

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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div> 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>REVISED RETIREMENT PLAN FOR EMPLOYEES OF ELECTRIC ENERGY, INC.</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>11/01/1952</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>11/01/1952</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>11/01/1952</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>ELECTRIC ENERGY, INC.</u> <div style="display: flex; justify-content: space-between;"> <div> <u>PO BOX 165</u> <u>JOPPA, IL 61953</u> </div> <div> <u>2100 PORTLAND ROAD</u> <u>JOPPA, IL 62953</u> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>37-0673432</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>618-543-7531</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>221100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>37-0673432</u>	2c Sponsor's telephone number <u>618-543-7531</u>	2d Business code (see instructions) <u>221100</u>	
2b Employer Identification Number (EIN) <u>37-0673432</u>					
2c Sponsor's telephone number <u>618-543-7531</u>					
2d Business code (see instructions) <u>221100</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.	10/11/2011	DAVID RAMBO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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") RETIREMENT PLAN COMMITTEE ELECTRIC ENERGY, INC. PO BOX 165 JOPPA, IL 61953	3b Administrator's EIN 37-0673432 3c Administrator's telephone number 618-543-7531
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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	524
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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	238
b Retired or separated participants receiving benefits.....	6b	205
c Other retired or separated participants entitled to future benefits.....	6c	29
d Subtotal. Add lines 6a , 6b , and 6c	6d	472
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	73
f Total. Add lines 6d and 6e	6f	545
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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:
 1A 1G

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

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

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

A Name of plan <u>REVISED RETIREMENT PLAN FOR EMPLOYEES OF ELECTRIC ENERGY, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ELECTRIC ENERGY, INC.</u>	D Employer Identification Number (EIN) <u>37-0673432</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>54867282</u>
b Actuarial value	2b <u>55826631</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>234</u> <u>32635739</u>
b For terminated vested participants	3b <u>34</u> <u>1088819</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>2129820</u>
(2) Vested benefits	3c(2) <u>27680149</u>
(3) Total active	3c(3) <u>258</u> <u>29809969</u>
d Total	3d <u>526</u> <u>63534527</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.67</u> %
6 Target normal cost	6 <u>2642613</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary <u>STEVEN M. DICUS A.S.A.,E.A.,M.A.A.A</u>	Date <u>11-05681</u>
Type or print name of actuary <u>MERCER</u>	Most recent enrollment number <u>314-588-2500</u>
Firm name <u>701 MARKET STREET, SUITE 1100</u> <u>ST LOUIS, MO 63101-1867</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....		
10	Interest on item 9 using prior year's actual return of <u>21.61</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		
b	Interest on (a) using prior year's effective rate of <u>8.20</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	87.86 %
15	Adjusted funding target attainment percentage.....	15	87.86 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	106.60 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/30/2011	4875000				
Totals ►			18(b)	4875000	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	4499574

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			4
22 Weighted average retirement age	22			63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	2642613
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5166515	869484
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	3512097
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35).....	36	3512097
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	4499574
38 Interest-adjusted excess contributions for current year (see instructions).....	38	987477
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	
40 Unpaid minimum required contribution for all years	40	

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 REVISED RETIREMENT PLAN FOR EMPLOYEES OF ELECTRIC ENERGY, INC.	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ELECTRIC ENERGY, INC.	D Employer Identification Number (EIN) 37-0673432

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 THE BANK OF NEW YORK MELLON 13-5160382
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(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)

MELLOM GSS COMPENSATION

04-1107180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 19	NONE	123332	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

MERCER

13-2834414

(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?
11	NONE	118948	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

KEMPER CPA GROUP LLP

37-0818432

(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?
	NONE	20000	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

MERCER

13-2834414

(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?
17	NONE	8394	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 ☐

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>REVISED RETIREMENT PLAN FOR EMPLOYEES OF ELECTRIC ENERGY, INC.</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>ELECTRIC ENERGY, INC.</u>	D Employer Identification Number (EIN) <u>37-0673432</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>EB INTERNATIONAL STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON TRUST COMPANY</u>		
c EIN-PN <u>25-6078093-034</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4689934</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB LARGE CAP STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON TRUST COMPANY</u>		
c EIN-PN <u>25-6078093-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19740826</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB SMALL CAP STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON TRUST COMPANY</u>		
c EIN-PN <u>25-6078093-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10388632</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON TRUST COMPANY</u>		
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>304392</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB MELLON TOTAL RETURN FUND CL A</u>		
b Name of sponsor of entity listed in (a): <u>MELLON TRUST COMPANY</u>		
c EIN-PN <u>25-6078093-102</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23001095</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 REVISED RETIREMENT PLAN FOR EMPLOYEES OF ELECTRIC ENERGY, INC.	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ELECTRIC ENERGY, INC.	D Employer Identification Number (EIN) 37-0673432	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		4875000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	28	27
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	281363	304392
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	54585891	57820487
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	54867282	62999906

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	23625	22888
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	23625	22888

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	54843657	62977018
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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)	4875000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4875000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-76	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		-76

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7178995
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		12053919

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3572702	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3572702
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	147342	
(2) Contract administrator fees	2i(2)	123332	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	77182	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		347856
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3920558

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8133361
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: KEMPER CPA GROUP, LLP

(2) EIN: 37-0818432

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan REVISED RETIREMENT PLAN FOR EMPLOYEES OF ELECTRIC ENERGY, INC.		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ELECTRIC ENERGY, INC.		D Employer Identification Number (EIN) 37-0673432
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 25-1904625		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 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): _____



INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Revised Retirement Plan for Employees of
Electric Energy, Inc.:

We were engaged to audit the financial statements of Revised Retirement Plan for Employees of Electric Energy, Inc. (the "Plan") as of December 31, 2010 and 2009, and for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2010 as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of the 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 E, which was certified by Mellon Bank, N.A./Mellon Trust of New England, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of and for the years ended December 31, 2010 and 2009, 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Kemper CPA Group LLP

Certified Public Accountants and Consultants
Paducah, Kentucky
October 12, 2011

Schedule SB, Part V — Summary of Plan Provisions

Plan provisions

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through Fifth Amendment, are included in this valuation.

- **Most recent plan amendments included:** The Fifth Amendment, adopted September 3, 2009 is included because it was adopted by the valuation date and is effective by the end of the plan year. This amendment did not affect the actuarial valuation.
- **Plan amendments excluded:** None
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* Not applicable
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. Benefit accruals are assumed to be greater than actuarial increases year over year.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are not valued including the late retirement actuarial increase, as it is deemed immaterial.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Following is a summary of the major plan provisions used to determine the plan's financial position. It should not be used in determining plan benefits.

Effective date and plan year	Original plan: November 1, 1952; Revised Plan: July 1, 1973 Restated plan: October 1, 2008 Plan year: January 1 through December 31
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None
Definitions	
▪ Sponsoring employer	Electric Energy, Inc.
▪ Administration	The plan is administered by the sponsoring employer.
▪ Type of plan	The plan is defined benefit, self-insured trustee plan.
▪ Participation	Effective January 1, 1995, Employees become Members on the first day of the month coinciding with or next following the attainment of age 21. Prior to January 1, 1995, the Employee had to have agreed in writing to make the necessary contributions for membership in the plan.
▪ Employer contributions	The employer contributes such amount and at such times to meet all applicable funding requirements.
▪ Employee contributions	Effective July 1, 1988, Members contribute 1% of basic annual earnings. Effective January 1, 1995, participant contributions are no longer permitted or required.
▪ Vesting service	An Employee receives one year of Continuous Service for each Plan Year in which he completes 1,000 Hours of Service. If an Employee completes less than 1,000 Hours of Service, a pro rata portion based upon actual hours divided by 2,080 is granted.

Schedule SB, Part V — Summary of Plan Provisions

▪ Credited service	<p>The Employee's period of Continuous Service begins with the first day of the month in which he becomes a Member of the Plan, based on Hours of Service. No Credited Service is granted for years in which the Employee has not made contributions under the plan when required.</p> <p>For each Plan Year in which an Employee completes 2,080 Hours of Service, a full year of Credited Service is granted. If an Employee completes less than 2,080 Hours of Service, a pro rata portion based upon actual hours divided by 2,080 is granted.</p>
▪ Pensionable earnings	Pensionable earnings are the basic annual or hourly compensation, as applicable, received by the Member during the plan year plus elective contributions made by the company on the Member's behalf that were not includible in gross income under Section 125 or Section 402(3)(3) of the Internal Revenue Code.
▪ Final average earnings	Final Average Earnings is the average of the highest 4 consecutive years of basic annual compensation during the 10 year period immediately preceding the Member's termination of employment.
Normal retirement	
▪ Eligibility	The first day of the month coinciding with or next following the Member's 65th birthday.
▪ Benefit	<p>A monthly benefit equal to 1/12 of (a) plus (b), minus (c):</p> <ul style="list-style-type: none"> – 2% of Final Average Earnings, multiplied by the Member's initial 20 years of Credited Service. – 1-1/4% of Final Average Earnings, multiplied by the Member's next 25 years of Credited Service. – 50% of the Member's estimated Social Security Benefit under the Federal Social Security Act in effect on the first day of the month coinciding with or next following the Member's 62nd birthday, as more fully described in the pension plan document; provided, however, that the percentage is reduced by 2% for each year of Credited Service less than 25. <p>The sum of (a) and (b) above is limited to 70% of Final Average Earnings.</p>
▪ Qualified social security supplement	The Social Security Benefit offset described in (c) above is not deducted prior to the Member's 62nd birthday.

Schedule SB, Part V — Summary of Plan Provisions

Increased monthly benefit

In addition to the Early, Normal or Deferred Retirement Benefit payable to a Member, an increased monthly benefit will be payable, as described herein.

2) Increased Monthly Benefit. The increased monthly benefit is a monthly benefit commencing on the Member's Normal retirement Date and terminating with the monthly payment coinciding with or next preceding the month Member's death and equal to

a) \$5.00 multiplied by the Member's years of Credited Service, in the case of a Member who terminates employment on or after July 1, 2004 and before July 1, 2008 with a nonforfeitable interest in the Member's Accrued Benefit; or

b) \$10.00 multiplied by the Member's years of Credited Service, in the case of a Member who terminates employment on or after July 1, 2008 with a nonforfeitable interest in the Member's Accrued Benefit.

(b) Payment of the increased monthly benefit shall begin at the same time as payment of the Member's Early, Normal or Deferred Retirement Benefit begins.

(1) If payment of the increased monthly benefit begins before the Normal Retirement Date of a Member whose employment with the Company terminates before age 55, then the increased monthly benefit shall be reduced by 1/5 of 1% for each month by which such Member's Early Retirement Date precedes the Member's 62nd birthday.

If payment of the increased monthly benefit begins before the Normal Retirement Date of a Member whose employment with the Company terminates on or after age 55, then the increased monthly benefit shall not be reduced for early commencement.

(2) If the Member remains an Employee after the Member's Normal Retirement Date, the increased monthly benefit shall begin on the Member's Deferred Retirement Date and shall be based on the Member's years of Credited Service as of actual termination of employment. If the Member remains an Employee after age 70-1/2, the increased monthly benefit shall be adjusted in accordance with the applicable provisions of Section 5.6.

Schedule SB, Part V — Summary of Plan Provisions

Increased monthly benefit <i>(continued)</i>	Payment of the increased monthly benefit shall be made in the same form of payment as the Member's Early, Normal or Deferred Retirement Benefit.
Minimum retirement benefit	A monthly benefit equal to \$10 plus .15% of the Member's Contributions (excluding interest), multiplied by his years of Credited Service up to 45 years.
Early retirement	
▪ Eligibility	On or after attainment of age 55.
▪ Benefit	A monthly benefit determined in the same manner as the Normal Retirement Benefit but based on Credited Service to the Early Retirement Date. If the Early Retirement Date is prior to the Member's 62nd birthday, the benefit amount is reduced by 1/5 of 1% for each month prior to age 62.
Late retirement	
▪ Eligibility	Continued employment past normal retirement date.
▪ Benefit	A monthly benefit determined in the same manner as the Normal Retirement Benefit but based on earnings and Credited Service to the deferred retirement date, plus any increase for late payments of benefits attributable to employee contributions. The benefit of a Member who defers retirement beyond the April 1 following the calendar year in which he attains age 70-1/2 shall be the larger of the deferred retirement benefit with continued accruals or the benefit as of the December 31 of the calendar year in which the participant attained age 70-1/2 assuming payment began on the next April 1 actuarially increased as of each subsequent April 1 prior to the actual retirement date.
Deferred vested	
▪ Eligibility	A Member who terminates employment after the completion of 5 years of Continuous Service will be entitled to a vested deferred benefit.
▪ Benefit	The benefit will be the accrued benefit commencing at age 62, or a reduced benefit commencing as early as age 55. A Member who terminates with or without a vested benefit is entitled to withdraw his Employee Contributions plus the appropriate interest, subject to spousal consent requirements.

Schedule SB, Part V — Summary of Plan Provisions

Disability	
▪ Eligibility	A Member who has at least 15 years of Credited Service, and who qualifies for the Company's long-term disability plan and the Federal Social Security Act, shall be eligible for a disability benefit.
▪ Benefit	The Member will continue to accrue Normal Retirement Benefits based on the Final Average Earnings and estimated Social Security Benefit determined as of the date of disability. Benefits will commence at the Member's Early or Normal Retirement Date, as applicable, as if the Member had been actively employed during the period of disability.
Death Benefit – return of participant contributions	
▪ Benefit prior to retirement	<p>The Surviving Spouse of a Member to whom the Member was married for at least one year but who is not entitled to the Spouse Benefit described below will receive the Member's contributions, with interest, in a lump sum or an actuarially equivalent annuity at the spouse's election.</p> <p>If there is no Surviving Spouse (or if the Member was married to his Spouse for less than one year), the Member's contributions, with interest, will be paid to his beneficiary in a lump sum.</p> <p>A Surviving Spouse who is eligible for a Spouse Benefit described below may elect to receive the Member's contributions with interest in a lump sum. This election causes the Spouse Benefit to be based solely on the employer-provided portion of the retirement benefit.</p>
▪ Benefit after retirement	<p>If the Member is not eligible for the Spouse Benefit, the beneficiary will receive the Member's contributions, if any, plus the appropriate interest, less any benefits previously paid to the Member. However, if the Member had elected the Life Only Option, as described in the pension plan document, no benefits are paid after his death.</p> <p>If the Member is eligible for the Spouse Benefit, any excess of the Member's contributions with interest computed as of the retirement date over the total payments made to the Member and his spouse will be payable to the spouse's estate. However, if the Member had elected the Life Only Option, as described in the pension plan document, no benefits are paid after his death.</p>

Schedule SB, Part V — Summary of Plan Provisions

Death Benefit – spouse's benefit

- **Death prior to retirement** If a Member dies prior to retirement, and as of the day before his death:
 - (a) he was an active Employee who had attained age 55 or was a disabled Member;
 - (b) he had been legally married to his Surviving Spouse for at least one year; and
 - (c) the 75% Spouse's Benefit Option, as described in the pension plan document, was not in effect
 - (d) his Surviving Spouse will receive a monthly annuity equal to the greater of (1) or (2).
 - (1) 50% of the Member's Accrued Benefit with the percentage reduced by 1% for each full year by which the Spouse is younger than the Member, or increased by 1% for each full year older than the Member, without any reduction for early retirement;
 - (2) 50% of the amount the Member would have received had such benefit been paid in the form of a 50% Joint and Survivor Annuity had such Member retired on the day preceding death, without any reduction for early retirement.

If a Member dies prior to retirement, and as of the day before his death:

- (a) he had not attained age 55, or was not a disabled Member, or had separated from service;
 - (b) he had been legally married to his Surviving Spouse for at least one year;
 - (c) he had completed five years of Continuous Service or terminated employment on or after age 55; and
 - (d) the 75% Spouse's Benefit Option, as described in the pension plan document, was not in effect his Surviving Spouse will receive 50% of the amount the Member would have received if he had separated from service on his date of death (or at actual termination if earlier), survived to age 55, and retired with a benefit in the form of a 50% Joint and Survivor Annuity, without any reduction for early retirement. This benefit is payable on the first day of the month following the later of the date of the Member's death and the date he would have attained age 55.
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Schedule SB, Part V — Summary of Plan Provisions

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| ▪ Death after retirement | <p>If an optional form of benefit has been elected, a benefit in accordance with the elected option. If no optional form has been elected and the Surviving Spouse had been married to the Member on the annuity starting date, a monthly annuity in an amount equal to the greater of (a) or (b):</p> <p>(a) 50% of the Member's benefit increased or decreased by 1% for each full year the Spouse is older or younger than the Member.</p> <p>(b) 50% of the amount which the Member would have received had the benefit been paid in the form of a Joint and Survivor Annuity.</p> |
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Form of benefits

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| ▪ Automatic form for unmarried participants | <p>If the Member is not married on the Member's Annuity Starting Date, has not elected to have the Member's Retirement Benefit paid under an optional form, and is living on the Member's Annuity Starting Date, the Normal Form of payment of Retirement Benefit shall be payments in equal monthly installments, commencing on the Member's Retirement Date and terminating with the monthly payment coinciding with or next preceding the Member's death. The Qualified Supplemental Social Security, if any, shall be paid in equal monthly installments commencing on the Member's Retirement Date and terminating with the monthly payment coinciding with or next preceding the Member's 62nd birthday or, if earlier, the Member's death. If, at the death of a Member, the amount of such Member's Accumulated Contributions, determined as of the Annuity Starting Date, exceeds the total amount of monthly benefits paid, such excess shall be payable to the Member's Beneficiary.</p> |
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Schedule SB, Part V — Summary of Plan Provisions

- Automatic form for married participants

If the Member is married on the Member's Annuity Starting Date, has not elected to have the Member's monthly retirement benefit paid under the Normal Form or an optional form, and is living on the Member's Annuity Starting Date, the Alternate Normal Form of payment of Retirement Benefit shall be payments in equal monthly installments, commencing on the Member's Retirement Date and terminating with the monthly payment coinciding with or next preceding the Member's death; and if at the death of the Member on or after the Member's Annuity Starting Date, the Member has a Surviving Spouse, the Member's Surviving Spouse shall be entitled to a monthly benefit equal to the greater of (a) or (b) below:

- (a) 50% of the Member's Retirement Benefit, provided, however, that such percentage shall either be decreased by 1% for each full year by which such Surviving Spouse is younger than such Member, or increased by 1% for each full year by which the Surviving Spouse is older than the Member; or
- (b) 50% of the amount the Member would have received had such benefit been paid in the form of a Joint and 50% Survivor Annuity, which is the Actuarial Equivalent of the Member's Retirement Benefit (payable in the Normal Form of benefit), reduced for Early Retirement, if applicable, based on the ages of the Member and the Surviving Spouse on the Member's Annuity Starting Date.

The Surviving Spouse's benefit shall be paid until the Surviving Spouse's death. Notwithstanding the foregoing, if the Member's Annuity Starting Date is before January 1, 1995, and if the Surviving Spouse is receiving a benefit under (a) above, the Surviving Spouse's benefit shall be recalculated upon the Surviving Spouse's remarriage and shall thereafter be payable under (b) above.

Payment of the Member's Qualified Social Security Supplement or the survivor benefit based on the Member's Social Security Supplement, if any, shall terminate with the monthly payment coinciding with or preceding the date on which the Member attains (or would have attained) age 62 or, if earlier, the death of the second to die of the Member and the Member's Spouse.

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> Automatic form for married participants (continued) 	If, upon the deaths of both the Member and the Member's Spouse, the amount of the Member's Accumulated Contributions, computed as of the date of the Member's Annuity Starting Date, exceeds the total amount of monthly benefits paid to both the Member and the Surviving Spouse, such excess shall be payable to the estate of the second to die
<ul style="list-style-type: none"> Optional forms 	Reduced 100%, 75%, and 50% joint and survivor, 10-year certain and life, 5-year certain and life, Social Security level income, and spouse's 75% benefit option.
<ul style="list-style-type: none"> Optional form conversion factors 	UP84 Mortality Table and 7% interest.
Miscellaneous	
<ul style="list-style-type: none"> Maximum compensation 	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2010, the limit is \$245,000.
<ul style="list-style-type: none"> Maximum benefits 	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2010, the limit is \$195,000.

Plan provision changes since prior valuation

- None.

**REVISED RETIREMENT PLAN FOR EMPLOYEES
OF ELECTRIC ENERGY, INC**

EIN 37-0673432, Plan 001

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

December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Mellon Trust	EB Temporary Investment Cash	\$ 304,392	\$ 304,392
*	Mellon Trust	EB Daily Valued International Stock Index Fund	2,614,187	4,689,934
*	Mellon Trust	EB Daily Valued Large Cap Stock Index Fund	12,590,418	19,740,826
*	Mellon Trust	EB Daily Valued Small Cap Stock Index Fund	5,479,155	10,388,632
*	Mellon Trust	EB Mellon Total Return Fund CL A	15,850,577	23,001,095
Total			<u>\$ 36,838,729</u>	<u>\$ 58,124,879</u>

* Represents a party in interest.

Schedule SB, Line 26 — Schedule of Active Participant Data

	Years of credited service									
Attained age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up
< 25										
25 - 29		13	2							
30 - 34		11	5							
35 - 39		12	16							
40 - 44		9	8	4		3				
45 - 49		3	5	3	5	8	3			
50 - 54		5	4	7	6	13	6	5		
55 - 59		3	5		7	20	15	8	13	
60 - 64			3	1	3	7	6	3	2	1
65 - 69					1	2	1			
70+						1				

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions**

Discount rate sponsor elections	Funding
▪ Segment rates or full yield curve	Segment rates
▪ Look-back months	4
▪ 1st 5 years	5.03%
▪ Next 15 years	6.73%
▪ Over 20 years	6.82%
Mortality sponsor elections	
▪ Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
▪ Pre-1995 disabilities	Revenue Ruling 96-7 table for participants who became disabled before 1995
▪ Post-1994 disabilities	Same as Healthy participants
Other economic assumptions	
▪ Salary increases	3.98% per year average salary scale. See table of sample rates.
▪ Social Security wage base	3.25% per year
▪ Inflation	2.50% per year
▪ Expected investment return	8.00% per year for years 2008 through 2010
▪ Expenses	The administrative expenses incurred in the prior plan year are assumed to occur during the current plan year. \$277,274 is assumed for 2010 and is added to current year normal cost.
▪ Interest on mandatory employee contributions	2.95%
Demographic assumptions	
Withdrawal	<p><u>Union</u>: Hourly Union Workers table for employees with 10 or more years of service based on the 2003 Society of Actuaries turnover study.</p> <p><u>Salary</u>: Salaried Workers table for employees with 10 or more years of service based on the 2003 Society of Actuaries turnover study.</p> <p>See table of sample rates.</p>

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

Disability incidence

Union: 1985 Pension Disability Study Class 3 with separate male and female tables.Salary: 1985 Pension Disability Study Class 1 with separate male and female tables.

Retirement age

Disabled members are all assumed to retire at age 65.

Attained Age	% of Active Employees	
	Union	Salary
55	10%	5%
56-59	5%	5%
60	15%	21%
61	12%	21%
62-64	12%	25%
65	22%	55%
66-68	12%	55%
69	15%	55%
70 and above	100%	100%

Benefit commencement age for

- Future vested deferred 62
- Current vested deferred 62

Spouse assumptions

Male participantsFemale participants

- Percentage married 85%
- Spouse age difference 3 years younger 3 years older

Form of paymentSingle lifeSubsidized 50% J&S

- Active retirements 15% 85%
- Future vested deferred 15% 85%
- Future disabilities 15% 85%
- Future deaths 15% 85%
- Current vested deferred 15% 85%

Unpredictable contingent event assumptions N/A

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table of sample rates****Withdrawal percentage**

Attained Age	% of active employees	
	Union	Salaried
21	2.20%	10.30%
25	2.20	10.30
30	1.90	8.00
35	1.60	6.20
40	1.40	4.80
45	1.10	3.70
50	1.00	2.80
55 and above	0.00	0.00

Salary increases

Attained Age	Annual Salary Increase
21-29	4.75%
30-34	4.50%
35-39	4.25%
40-44	4.00%
45-49	3.75%
50-54	3.50%
55-64	3.25%
65 and above	0.00%

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

Actuarial methods

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The liabilities and assets associated with retirees whose benefits have been purchased through a non-participating insurance contract are not included in the valuation. The death benefits for the spouses of these retirees are included in the liabilities.

Minimum funding method

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

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

- This plan provides disability benefits that are only partially based on a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the accrued benefit on the valuation date plus a portion of the excess of the benefit over the accrued benefit multiplied by the ratio of the participant's service at the beginning of the plan year to their service at each decrement age. This benefit is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Maximum deductible contribution method

Calculations of maximum deductible contributions include the excess of the accrued liability computed using the projected unit credit method over the minimum funding target liability. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration future compensation increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **projected funding target** is the present value of benefits based on credited service as of the beginning of the plan year and projected compensation that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the projected funding target for an individual is the sum of the component projected funding targets associated with the various anticipated separation dates.
- The plan's **projected funding target** is the sum of the projected funding targets for all participants under the plan. The excess of the plan's projected funding target over the plan's funding target is included in the "cushion amount."

Schedule SB, Line 32 — Schedule of Amortization Bases

The shortfall amortization charge is the sum of the shortfall base amortization for each plan year covered under PPA. Although a shortfall base can be negative, the combined shortfall amortization charge cannot be negative.

Shortfall bases			
Year established	Outstanding balance	Years remaining	Installment
2010	\$ 5,166,515	7	\$ 869,484
Total	\$ 5,166,515		\$ 869,484

Schedule SB, Line 25 — Change in Method

As required by the final Section 430 regulations, we changed the allocation of disability benefit costs to funding target and target normal cost from the ratio of the participant's service to their service at first eligibility to the accrued benefit on the valuation date plus a portion of the excess of the benefit over the accrued benefit multiplied by the ratio of the participant's service to their service at each decrement age.

Schedule SB, Line 24 — Change in Actuarial Assumptions

Beginning with the 2010 valuation, the sponsor changed their interest rate election from full yield curve with a two month look-back to segment rates with a four month look-back.

Expense normal cost decreased from \$287,905 to \$277,274 to reflect our expectations for the current plan year.

The interest applied to mandatory employees' contributions was increased from 2.48% to 2.95%, based on 120% of the Federal mid-term rate for the first month of the plan year.

Schedule SB, Line 22 — Description of Weighted Average Retirement Age**Union group**

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Age	(B) Rate of Retirement	(C) Remaining Actives	(D) # of Retirees	(E) # of Retirees x Age
55	0.10	100.00	10.00	550.00
56	0.05	90.00	4.50	252.00
57	0.05	85.50	4.28	243.68
58	0.05	81.23	4.06	235.55
59	0.05	77.16	3.86	227.63
60	0.15	73.31	11.00	659.75
61	0.12	62.31	7.48	456.11
62	0.12	54.83	6.58	407.95
63	0.12	48.25	5.79	364.79
64	0.12	42.46	5.10	326.11
65	0.22	37.37	8.22	534.35
66	0.12	29.15	3.50	230.84
67	0.12	25.65	3.08	206.21
68	0.12	22.57	2.71	184.18
69	0.15	19.86	2.98	205.57
70	1.00	16.88	16.88	1,181.81
			100.00	6,266.53

The weighted average retirement age of 63 is the total for column E divided by the total for column D.

Schedule SB, Line 22 — Description of Weighted Average Retirement Age**Salaried group**

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 61.

(A) Age	(B) Rate of Retirement	(C) Remaining Actives	(D) # of Retirees	(E) # of Retirees x Age
55	0.050	100.00	5.00	275.00
56	0.050	95.00	4.75	266.00
57	0.050	90.25	4.51	257.21
58	0.050	85.74	4.29	248.64
59	0.050	81.45	4.07	240.28
60	0.210	77.38	16.25	974.96
61	0.210	61.13	12.84	783.06
62	0.250	48.29	12.07	748.52
63	0.250	36.22	9.05	570.45
64	0.250	27.16	6.79	434.63
65	0.550	20.37	11.21	728.34
66	0.550	9.17	5.04	332.79
67	0.550	4.13	2.27	152.03
68	0.550	1.86	1.02	69.43
69	0.550	0.84	0.46	31.70
70	1.000	0.38	0.38	26.32
			100.00	6,139.35

The weighted average retirement age of 61 is the total for column E divided by the total for column D.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

► **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2010****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

- 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 REVISED RETIREMENT PLAN FOR EMPLOYEES OF ELECTRIC ENERGY, INC.	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 11/01/1952
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) ELECTRIC ENERGY, INC. PO BOX 165 JOPPA IL 61953 2100 PORTLAND ROAD JOPPA IL 62953	2b Employer Identification Number (EIN) 37-0673432
	2c Sponsor's telephone number 618-543-7531
	2d Business code (see instructions) 221100

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		10/10/11	DAVID RAMBO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/10/11	DAVID RAMBO
	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")
RETIREMENT PLAN COMMITTEE
ELECTRIC ENERGY, INC.

PO BOX 165
 JOPPA

IL 61953

3b Administrator's EIN
 37-0673432

3c Administrator's telephone number
 618-543-7531

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

a Sponsor's name

4b EIN

4c PN

5 Total number of participants at the beginning of the plan year

5 524

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** 238

b Retired or separated participants receiving benefits **6b** 205

c Other retired or separated participants entitled to future benefits **6c** 29

d Subtotal. Add lines **6a**, **6b**, and **6c** **6d** 472

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits **6e** 73

f Total. Add lines **6d** and **6e** **6f** 545

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

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

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) **7**

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

1A 1G

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

**REVISED RETIREMENT PLAN FOR EMPLOYEES OF
ELECTRIC ENERGY, INC.**

**FINANCIAL STATEMENTS
WITH INDEPENDENT AUDITOR'S REPORT**

Years Ended December 31, 2010 and 2009

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



INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Revised Retirement Plan for Employees of
Electric Energy, Inc.:

We were engaged to audit the financial statements of Revised Retirement Plan for Employees of Electric Energy, Inc. (the "Plan") as of December 31, 2010 and 2009, and for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2010 as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of the 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 E, which was certified by Mellon Bank, N.A./Mellon Trust of New England, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of and for the years ended December 31, 2010 and 2009, 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Kemper CPA Group LLP

Certified Public Accountants and Consultants
Paducah, Kentucky
October 12, 2011

REVISED RETIREMENT PLAN FOR EMPLOYEES OF ELECTRIC ENERGY, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ASSETS:		
Investments at fair value:		
EB Temporary Investment Funds	\$ 304,392	\$ 281,363
EB Intl Cap Stock Index Fund	4,689,934	4,524,878
EB Large Cap Stock Index Fund	19,740,826	18,997,892
EB Small Cap Stock Index Fund	10,388,632	9,971,089
EB Mellon Total Return Fund Cl A	<u>23,001,095</u>	<u>21,092,032</u>
Total investments	<u>58,124,879</u>	<u>54,867,254</u>
Receivables:		
Interest receivable	27	28
Employer contribution receivable	<u>4,875,000</u>	<u>-</u>
Total receivables	<u>4,875,027</u>	<u>28</u>
Total assets	<u>62,999,906</u>	<u>54,867,282</u>
LIABILITIES:		
Accounts payable	<u>22,888</u>	<u>23,625</u>
Total liabilities	<u>22,888</u>	<u>23,625</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$62,977,018</u></u>	<u><u>\$54,843,657</u></u>

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

REVISED RETIREMENT PLAN FOR EMPLOYEES OF ELECTRIC ENERGY, INC.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
EMPLOYER CONTRIBUTIONS	<u>\$ 4,875,000</u>	<u>\$ -</u>
INVESTMENT INCOME		
Interest	465	759
Net appreciation in fair value of investments	<u>7,178,454</u>	<u>9,606,919</u>
Total investment income	<u>7,178,919</u>	<u>9,607,678</u>
Total additions	<u>12,053,919</u>	<u>9,607,678</u>
DEDUCTIONS:		
Benefits paid directly to participants	3,572,702	3,021,068
Administrative expenses	<u>347,856</u>	<u>288,730</u>
Total deductions	<u>3,920,558</u>	<u>3,309,798</u>
NET INCREASE	8,133,361	6,297,880
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>54,843,657</u>	<u>48,545,777</u>
End of year	<u><u>\$62,977,018</u></u>	<u><u>\$54,843,657</u></u>

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

**REVISED RETIREMENT PLAN FOR EMPLOYEES
OF ELECTRIC ENERGY, INC.
NOTES TO FINANCIAL STATEMENTS**

NOTE A – PLAN DESCRIPTION

The following description of the Revised Retirement Plan for Employees of Electric Energy, Inc. (the “Plan”) is for general information purposes only. Participants should refer to the Plan Document for a more comprehensive description of the Plan’s provisions.

General – The Plan, as amended, is a defined benefit pension plan covering all employees of Electric Energy, Inc. (the “Company”). Benefits under the Plan are based on each employee’s compensation, years of service, and age at retirement. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Retirement Plan Committee of the Company controls and manages the operation and administration of the Plan. The Plan’s trustee is Mellon Bank (“Mellon”). The Plan’s investment assets as of December 31, 2010 and 2009 are held in a common/collective trust account at Mellon (the “Trust”).

Eligibility Requirements – Employees are eligible to participate the later of the following dates:

- The first day of the month coinciding with or following first day of employment, or
- The first day of the month coinciding with or following attainment of age 21.

Effective January 1, 1995, employee contributions were no longer required or permitted.

Vesting – Participants vest in their accrued Company benefits according to the following schedule:

Years of Service	Vested Percentage
Less than five	0 %
Five or more	100 %

Prior to January 1, 1995, participants were immediately vested in their own contributions to the Plan.

Normal Retirement Benefits – The normal retirement date is the first day of the month coinciding with or following the participant’s 65th birthday. A participant will receive the greater of a. or b. in monthly installments.

a. 1/12 the sum of (1) plus (2), minus (3):

- (1) 2% of final average earnings, multiplied by the participant’s initial 20 years of credited service.
- (2) 1 ¼% of final average earnings, multiplied by the participant’s next 25 years of credited service.
- (3) 50% of the participant’s annual primary insurance amount under Federal Social Security Act in effect at the time of retirement or on the first day of the month coinciding with or following the participant’s 62nd birthday, if earlier; provided, however, that the percentage is reduced by 2% for each year of credited service less than 25.

The sum of (1) and (2) shall be limited to 70% of such participant’s final average earnings.

Final average earnings are the average of the highest four consecutive years of basic compensation during the ten years immediately preceding the participant’s normal or early retirement date.

**REVISED RETIREMENT PLAN FOR EMPLOYEES
OF ELECTRIC ENERGY, INC.
NOTES TO FINANCIAL STATEMENTS**

NOTE A – PLAN DESCRIPTION, CONTINUED

If the participant terminated employment on or after July 1, 2004 and before July 1, 2008, \$5.00 times years of credited service is added to the calculated monthly benefit (steps 1-3). If the participant terminated employment on or after July 1, 2008, \$10.00 times years of credited service is added to the calculated monthly benefit.

- b. \$10 plus 0.15% of the amount of the participant's net contributions to the Plan, multiplied by the participant's years of credited service and fractions thereof (completed to the nearest twelfth) but not to exceed 45 years of credited service.

Maximum Annual Benefits – Under the Plan, the maximum annual retirement allowance attributable to employer contributions payable to a Member shall not exceed the lesser of:

1. \$160,000, as adjusted effective as of January 1st of each calendar year for increases in the cost-of-living, if any, and
2. One hundred percent (100%) of Member's average annual section 415 compensation for the three (3) consecutive calendar years during which the Member received the greatest aggregate 415 compensation from the employer.

Other Plan Benefits – Certain provisions of the Plan also provide for early retirement benefits, spouse benefits, death benefits, termination benefits, and disability benefits.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES FOLLOWED BY THE PLAN

Basis of Accounting – The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America.

Use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note F for discussion of fair value measurements.

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

Expenses – Expenses incurred by the Plan consist principally of professional fees for actuarial services performed by Mercer Human Resource Consulting ("Mercer") and administrative fees paid to Mellon Bank. Certain other expenses of the Plan are paid by the Company.

Payment of Benefits – Benefit payments to participants are recorded upon distribution.

**REVISED RETIREMENT PLAN FOR EMPLOYEES
OF ELECTRIC ENERGY, INC.
NOTES TO FINANCIAL STATEMENTS**

NOTE C – FUNDING POLICY

The Company funds the plan. Prior to January 1, 1995, employee contributions were required. Accumulated employee contributions, including interest, were \$1,307,707 and \$1,822,743 at December 31, 2010 and 2009, respectively. Annual interest was credited on the contributions at the rate of 2.95% and 2.48%, respectively.

The Company's funding policy is to contribute the minimum required contribution under ERISA and the Pension Protection Act of 2006 (PPA). From time to time, the Company may decide to contribute more than the minimum required contribution if necessary to achieve certain objectives, such as avoiding benefit restrictions under PPA or level funding over multiple years. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2010 and 2009.

NOTE D – INVESTMENTS

During the years ended December 31, 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2010	2009
EB Daily Valued Intl Cap Stock Index Fund	\$ 359,235	\$ 1,101,694
EB Daily Valued Large Cap Stock Index Fund	2,902,839	4,272,223
EB Daily Valued Small Cap Stock Index Fund	2,472,447	2,181,065
EB Mellon Total Return Fund CI A	<u>1,443,933</u>	<u>2,051,937</u>
Net appreciation (depreciation)	<u>\$ 7,178,454</u>	<u>\$ 9,606,919</u>

The Plan's investments that represented five percent or more of the Plan's net assets available for benefits as of December 31, 2010 and 2009 are as follows:

	2010	2009
EB Daily Valued Intl Cap Stock Index Fund	\$ 4,689,934	\$ 4,524,878
EB Daily Valued Large Cap Stock Index Fund	\$ 19,740,826	\$ 18,997,892
EB Daily Valued Small Cap Stock Index Fund	\$ 10,388,632	\$ 9,971,089
EB Mellon Total Return Fund CI A	\$ 23,001,095	\$ 21,092,032

NOTE E – INFORMATION PROVIDED BY THE TRUSTEE

The following is a summary of the unaudited information regarding the Plan as of December 31, 2010 and 2009 included in the Plan's financial statements and supplemental schedules that was prepared by or derived from information prepared by Mellon Bank, and furnished to the plan administrator. The plan administrator has obtained certifications from Mellon as of December 31, 2010 and 2009, and for the years then ended, that such information is complete and accurate.

	2010	2009
Investments	\$ 58,124,879	\$ 54,867,254
Interest Receivable	\$ 27	\$ 28
Investment income:		
Interest	\$ 465	\$ 759
Net appreciation in fair value of investments	\$ 7,178,454	\$ 9,606,919

Additionally, information included in the Supplemental Schedules has also been certified by the trustee as complete and accurate.

**REVISED RETIREMENT PLAN FOR EMPLOYEES
OF ELECTRIC ENERGY, INC.
NOTES TO FINANCIAL STATEMENTS**

NOTE F – FAIR VALUE MEASUREMENTS

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

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

Level 2	<p>Inputs to the valuation methodology include</p> <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that are observable for the asset or liability;• inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.</p>
---------	--

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Commingled funds: Valued based on information reported by the investment advisor using the audited financial statements of the funds at year end.

Investment classification in commingled funds is as follows:

Commingled funds cash equivalents: EB Temporary Investment Fund

Commingled funds U.S equity: EB Intl Cap Stock Index Fund, EB Large Cap Stock Index Fund, and
EB Small Cap Stock Index Fund

Commingled funds U.S. debt: EB Mellon Total Return Fund Cl A

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

**REVISED RETIREMENT PLAN FOR EMPLOYEES
OF ELECTRIC ENERGY, INC.
NOTES TO FINANCIAL STATEMENTS**

NOTE F – FAIR VALUE MEASUREMENTS, CONTINUED

The following tables set forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2010 and 2009.

Assets at Fair Value as of December 31, 2010

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and Cash Equivalents:				
EB Temporary Investment Fund	\$ -	\$ 304,392	\$ -	\$ 304,392
Equity Securities:				
EB Intl Cap Stock Index Fund	-	4,689,934	-	4,689,934
EB Large Cap Stock Index Fund	-	19,740,826	-	19,740,826
EB Small Cap Stock Index Fund	-	10,388,632	-	10,388,632
Debt Securities:				
EB Mellon Total Return Fund Cl A	-	23,001,095	-	23,001,095
Total assets at fair value	<u>\$ -</u>	<u>\$ 58,124,879</u>	<u>\$ -</u>	<u>\$ 58,124,879</u>

Assets at Fair Value as of December 31, 2009

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and Cash Equivalents:				
EB Temporary Investment Fund	\$ -	\$ 281,363	\$ -	\$ 281,363
Equity Securities:				
EB Intl Cap Stock Index Fund	-	4,524,878	-	4,524,878
EB Large Cap Stock Index Fund	-	18,997,892	-	18,997,892
EB Small Cap Stock Index Fund	-	9,971,089	-	9,971,089
Debt Securities:				
EB Mellon Total Return Fund Cl A	-	21,092,032	-	21,092,032
Total assets at fair value	<u>\$ -</u>	<u>\$ 54,867,254</u>	<u>\$ -</u>	<u>\$ 54,867,254</u>

NOTE G – AGREEMENTS WITH THIRD PARTIES – ALLOCATED INSURANCE CONTRACTS

The respective trust and investment management agreements establish collective investment funds to which contributions are deposited and which earn interest. For participants who retire on or after January 1, 1995, retirement benefit payments are made directly from amounts in the Trust. For participants who retired prior to January 1, 1995, retirement benefits are provided by monthly retirement annuities from The Prudential Insurance Company of America ("Prudential"). These annuities were purchased from amounts in the Trust. The amounts contained in the monthly retirement annuities are not reflected as assets of the Plan on the statements of net assets, nor are they reflected as obligations in the accumulated benefit obligation presented in Note H.

NOTE H – ACCUMULATED BENEFITS

As discussed in Note G, prior to January 1, 1995, retiree benefits were provided through the purchase of annuities and were excluded from Plan assets. After January 1, 1995, the information below reflects liabilities associated with retirees and non-retirees. Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

**REVISED RETIREMENT PLAN FOR EMPLOYEES
OF ELECTRIC ENERGY, INC.
NOTES TO FINANCIAL STATEMENTS**

NOTE H – ACCUMULATED BENEFITS, CONTINUED

The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The actuarial present value of accumulated plan benefits as of January 1, 2010 and 2009 are as follows:

	2010	2009
Vested:		
Participants currently receiving benefits	\$ 34,279,093	\$ 29,375,600
Other vested benefits	<u>32,102,083</u>	<u>31,724,586</u>
Total vested	66,381,176	61,100,186
Nonvested	<u>2,457,953</u>	<u>3,103,018</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 68,839,129</u>	<u>\$ 64,203,204</u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended January 1, 2010 are as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2009	\$ 64,203,204
Increase (decrease) during the year attributable to :	
Benefits accumulated and (gains) losses	4,059,059
Benefits paid	(3,021,068)
Change in actuarial assumptions	343
Change in plan provisions	-
Increase for interest due to the decrease in the discount period	<u>3,597,591</u>
Net increase	<u>4,635,925</u>
Actuarial present value of accumulated plan benefits as of January 1, 2010	<u>\$ 68,839,129</u>

The significant actuarial assumptions used in the January 1, 2010 and January 1, 2009 valuations were:

Mortality:	- The RP2000 male and female combined tables (with white collar adjustments for salaried employees and blue collar adjustments for union employees) were utilized.
Retirement age:	- Graduated basis from age 55 to 70, with all employees retiring by age 70.
Investment return:	- 8% per annum compounded annually.
Discount rate:	- 5.75%

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

**REVISED RETIREMENT PLAN FOR EMPLOYEES
OF ELECTRIC ENERGY, INC.
NOTES TO FINANCIAL STATEMENTS**

NOTE I – RELATED-PARTY TRANSACTIONS

Certain Plan investments are shares of pooled separate accounts managed by Mellon. Mellon is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Mellon were \$119,887 and \$115,865 for contract administration and investment management services for the years ended December 31, 2010 and 2009, respectively.

NOTE J – FEDERAL INCOME TAX STATUS

The Plan obtained its latest determination letter on October 2, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and the Plan and the related trust are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE K – PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

NOTE L – RISKS AND UNCERTAINTIES

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

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

**REVISED RETIREMENT PLAN FOR EMPLOYEES
OF ELECTRIC ENERGY, INC.
NOTES TO FINANCIAL STATEMENTS**

NOTE M – SUBSEQUENT EVENTS

Date of Management's Review – The Retirement Plan Committee approved a plan amendment subsequent to year end to include an option for a lump sum distribution based on actuarial present value. This option is effective May 16, 2011 and is available to all individuals with an annuity starting date on or after June 1, 2011. The effects of this amendment have not been reflected in these financial statements or the related notes.

The plan has evaluated subsequent events through October 12, 2011, the date which the financial statements were available to be issued.

**REVISED RETIREMENT PLAN FOR EMPLOYEES
OF ELECTRIC ENERGY, INC**

EIN 37-0673432, Plan 001

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

December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Mellon Trust	EB Temporary Investment Cash	\$ 304,392	\$ 304,392
*	Mellon Trust	EB Daily Valued International Stock Index Fund	2,614,187	4,689,934
*	Mellon Trust	EB Daily Valued Large Cap Stock Index Fund	12,590,418	19,740,826
*	Mellon Trust	EB Daily Valued Small Cap Stock Index Fund	5,479,155	10,388,632
*	Mellon Trust	EB Mellon Total Return Fund CL A	15,850,577	23,001,095
Total			<u>\$ 36,838,729</u>	<u>\$ 58,124,879</u>

* Represents a party in interest.

**REVISED RETIREMENT PLAN FOR EMPLOYEES
OF ELECTRIC ENERGY, INC**

EIN 37-0673432, Plan 001

Schedule H, Line 4j-Schedule of Reportable Transactions

For the Year Ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category 3 - Series of Transaction in Same Security Exceeds 5% of Value								
BNY Mellon	EB Temporary Investment Fund	\$ 3,569,281	\$ -	\$ -	\$ -	\$ 3,569,281	\$ 3,569,281	\$ -
BNY Mellon	EB Temporary Investment Fund	\$ -	\$ 3,546,252	\$ -	\$ -	\$ 3,546,252	\$ 3,546,252	\$ -

**REVISED RETIREMENT PLAN FOR EMPLOYEES
OF ELECTRIC ENERGY, INC**

EIN 37-0673432, Plan 001

Schedule H, Line 4j-Schedule of Reportable Transactions

For the Year Ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category 3 - Series of Transaction in Same Security Exceeds 5% of Value								
BNY Mellon	EB Temporary Investment Fund	\$ 3,569,281	\$ -	\$ -	\$ -	\$ 3,569,281	\$ 3,569,281	\$ -
BNY Mellon	EB Temporary Investment Fund	\$ -	\$ 3,546,252	\$ -	\$ -	\$ 3,546,252	\$ 3,546,252	\$ -

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

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

Revised Retirement Plan for Employees of

B Three-digit
plan number (PN) ▶

001

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

Electric Energy, Inc.

D Employer Identification Number (EIN)

37-0673432

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2010**2** Assets:**a** Market value..... **2a** 54,867,282**b** Actuarial value..... **2b** 55,826,631**3** Funding target/participant count breakdown

(1) Number of participants

(2) Funding Target

a For retired participants and beneficiaries receiving payment **3a** 234 32,635,739**b** For terminated vested participants **3b** 34 1,088,819**c** For active participants:(1) Non-vested benefits..... **3c(1)** 2,129,820(2) Vested benefits..... **3c(2)** 27,680,149(3) Total active **3c(3)** 258 29,809,969**d** Total..... **3d** 526 63,534,527**4** If the plan is at-risk, check the box and complete items (a) and (b) ☐**a** Funding target disregarding prescribed at-risk assumptions **4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor..... **4b****5** Effective interest rate..... **5** 6.67 %**6** Target normal cost..... **6** 2,642,613**Statement by Enrolled Actuary**

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

**SIGN
HERE**STEVEN M DICUS *gmd*

Signature of actuary

Steven M. Dicus A.S.A., E.A., M.A.A.A

Type or print name of actuary

MERCER

701 Market Street, Suite 1100 **Firm name**

St. Louis MO 63101-1867

Address of the firm

9/19/2011

Date

11-05681

Most recent enrollment number

(314) 588-2500

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Electric Energy, Inc.

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>21.61</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>8.20</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	87.86 %
15 Adjusted funding target attainment percentage.....	15	87.86 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	106.60 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/30/2011	4,875,000				
Totals ▶			18(b)	4,875,000	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4,499,574

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
---------	---------	---------	---------

--	--	--	--

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
5.03 %2nd segment:
6.73 %3rd segment:
6.82 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)**30**

0

Part VIII Minimum required contribution for current year**31** Target normal cost, adjusted, if applicable (see instructions)**31**

2,642,613

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

5,166,515

869,484

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)**34**

3,512,097

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

0

0

0

36 Additional cash requirement (item 34 minus item 35)**36**

3,512,097

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)**37**

4,499,574

38 Interest-adjusted excess contributions for current year (see instructions)**38**

987,477

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)**39**

0

40 Unpaid minimum required contribution for all years**40**

0