate account (SIA-OD).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier High Yield (Babson) separate account (SIA-DH).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Int'l Equity (OFI Inst) separate account (SIA-AI).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Money Market (Babson) separate account (SIA-AG).

Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Large Cap Value (Davis) separate account (SIA-AJ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (10 basis points * plan assets) with respect to the mutual fund underlying the Premier Global (OFI) separate account (SIA-OD).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (17 basis points * plan assets) with respect to the mutual fund underlying the Premier Int'l Equity (OFI Inst) separate account (SIA-AI).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (17 basis points * plan assets) with respect to the mutual fund underlying the Select Large Cap Value (Davis) separate account (SIA-AJ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (4 basis points * plan assets) with respect to the mutual fund underlying the Premier High Yield (Babson) separate account (SIA-DH).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (6 basis points * plan assets) with respect to the mutual fund underlying the Premier Core Bond (Babson) separate account (SIA-AE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to the mutual fund underlying the Small Cap Index (Northern) separate account (SIA-TG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to the mutual fund underlying the Int'l New Discovery (MFS) separate account (SIA-WR).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to the mutual fund underlying the LongTerm US Govt (PIMCO) separate account (SIA-KH).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to the mutual fund underlying the New Horizons (T. Rowe Price) separate account (SIA-W4).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (20 basis points * plan assets) with respect to the mutual fund underlying the NFJ International Value (Allianz) separate account (SIA-OL).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (20 basis points * plan assets) with respect to the mutual fund underlying the NFJ Small Cap Value (Allianz) separate account (SIA-WW).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (24 basis points * plan assets) with respect to the mutual fund underlying the Commodity Strategy Total Rtrn (OFI) separate account (SIA-C5).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (24 basis points * plan assets) with respect to the mutual fund underlying the Quest Opportunity Value (OFI) separate account (SIA-O7).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the mutual fund underlying the Equity & Income (Oakmark) separate account (SIA-VA).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the mutual fund underlying the Growth (William Blair) separate account (SIA-BW).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the mutual fund underlying the Large-Cap Value (Eaton Vance) separate account (SIA-GD).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the mutual fund underlying the Mid Cap Value (Perkins) separate account (SIA-TI).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the mutual fund underlying the Socially Resp (Neuberger Berman) separate account (SIA-SQ).

Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (30 basis points * plan assets) with respect to the mutual fund underlying the Adv Capital Growth (WIsFrgo) separate account (SIA-DP).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (30 basis points * plan assets) with respect to the mutual fund underlying the Adv Discovery (Wells Fargo) separate account (SIA-DR).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (40 basis points * plan assets) with respect to the mutual fund underlying the International Value (Thornburg) separate account (SIA-CJ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Supplemental Fees of (14 basis points * plan assets) with respect to the mutual fund underlying the Commodity Strategy Total Rtrn (OFI) separate account (SIA-C5).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Supplemental Fees of (14 basis points * plan assets) with respect to the mutual fund underlying the Quest Opportunity Value (OFI) separate account (SIA-O7).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Wrap Fees of (25 basis points * plan assets) with respect to the New Horizons (T. Rowe Price) separate account (SIA-W4).
MFS	043379729	MassMutual provided the Plan with the required written disclosure for Management Fees received by MFS with respect to the mutual fund underlying the Int'l New Discovery (MFS) separate account (SIA-WR).
MFS	043379729	MassMutual provided the plan with the required written disclosure for Other Fees received by MFS with respect to the mutual fund underlying the Int'l New Discovery (MFS) separate account (SIA-WR).
Neuberger Berman	133749226	MassMutual provided the Plan the required written disclosure for soft dollar compensation received by Neuberger Brmn & any affiliates (if applicable) with respect to the mutual fund underlying the Socially Resp (Neubrgr Brmn) separate acct (SIA-SQ).
Neuberger Berman	133749226	MassMutual provided the Plan with the required written disclosure for Management Fees received by Neuberger Berman with respect to the mutual fund underlying the Socially Resp (Neuberger Berman) separate account (SIA-SQ).
Neuberger Berman	133749226	MassMutual provided the plan with the required written disclosure for Other Fees received by Neuberger Berman with respect to the mutual fund underlying the Socially Resp (Neuberger Berman) separate account (SIA-SQ).
Northern Funds	201524639	MassMutual provided the Plan with the required written disclosure for Management Fees received by Northern with respect to the mutual fund underlying the the mutual fund underlying the Small Cap Equity Index (Northern) separate account (SIA-TG).
Oakmark	043276558	MassMutual provided the Plan with the required written disclosure for Management Fees received by Oakmark with respect to the mutual fund underlying the Equity & Income (Oakmark) separate account (SIA-VA).
Oakmark	043276558	MassMutual provided the plan with the required written disclosure for Other Fees received by Oakmark with respect to the mutual fund underlying the Equity & Income (Oakmark) separate account (SIA-VA).
OppenheimerFunds	136918880	MassMutual provided the Plan with the required written disclosure for Management Fees received by OppenheimerFunds with respect to the mutual fund underlying the Quest Opportunity Value (OFI) separate account (SIA-O7).
OppenheimerFunds	136918880	MassMutual provided the plan with the required written disclosure for Other Fees received by OppenheimerFunds with respect to the mutual fund underlying the Quest Opportunity Value (OFI) separate account (SIA-O7).
OppenheimerFunds	846297469	MassMutual provided the Plan with the required written disclosure for Management Fees received by OppenheimerFunds with respect to the mutual fund underlying the Commodity Strategy Total Rtrn (OFI) separate account (SIA-C5).
OppenheimerFunds	846297469	MassMutual provided the plan with the required written disclosure for Other Fees received by OppenheimerFunds with respect to the mutual fund underlying the Commodity Strategy Total Rtrn (OFI) separate account (SIA-C5).
PIMCO	330239894	MassMutual provided the Plan with the required written disclosure for Management Fees received by PIMCO with respect to the mutual fund underlying the LongTerm US Govt (PIMCO) separate account (SIA-KH).
PIMCO	330239894	MassMutual provided the plan with the required written disclosure for Other Fees received

T. Rowe Price	520791372	by PIMCO with respect to the mutual fund underlying the LongTerm US Govt (PIMCO) separate account (SIA-KH). MassMutual provided the Plan with the required written disclosure for Management Fees received by T. Rowe Price with respect to the mutual fund underlying the New Horizons (T. Rowe Price) separate account (SIA-W4).
T. Rowe Price	520791372	MassMutual provided the plan with the required written disclosure for Other Fees received by T. Rowe Price with respect to the mutual fund underlying the New Horizons (T. Rowe Price) separate account (SIA-W4).
Thornburg	850451747	MassMutual provided the Plan with the required written disclosure for Management Fees received by Thornburg with respect to the mutual fund underlying the International Value (Thornburg) separate account (SIA-CJ).
Thornburg	850451747	MassMutual provided the plan with the required written disclosure for Other Fees received by Thornburg with respect to the mutual fund underlying the International Value (Thornburg) separate account (SIA-CJ).
Wells Fargo Advantage	202241880	MassMutual provided the Plan with the required written disclosure for Management Fees received by Wells Fargo Advantage with respect to the mutual fund underlying the Adv Capital Growth (WlsFrgo) separate account (SIA-DP).
Wells Fargo Advantage	202241880	MassMutual provided the plan with the required written disclosure for Other Fees received by Wells Fargo Advantage with respect to the mutual fund underlying the Adv Capital Growth (WlsFrgo) separate account (SIA-DP).
Wells Fargo Advantage	202241880	MassMutual provided the plan with the required written disclosure for Shareholder Service Fees received by Wells Fargo Advantage with respect to the mutual fund underlying the Adv Capital Growth (WlsFrgo) separate account (SIA-DP).
Wells Fargo Advantage	391593255	MassMutual provided the Plan with the required written disclosure for Management Fees received by Wells Fargo Advantage with respect to the mutual fund underlying the Adv Discovery (Wells Fargo) separate account (SIA-DR).
Wells Fargo Advantage	391593255	MassMutual provided the plan with the required written disclosure for Other Fees received by Wells Fargo Advantage with respect to the mutual fund underlying the Adv Discovery (Wells Fargo) separate account (SIA-DR).
Wells Fargo Advantage	391593255	MassMutual provided the plan with the required written disclosure for Shareholder Service Fees received by Wells Fargo Advantage with respect to the mutual fund underlying the Adv Discovery (Wells Fargo) separate account (SIA-DR).
William Blair	362272155	MassMutual provided the Plan with the required written disclosure for Management Fees received by William Blair with respect to the mutual fund underlying the Growth (William Blair) separate account (SIA-BW).
William Blair	362272155	MassMutual provided the plan with the required written disclosure for Other Fees received by William Blair with respect to the mutual fund underlying the Growth (William Blair) separate account (SIA-BW).

Mosaic Sales Solutions 401(k) Savings Plan

Financial Statements and Supplemental Schedule

**As of December 31, 2010 and 2009 and
for the year ended December 31, 2010**

Mosaic Sales Solutions 401(k) Savings Plan

Financial Statements and
Supplemental Schedule
As of December 31, 2010 and 2009 and
for the year ended December 31, 2010

Mosaic Sales Solutions 401(k) Savings Plan

Contents

Independent Auditors' Report	3
Financial Statements	
Statements of Net Assets Available for Benefits - as of December 31, 2010 and 2009	5
Statement of Changes in Net Assets Available for Benefits - for the year ended December 31, 2010	6
Notes to Financial Statements	7
Supplemental Schedule	
Schedule H, line 4(i), Schedule of Assets Held (at End of Year) as of December 31, 2010	15



Tel: 214-969-7007
Fax: 214-953-0722
www.bdo.com

700 North Pearl, Suite 2000
Dallas, TX 75201

Independent Auditors' Report

To the Plan Administrator and Plan participants of the
Mosaic Sales Solutions 401(k) Savings Plan
Irving, TX

We were engaged to audit the financial statements and supplemental schedule of Mosaic Sales Solutions 401(k) Savings Plan (the "Plan"), as of December 31, 2010 and 2009, and for the year ended December 31, 2010, as listed in the accompanying contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Massachusetts Mutual Life Insurance Company, (the Trustee) of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the Trustee as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the Plan administrator by the Trustee is complete and accurate.

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

BDO USA, LLP

Dallas, Texas
September 20, 2011

Financial Statements

Mosaic Sales Solutions 401(k) Savings Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2010	2009
Assets		
Investments, at fair value:		
Pooled separate accounts	\$ 7,449,943	\$ 5,312,549
Guaranteed investment contracts	2,055,709	1,397,743
Total investments, at fair value	9,505,652	6,710,292
Receivables:		
Notes receivable from participants	192,395	162,888
Net assets available for benefits, at fair value	9,698,047	6,873,180
Adjustment from fair value to contract value for fully benefit responsive investment contracts	(146,210)	(52,051)
Net Assets Available for Benefits	\$ 9,551,837	\$ 6,821,129

See accompanying independent auditors' report and notes to financial statements.

Mosaic Sales Solutions 401(k) Savings Plan
Statement of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2010
Additions:	
Investment income:	
Net appreciation in fair value of pooled separate accounts	\$ 1,039,187
Interest from participant notes receivable	6,957
Contributions:	
Participant	1,460,695
Employer	786,204
Rollover	266,696
Total contributions	2,513,595
Total additions	3,559,739
Deductions:	
Benefits paid to participants and beneficiaries	786,766
Administrative expenses	42,265
Total deductions	829,031
Net increase	2,730,708
Net assets available for benefits, beginning of year	6,821,129
Net assets available for benefits, end of year	\$ 9,551,837

See accompanying independent auditors' report and notes to financial statements.

Mosaic Sales Solutions 401(k) Savings Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the Mosaic Sales Solutions 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit-sharing plan for employees of Mosaic Sales Solutions (the "Company" or "Employer"). The Plan was established August 1, 2003 and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Participation

Employees of the Company may voluntarily commence participation in the Plan on the first day of the month following completion of 30 days of service.

Contributions

Participants may contribute up to 20% of their annual compensation to the Plan, provided their contribution for any year does not exceed the Internal Revenue Code (the "Code") limitation. Participants' contributions are made through payroll deductions. Additionally, participants who have attained age 50 are eligible to make catch-up contributions, subject to the statutory limit. Participants may also make rollover contributions which represent distributions from other qualified plans.

The Company makes safe harbor matching contributions equal to 100% of each participants' tax-deferred contributions not exceeding 3% of the participants' compensation, plus 50% of each participants' tax-deferred contributions that exceed 3% of the participants' compensation but that do not exceed 5% of the participants' compensation. The Company may also make discretionary profit sharing contributions, as determined annually by the Company. During the 2010 Plan year, the Company made no discretionary profit sharing contributions.

Participant Accounts and Vesting

Each participant's share of assets is segregated in an individual account and invested in accordance with the investment choices elected by the participant. Participant accounts are credited with the participants' contributions; rollover contributions; the Company's safe harbor matching contributions; the Company's profit-sharing contributions, if any; and allocations of earnings and losses attributed thereto, and are charged with any benefit payments and allocations of administrative expenses. Allocations of earnings and losses and administrative expenses are based on participants' account balances.

Participants are immediately vested in their voluntary contributions and related earnings and losses thereon, all safe harbor matching contributions, and the Company's profit-sharing contributions, if any. Vesting in the Company's matching contributions made prior to the Company adopting the safe harbor provisions and profit-sharing contributions and related earnings or losses thereon occurs at the rate of 20% per year of service. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance. The nonvested portion of the Company's contributions and related earnings of terminated employees

Mosaic Sales Solutions 401(k) Savings Plan

Notes to Financial Statements

is first used to pay administrative expenses of the plan and then to reduce future employer contributions.

Benefit Payments

As provided under the Plan document and as allowed under the Code, distribution of a participant's vested account is available upon the participant's retirement, death, disability, termination of employment, or attainment of age 59 ½. Distribution is also available to satisfy a financial hardship, subject to certain requirements.

Notes Receivable from Participants

A participant may borrow a minimum of \$1,000 up to a maximum of \$50,000 (or, if less, 50% of the vested account balance) at an interest rate equal to the prime rate or the prime rate plus additional reasonable fixed rate. A participant may have two loans outstanding under the Plan at one time. Generally, loans shall be repaid within five years of the date on which the loan is made, except for the purchase of a primary residence, which must be repaid within thirty years. The loans are secured by the balances in the participant's account. Principal and interest are repaid through payroll deductions.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document. There was no allowance at December 31, 2010 or 2009 as the loans are fully collateralized by the participants' accounts.

Administration

Massachusetts Mutual Life Insurance Company (MassMutual or the Trustee) serves as the Trustee and recordkeeper of the Plan. Expenses of administering the Plan are paid by the Company unless paid by the Plan.

Plan Termination

Although there is no current intention to do so, the Company has the right under the Plan to amend, modify, suspend, or terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants become 100% vested in their account balances.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

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 reported amounts of assets, liabilities, and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Mosaic Sales Solutions 401(k) Savings Plan

Notes to Financial Statements

Investment Valuation and Income Recognition

Investments in pooled separate accounts are valued based on quoted market prices of the underlying assets as determined by MassMutual.

The Plan holds a guaranteed interest account ("GIA") through the group annuity contract with MassMutual supported by MassMutual's general account. As described in Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("Codification" or "ASC") 962 (formerly known as FASB Staff Position ("FSP") AAG INV-1 and SOP 94-4-1, *Reporting of Fully benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans*), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by the ASC 962, the Statement of Net Assets Available for Benefits presents the fair value of the GIA as well as the adjustment from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis. Contract value, as reported to the Plan by MassMutual, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

Participants may direct the withdrawal or transfer of up to 20% of their accounts at contract value per year. The fair value of the GIA was determined by MassMutual using the cash flow due to the Plan under the surrender provisions of the contract, considering current crediting rates and benefit-eligible events, and discounting according to the risk-adjusted market rates. There are no reserves against contract value for credit risk of MassMutual. Additionally, there are no events specifically identified in the group annuity contract which would cause it to settle at an amount other than contract value.

MassMutual is contractually obligated to repay the principal plus specified interest at a rate that is guaranteed to the Plan. The crediting rate is reset semiannually and is based on a formula agreed upon with MassMutual, but can be no less than 3% for participant accounts set up before December 1, 2003.

The average yield of the GIA is presented below:

December 31,	2010	2009
Based on interest rate credited to participant	2.83%	3.06%
Based on actual earnings	2.83%	3.06%

Factors that can influence the future crediting rates are (i) the totality of investments previously made by participants; (ii) anticipated payout timing requirements; (iii) current investment climate; (iv) contractual minimum interest rate guarantees; (v) competitive requirements; and (vi) required return on invested capital supporting the product. If future crediting rates increase, the adjustment between fair value and contract value is expected to increase.

Mosaic Sales Solutions 401(k) Savings Plan

Notes to Financial Statements

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

Forfeitures

Forfeitures are used to reduce future Company contributions and pay administrative expenses. The Plan had forfeiture balances of \$42,403 and \$41,038 as of December 31, 2010 and 2009, respectively, which may be used to reduce future Company contributions and pay administrative expenses. For the year ended December 31, 2010, \$110 of forfeitures was used to pay Plan expenses. Forfeitures were not used toward Company contributions during the year ended December 31, 2010.

New Accounting Pronouncements

Accounting Standards Update ("ASU") 2010-25 requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. ASU 2010-25 is effective retrospectively for fiscal years after December 15, 2010, with early adoption permitted. The Plan adopted and retrospectively applied ASU 2010-25 as of January 1, 2010. Upon adoption, there was no material impact to the Plan.

In January 2010, the Financial Accounting Standards Board ("FASB") issued ASUs ASU 2010-06, which amends ASC 820, Fair Value Measurements and Disclosures, adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The adoption did not have a material impact on the Plan's financial statements.

In May 2011, the FASB issued ASU 2011-04, Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs (ASU 2011-04). ASU 2011-04 amended ASC 820, Fair Value Measurements and Disclosures, to provide a consistent definition of fair value and improve the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with U.S. GAAP and IFRSs. Some of the amendments clarify the application of existing fair value measurement and disclosure requirements, while other amendments change a particular principle or requirement for measuring fair value or disclosing information about fair value measurements. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

Reclassifications

Some prior year amounts have been reclassified to conform to the current year presentation.

Mosaic Sales Solutions 401(k) Savings Plan

Notes to Financial Statements

3. Investments

The fair value of individual investments that represent 5% or more of the Plan's net assets is as follows:

December 31,	2010	2009
Guaranteed investment contracts:		
Guaranteed Interest Account	\$ 2,055,709	\$ 1,397,743
Pooled separate accounts:		
Premier Core Bond (Babson)	848,783	642,623
Select Large Cap Value (Davis)	784,146	637,744
Adv Discovery (Wells Fargo)	543,540	347,428
Growth (William Blair)	522,923	374,452
Int'l New Discovery (MFS)	*	453,450
Small Cap Equity Index (SSGA)	530,396	362,405
Socially Resp (Neuberger Brmn)	778,548	499,694

* Amount is not greater than 5% of net assets available for benefits at December 31, 2010.

4. Fair Value Measurement

ASC 820 (formerly SFAS No. 157, *Fair Value Measurements*) defines fair value as the exit price, which is the price that would be received to sell an asset or paid to transfer a liability in a transaction between market participants at the measurement date. ASC 820 establishes 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 of hierarchy under ASC 820 are as follows:

Level 1: Quoted prices in active markets for identical assets or liabilities

Level 2: Quoted prices for similar assets and liabilities in active markets or inputs that are observable

Level 3: Inputs that are unobservable (for example cash flow modeling inputs based on assumptions)

The following table summarizes investment assets measured at fair value at December 31, 2010 and 2009:

Investment Assets at Fair Value as of December 31, 2010				
	Level 1	Level 2	Level 3	Total
Guaranteed Interest Accounts	\$ -	\$ -	\$ 2,055,709	\$ 2,055,709
Pooled Separate Accounts	-	7,449,943	-	7,449,943
Total investments at fair value	\$ -	\$ 7,449,943	\$ 2,055,709	\$ 9,505,652

Mosaic Sales Solutions 401(k) Savings Plan

Notes to Financial Statements

Investment Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Guaranteed Interest Accounts	\$ -	\$ -	\$ 1,397,743	\$ 1,397,743
Pooled Separate Accounts	-	5,312,549	-	5,312,549
Total investments at fair value	\$ -	\$ 5,312,549	\$ 1,397,743	\$ 6,710,292

The table below sets forth a summary of changes in the fair value of the Plan's level 3 investments for the year ended December 31, 2010.

Level 3 Investment Assets Year Ended December 31, 2010	
	Guaranteed Interest Accounts
Balance, beginning of year	\$ 1,397,743
Unrealized gains/(losses)	143,047
Purchases	700,223
Sales	(185,304)
Balance, end of year	\$ 2,055,709

5. Information Certified by the Plan's Trustee (Unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

December 31,	2010	2009
Guaranteed interest accounts	\$ 2,055,709	\$ 1,397,743
Pooled separate accounts	7,449,943	5,312,549
Year ended December 31,		2010
Net appreciation in fair value of Investments	\$	1,039,187

As permitted by 29 CFR 2520.103-8, the Plan's independent auditors did not perform auditing procedures with respect to the information summarized in this Note, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Mosaic Sales Solutions 401(k) Savings Plan

Notes to Financial Statements

6. Related-Party Transactions

Plan investments in the pooled separate accounts and the GIA are managed by MassMutual and, therefore, these transactions qualify as party-in-interest transactions.

7. Excess Contributions Payable to Participants

The Plan administrator became aware of certain nondiscriminatory contribution violations for the year ended December 31, 2010. Accordingly, contributions totaling \$4,941 for were re-characterized as catch-up contributions to remedy the noncompliance issue.

8. 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 risks associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect participants' accounts and the amounts reported in the statements of net assets available for benefits.

9. Income Tax Status

The underlying nonstandardized prototype plan has received an opinion letter from the Internal Revenue Service (IRS) dated April 23, 2002, stating that the form of the plan is qualified under Section 401(a) of the Code, and, therefore, the related trust is tax-exempt. In accordance with Revenue Procedures 2007-6, the Plan sponsor has determined that it is eligible to and has chosen to rely on the current IRS prototype plan opinion letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of the liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2007.

10. Subsequent Events

Plan management evaluated subsequent events through September 20, 2011, the date the financial statements were available for issuance.

Supplemental Schedule

Mosaic Sales Solutions 401(k) Savings Plan

Schedule H, line 4(i), Schedule of Assets Held (at End of Year) as of December 31, 2010

EIN: 56-2360186
Plan Number: 001
Form: 5500
(e)

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
*	Massachusetts Mutual Life Insurance Company	Guaranteed Interest Account	a	\$ 2,055,709
*	Massachusetts Mutual Life Insurance Company	Prm Core Bond (Babson)	a	848,783
*	Massachusetts Mutual Life Insurance Company	Prem Intl Equity (OFI Inst)	a	261,915
*	Massachusetts Mutual Life Insurance Company	Sel Large Cap Value (Davis)	a	784,146
*	Massachusetts Mutual Life Insurance Company	Premier Cap Appreciation (OFI)	a	271,697
*	Massachusetts Mutual Life Insurance Company	Premier Global (OFI)	a	352,229
*	Massachusetts Mutual Life Insurance Company	Adv Capital Growth (WlsFrigo)	a	217,086
*	Massachusetts Mutual Life Insurance Company	Adv Discovery (Wells Fargo)	a	543,540
*	Massachusetts Mutual Life Insurance Company	MidCap Val (Janus Adv Perkins)	a	449,740
*	Massachusetts Mutual Life Insurance Company	Commodity Stratgy Tot Ret(OFI)	a	72,812
*	Massachusetts Mutual Life Insurance Company	Equity & Income (Oakmark)	a	106,347
*	Massachusetts Mutual Life Insurance Company	Growth (William Blair)	a	522,923
*	Massachusetts Mutual Life Insurance Company	Int'l New Discovery (M FS)	a	426,169
*	Massachusetts Mutual Life Insurance Company	Intl Value (Thornburg)	a	123,214
*	Massachusetts Mutual Life Insurance Company	Large-Cap Value (Eaton Vance)	a	77,178
*	Massachusetts Mutual Life Insurance Company	Long Term US Govt (PIMCO)	a	93,195
*	Massachusetts Mutual Life Insurance Company	New Horizons (T. Rowe Price)	a	428,013
*	Massachusetts Mutual Life Insurance Company	NFJ International Val(Allianz)	a	35,895
*	Massachusetts Mutual Life Insurance Company	NFJ Small Cap Val (Allianz)	a	61,305
*	Massachusetts Mutual Life Insurance Company	Prm High Yield (Babson)	a	254,980
*	Massachusetts Mutual Life Insurance Company	Prm Infl-Prot Bd (Babson)	a	23,141
*	Massachusetts Mutual Life Insurance Company	Quest Opportunity Value (OFI)	a	186,691
*	Massachusetts Mutual Life Insurance Company	Small Cap Equity Index (SSGA)	a	530,396
*	Massachusetts Mutual Life Insurance Company	Socially Resp (Neuberger Brmn)	a	778,548
Total Pooled Separate Accounts				7,449,943
*	Participant Loans	Interest rates ranging from 3.25% to 8.25%	N/A	192,395
Total Investments				\$ 9,698,047

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

a - The cost of participant directed funds is not required to be disclosed.

See accompanying independent auditors' report.