

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>DEFINED BENEFIT RETIREE INCOME PLAN FOR HOURLY EMPLOYEES OF SEAMAN CORPORATION</u>	1b Three-digit plan number (PN) ►	<u>001</u>	
	1c Effective date of plan	<u>01/01/1974</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>SEAMAN CORPORATION</u> <u>1000 VENTURE BLVD.</u> <u>WOOSTER, OH 44691</u>	2b Employer Identification Number (EIN) <u>34-0736380</u>	2c Sponsor's telephone number <u>330-262-1111</u>	2d Business code (see instructions) <u>326100</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/13/2011</u>	<u>ROBERT PETIT</u>
	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") SEAMAN CORPORATION 1000 VENTURE BLVD. WOOSTER, OH 44691	3b Administrator's EIN 34-0736380 3c Administrator's telephone number 330-262-1111
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	5 273
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 170
b Retired or separated participants receiving benefits.....	6b 20
c Other retired or separated participants entitled to future benefits.....	6c 77
d Subtotal. Add lines 6a , 6b , and 6c	6d 267
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 6
f Total. Add lines 6d and 6e	6f 273
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 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1G 1I 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ ¹ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 DEFINED BENEFIT RETIREE INCOME PLAN FOR HOURLY EMPLOYEES OF SEAMAN CORPORATION	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. SEAMAN CORPORATION	D Employer Identification Number (EIN) 34-0736380	

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMAPNY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	4-41402	273	01/01/2010	12/31/2010

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	473528

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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 DEFINED BENEFIT RETIREE INCOME PLAN FOR HOURLY EMPLOYEES OF SEAMAN CORPORATION		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SEAMAN CORPORATION		D Employer Identification Number (EIN) 34-0736380	
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 01 Day 01 Year 2010			
2 Assets:			
a Market value		2a	1758980
b Actuarial value		2b	1758980
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	16 520120
b For terminated vested participants		3b	80 549690
c For active participants:			
(1) Non-vested benefits		3c(1)	7860
(2) Vested benefits		3c(2)	1283802
(3) Total active		3c(3)	177 1291662
d Total		3d	273 2361472
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	6.61 %
6 Target normal cost		6	0

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 ALBERT R. MINOR, JR., ASA, MSPA	Date 11-02734
Type or print name of actuary AL MINOR & ASSOCIATES, INC.		Most recent enrollment number 614-899-0636
Firm name 283 SOUTH STATE STREET WESTERVILLE, OH 43081		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)	223176	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).....	223176	0
10	Interest on item 9 using prior year's actual return of <u>14.16</u> %	31602	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		502
b	Interest on (a) using prior year's effective rate of <u>6.54</u> %		33
c	Total available at beginning of current plan year to add to prefunding balance		535
d	Portion of (c) to be added to prefunding balance.....		535
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).....	254778	535

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	63.67 %
15	Adjusted funding target attainment percentage.....	15	63.67 %
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	61.59 %
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
09/13/2011	176332				
Totals ►			18(b)	176332	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 152436
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			0
22 Weighted average retirement age	22			65
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	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	763346	152353
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	152353
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
		0
36 Additional cash requirement (item 34 minus item 35).....	36	152353
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	152436
38 Interest-adjusted excess contributions for current year (see instructions).....	38	83
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 DEFINED BENEFIT RETIREE INCOME PLAN FOR HOURLY EMPLOYEES OF SEAMAN CORPORATION	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SEAMAN CORPORATION	D Employer Identification Number (EIN) 34-0736380	

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

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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)

PRINCIPAL FINANCIAL GROUP

42-0127290

(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 50 64	CONTRACT ADMIN.	7117	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

AL MINOR & ASSOCIATES, INC.

31-1124734

(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	8586	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>DEFINED BENEFIT RETIREE INCOME PLAN FOR HOURLY EMPLOYEES OF SEAMAN CORPORATION</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>SEAMAN CORPORATION</u>	D Employer Identification Number (EIN) <u>34-0736380</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>PRINCIPAL U.S. PROPERTY SEP ACCT</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL BOND & MTG SEP ACCOUNT</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-005</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5438</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN INFLATION PROT SEP ACCT</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-099</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL INTL EM MKT SEP ACCT</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-013</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LG-CAP S&P 500 INDEX SEP ACCT</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMALL CAP VALUE II SEP ACCT</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-096</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN CORE PLUS BOND I SEP ACCT</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-115</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN PTR INTERNATIONAL I SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-048	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGE CAP GROWTH SEP ACCOUNT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-018	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGE CAP VALUE I SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-098	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN FIN GRP INC. STK SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-086	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL INTL GROWTH SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-064	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL HIGH YIELD I SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-101	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTERNAT'L VALUE I SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-116	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MID CAP VALUE III SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-022	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MID CAP GROWTH III SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-026	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 237870

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LARGE CAP GROWTH I			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-066	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 230219

a Name of MTIA, CCT, PSA, or 103-12 IE: **PRINCIPAL PTR SM-CP GROWTH II**
PRINCIPAL LIFE INSURANCE COMPANY

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

c EIN-PN 42-0127290-071	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRINCIPAL LG-CAP VALUE III SEP ACCT**
PRINCIPAL LIFE INSURANCE COMPANY

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

c EIN-PN 42-0127290-068	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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 DEFINED BENEFIT RETIREE INCOME PLAN FOR HOURLY EMPLOYEES OF SEAMAN CORPORATION	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SEAMAN CORPORATION	D Employer Identification Number (EIN) 34-0736380	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	190000	176332
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1577149	473528
(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)		1483420
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(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	1767149	2133280

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1767149	2133280
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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)	176332	
(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)		176332

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	36726	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		36726

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		143551
(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)		84730
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		441339

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	55701	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	3804	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		59505
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)		
(2) Contract administrator fees	2i(2)	15703	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		15703
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		75208

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		366131
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: MEADEN & MOORE, LTD

(2) EIN: 34-1818258

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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>DEFINED BENEFIT RETIREE INCOME PLAN FOR HOURLY EMPLOYEES OF SEAMAN CORPORATION</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SEAMAN CORPORATION</u>	D Employer Identification Number (EIN) <u>34-0736380</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<u>1</u>	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ 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.....	<u>3</u>	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	<u>6a</u>		
b Enter the amount contributed by the employer to the plan for this plan year	<u>6b</u>		
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).....	<u>6c</u>		
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): _____

RESTATED DEFINED BENEFIT RETIREMENT INCOME PLAN
FOR HOURLY EMPLOYEES OF SEAMAN CORPORATION

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITORS' REPORT

December 31, 2010

INDEX

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INDEPENDENT AUDITORS' REPORT

To the Administrators of the
Restated Defined Benefit Retirement Income Plan
for Hourly Employees of Seaman Corporation
Wooster, Ohio

We were engaged to audit the financial statements of the RESTATED DEFINED BENEFIT RETIREMENT INCOME PLAN FOR HOURLY EMPLOYEES OF SEAMAN CORPORATION as of December 31, 2010 and 2009, and for the years then ended, and the supplemental schedules as of December 31, 2010, as listed in the accompanying index. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information in Note 8, which was certified by Principal Life Insurance Company (the Custodian 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 Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of December 31, 2010 and 2009, and for the years then ended, that the information provided to the Plan Administrator 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 supplemental schedules, other than that derived from the information certified by the Custodian, have been audited by us in accordance with generally accepted auditing standards 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.



MEADEN & MOORE, LTD.
Certified Public Accountants

October 12, 2011
Cleveland, Ohio

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Restated Defined Benefit Retirement Income Plan for Hourly Employees of Seaman Corporation

	December 31	
	<u>2010</u>	<u>2009</u>
ASSETS		
Receivable - Employer contributions	\$ 176,332	\$ 190,000
Investments, at Fair Value:		
Principal Bond and Mortgage Separate Account	5,438	362,993
Principal Core plus Bond I Separate Account	-	373,128
Principal Largecap Growth Separate Account	-	62,809
Principal Financial Group Inc. Stock Separate Account	-	116,312
Principal International Value I Separate Account	-	27,652
Principal Largecap Value III Separate Account	-	42,288
Principal Largecap S&P 500 Index Separate Account	-	55,436
Principal Largecap Growth I Separate Account	230,219	62,957
Principal Smallcap Growth II Separate Account	-	15,242
Principal Smallcap Value II Separate Account	-	14,822
Principal Midcap Value III Separate Account	-	15,282
Principal Largecap Value I Separate Account	-	79,594
Principal International I Separate Account	-	26,480
Principal Inflation Protection Separate Account	-	146,949
Principal High Yield I Separate Account	-	70,950
Principal International Emerging Markets Separate Account	-	9,438
Principal U.S. Property Separate Account	-	50,462
Principal Midcap Growth III Separate Account	237,870	15,410
Principal International Growth Separate Account	-	28,945
American Century Inflation Adjusted Bond A Fund	124,761	-
Delaware Small Cap Value A Fund	126,689	-
Eaton Vance Large Cap Value A Fund	314,731	-
Janus Overseas S Fund	59,227	-
Oppenheimer Developing Markets A Fund	105,044	-
PIMCO Total Return A Fund	444,155	-
Templeton Foreign A Fund	179,413	-
Templeton Global Bond A Fund	129,401	-
Total Investments	<u>1,956,948</u>	<u>1,577,149</u>
Total Assets	2,133,280	1,767,149
LIABILITIES	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u>\$ 2,133,280</u>	<u>\$ 1,767,149</u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Restated Defined Benefit Retirement Income Plan for Hourly Employees of Seaman Corporation

	Years Ended December 31	
	<u>2010</u>	<u>2009</u>
Additions to Net Assets Attributed to:		
Contributions:		
Employer	\$ 176,332	\$ 190,000
Dividends	36,726	-
Net appreciation in fair value of investments	228,281	280,788
Deductions from Net Assets Attributed to:		
Benefits paid to participants	55,701	85,840
Allocation for retirees	3,804	13,548
Administrative expenses	<u>15,703</u>	<u>18,127</u>
Total Deductions	<u>75,208</u>	<u>117,515</u>
Net Increase	366,131	353,273
Net Assets Available for Benefits:		
Beginning of Year	<u>1,767,149</u>	<u>1,413,876</u>
End of Year	<u>\$ 2,133,280</u>	<u>\$ 1,767,149</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Restated Defined Benefit Retirement Income Plan for Hourly Employees of Seaman Corporation

1 Description of Plan

The following description of The Restated Defined Benefit Retirement Income Plan for Hourly Employees of Seaman Corporation provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan, which began January 1, 1974, is a defined benefit plan covering substantially all hourly employees of Seaman Corporation who have completed one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended and restated September 30, 2003, with an effective date of January 1, 2002, to comply with tax regulations referred to as GUST and the Economic Growth and Tax Recovery and Reconciliation Act of 2001.

Effective December 31, 2004, the Plan was frozen at its current levels.

Eligibility:

All employees of the Company who had completed one year of service prior to December 31, 2004, are eligible to participate in the Plan.

Contributions:

The Company has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Company's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year service cost and the initial past service cost plus interest over a period of 30 years, as determined by the Plan's independent actuary. No employee contributions are permitted. The Company's contributions for 2010 and 2009 comply with the minimum funding requirements.

Vesting:

Vesting in the participant's account balance is based on years of service. A participant is vested as follows:

Years of Service	%
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7	100%

NOTES TO FINANCIAL STATEMENTS

Restated Defined Benefit Retirement Income Plan for Hourly Employees of Seaman Corporation

1 Description of Plan, Continued

Payment of Benefits:

The Plan offers the following options to receive benefits:

- * A monthly income for life. No benefits are payable after death. (Life annuity)
- * A monthly income for life. If death occurs before the end of a period, payments continue to the beneficiary to the end of the period. (Certain and life annuity, participant can select 5, 10, or 15 years)
- * A monthly income to participant for life. The participant chooses a percentage of the monthly income to continue for the lifetime of a survivor named. (Survivorship annuity, participant can select 50%, 66-2/3% or 100%)

Administrative Fees:

Substantially all administrative fees are paid by the Plan.

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting.

Valuation of Investments:

Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker. Insurance company separate accounts and the unallocated insurance contract are stated at fair value. The fair value of participation units owned by the Plan in the separate accounts was based on quoted redemption values on the last business day of the Plan year.

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.

In order to provide benefits for retirees, amounts are transferred to an allocated fund by Principal Life Insurance Company. Principal Life Insurance Company guarantees these funds to be adequate for benefit payments to retirees and, consequently, the value of these assets and liabilities are excluded from the financial statements. At December 31, 2010 and 2009, allocated funds amounted to \$0 and \$432,520, respectively.

NOTES TO FINANCIAL STATEMENTS

Restated Defined Benefit Retirement Income Plan for Hourly Employees of Seaman Corporation

2 Summary of Significant Accounting Policies, Continued

Use of Estimates:

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

Actuarial Present Value of Accumulated Plan Benefit:

Accumulated Plan benefits (Note 6) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees and their beneficiaries. Benefits under the Plan are based on employees' compensation for the highest five consecutive years of the last ten years preceding the valuation date. Benefits payable under retirement, disability and termination of employment are included, to the extent they are deemed attributable to participant service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

Payment of Benefits:

Benefit payments to participants are recorded upon distribution.

Plan Termination:

In the event the Plan is terminated, the accrual of benefits and any further vesting under the Plan will be frozen. ERISA requires that the Plan continue for the purposes of paying out benefits accrued prior to termination and receiving any additional contributions which the employer may be obligated to contribute to sufficiently fund the Plan.

NOTES TO FINANCIAL STATEMENTS

Restated Defined Benefit Retirement Income Plan for Hourly Employees of Seaman Corporation

2 Summary of Significant Accounting Policies, Continued

Plan Termination, Continued:

The Pension Benefit Guaranty Corporation (PBGC) guarantees the payment of those benefits which are vested if and when the Plan becomes insolvent or terminates by reason of a mass withdrawal, subject to certain limitations. Whether all participants receive all 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 available to provide those benefits and on the level of benefits guaranteed by the PBGC.

Risks and Uncertainties:

The Plan investments include investments in pooled separate accounts with varying degrees of risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for Plan benefits.

Plan contributions and actuarial present value of accumulated Plan benefits are 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 estimation 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.

3 Subsequent Events

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining and the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through October 12, 2011 which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

Restated Defined Benefit Retirement Income Plan for Hourly Employees of Seaman Corporation

4 Tax Status

On May 16, 1996, 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; 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. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

5 Fair Value Measurements

As defined in current accounting literature, 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. In determining fair value, the Plan utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and/or the risks inherent in the inputs of the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable firm inputs. The Plan utilizes valuation techniques that maximize use of observable inputs and minimize the use of unobservable inputs. Based on the examination of the inputs used in the valuation techniques, the Plan is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

- * Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- * Level 2: Inputs to the valuation methodology include:
 - * Quoted prices for similar assets or liabilities in active markets;
 - * Quoted prices for identical or similar assets or liabilities in inactive markets;
 - * Inputs other than quoted prices that are observable for the asset or liability;
 - * Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- * Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

NOTES TO FINANCIAL STATEMENTS

Restated Defined Benefit Retirement Income Plan for Hourly Employees of Seaman Corporation

5 Fair Value Measurements, Continued

Following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Mutual funds

The fair value of the common stocks and mutual funds are based on quoted market prices.

Pooled Separate Accounts - Level 2:

The fair value of the pooled separate accounts (with the exception of Principal US Property Separate Account) are based on the net fair value of the underlying assets. The underlying investments are valued at fair value based on commercial quotation services. The fair value is allocated among the contract holders based on a unit value. These fall into the Level 2 category of the valuation hierarchy.

Pooled Separate Accounts - Level 3:

The fair value of the pooled separate account, Principal US Property Separate Account is based on the net fair value of the underlying assets. The underlying investments are valued at fair value however, there are significant unobservable inputs for the investment. These fall into the Level 3 category of the valuation hierarchy.

The following table presents the financial instruments carried at fair value, on a recurring basis, as of December 31, 2010, by valuation hierarchy (as described above).

	Quoted Market Prices in Active Markets (Level 1)	Models with Significant Observable Market Parameters (Level 2)	Models with Significant Unobservable Market Parameters (Level 3)	Total Carrying Value in the Statement of Net Assets Available for Benefits
Pooled Separate Accounts:				
Bond/Fixed	\$ -	\$ 5,438	\$ -	\$ 5,438
Large Cap	-	230,219	-	230,219
Mid Cap	-	237,870	-	237,870
Total pooled separate accounts:	-	473,527	-	473,527
Mutual Funds:				
International	343,684	-	-	343,684
Bond/Fixed	698,317	-	-	698,317
Large Cap	314,731	-	-	314,731
Small Cap	126,689	-	-	126,689
	<u>\$ 1,483,421</u>	<u>\$ 473,527</u>	<u>\$ -</u>	<u>\$ 1,956,948</u>

NOTES TO FINANCIAL STATEMENTS

Restated Defined Benefit Retirement Income Plan for Hourly Employees of Seaman Corporation

5 Fair Value Measurements, Continued

Fair Value Measurements Using Significant Unobservable Inputs (Level 3) Pooled separate account

Beginning Balance	\$ 50,462
Purchases, issuances and settlements	-
Transfers in and/or out of Level 3	(50,462)
Ending Balance	\$ -

The following table presents the financial instruments carried at fair value, on a recurring basis, as of December 31, 2009, by valuation hierarchy (as described above).

	Quoted Market Prices in Active Markets (Level 1)	Models with Significant Observable Market Parameters (Level 2)	Models with Significant Unobservable Market Parameters (Level 3)	Total Carrying Value in the Statement of Net Assets Available for Benefits
Pooled Separate Accounts:				
International	\$ -	\$ 92,515	\$ -	\$ 92,515
Bond/Fixed	-	954,020	-	954,020
Stock based	-	116,312	-	116,312
Large Cap	-	303,084	-	303,084
Mid Cap	-	30,692	-	30,692
Small Cap	-	30,064	-	30,064
Total pooled separate accounts:	-	1,526,687	-	1,526,687
US Property separate account	-	-	50,462	50,462
	\$ -	\$ 1,526,687	\$ 50,462	\$ 1,577,149

Fair Value Measurements Using Significant Unobservable Inputs (Level 3) Pooled separate account

Beginning Balance	\$ 72,499
Total realized/unrealized gains or losses included in changes in net assets	-
Purchases, issuances and settlements	(8,201)
Allocation for retirees	(13,836)
Ending Balance	\$ 50,462

NOTES TO FINANCIAL STATEMENTS

Restated Defined Benefit Retirement Income Plan for Hourly Employees of Seaman Corporation

6 Accumulated Plan Benefits

An actuary from AI Minor and Associates, Inc. estimates the actuarial present value of Accumulated Plan Benefits, which is the amount that results from applying actuarial assumption to adjust the accumulated Plan benefits earned by the participants 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.

The Accumulated Plan Benefit information as of the beginning of the Plan year, is as follows:

	<u>January 1 2010</u>
Actuarial Present Value of Accumulated Plan Benefits:	
Vested benefits (non-retired employees)	\$ 2,312,008
Nonvested benefits	<u>10,497</u>
Total Present Value of Accumulated Plan Benefits	<u>\$ 2,322,505</u>

The change in Accumulated Plan Benefits is as follows:

Actuarial Present Value of Accumulated Plan Benefits at January 1, 2009	\$ 2,534,687
Increase (Decrease) during the year attributable to:	
Increase for interest due to the decrease in the discount period	136,377
Change in actuarial assumptions	(407,979)
Method changes	106,512
Benefits paid	<u>(47,092)</u>
Net Decrease	<u>(212,182)</u>
Actuarial Present Value of Accumulated Plan Benefits at January 1, 2010	<u>\$ 2,322,505</u>

NOTES TO FINANCIAL STATEMENTS

Restated Defined Benefit Retirement Income Plan for Hourly Employees of Seaman Corporation

6 Accumulated Plan Benefits, Continued

Significant assumptions underlying the actuarial computations are as follows:

	<u>2010</u>
Actuarial cost method	Accrued Benefit Cost Method
Assumed rate of return on investments	4.60% / 6.65% / 6.76%
Retirement age	Age 65
Mortality basis	2010 Small Plan - sex distinct
Discount rates	3.13% / 5.07% / 5.50%

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The Plan excludes annuitized retirees whose liability is satisfied by assets independent of the Plan. This is reflected in the method changes above.

7 Investments

The Plan's funds are invested in the various pooled separate account investments disclosed in the accompanying financial statements and supplemental schedules, through the Principal Life Insurance Company. Investments which constitute more than 5% of the Plan's net assets are:

	<u>2010</u>	<u>2009</u>
Principal Bond and Mortgage Separate Account	NA	\$ 362,993
Principal Core plus Bond I Separate Account	NA	\$ 373,128
Principal Financial Group Inc. Stock Separate Account	NA	\$ 116,312
Principal Largecap Growth I Separate Account	\$ 230,219	NA
Principal Midcap Growth III Separate Account	\$ 237,870	NA
American Century Inflation Adjusted Bond A Fund	\$ 124,761	NA
Delaware Small Cap Value A Fund	\$ 126,689	NA
Eaton Vance Large Cap Value A Fund	\$ 314,731	NA
Oppenheimer Developing Markets A Fund	\$ 105,044	NA
PIMCO Total Return A Fund	\$ 444,155	NA
Templeton Foreign A Fund	\$ 179,413	NA
Templeton Global Bond A Fund	\$ 129,401	NA
Principal Inflation Protection Separate Account	NA	\$ 146,949

NOTES TO FINANCIAL STATEMENTS

Restated Defined Benefit Retirement Income Plan for Hourly Employees of Seaman Corporation

8 Information Prepared and Certified by Custodian

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by the Custodian:

	<u>2010</u>	<u>2009</u>
Investments, at fair value	\$ 1,956,948	\$ 1,577,149
Dividends	\$ 36,726	\$ -
Net appreciation in fair value of investments	\$ 228,281	\$ 280,788

9 Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds managed by Principal Life Insurance Company, the Custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Usual and customary fees were paid by the mutual fund for the investment management services.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Restated Defined Benefit Retirement Income Plan
For Hourly Employees of Seaman Corporation

EIN 34-0736380
Plan Number 001

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
*	Principal Bond and Mortgage Separate Account	Pooled Separate Account	\$ 4,183	\$ 5,438
*	Principal Largecap Growth I Separate Account	Pooled Separate Account	204,988	230,219
*	Principal Midcap Growth III Separate Account	Pooled Separate Account	209,172	237,870
	American Century Inflation Adjusted Bond A Fund	Mutual Fund	124,258	124,761
	Delaware Small Cap Value A Fund	Mutual Fund	105,746	126,689
	Eaton Vance Large Cap Value A Fund	Mutual Fund	282,115	314,731
	Janus Overseas S Fund	Mutual Fund	52,632	59,227
	Oppenheimer Developing Markets A Fund	Mutual Fund	87,916	105,044
	PIMCO Total Return A Fund	Mutual Fund	464,483	444,155
	Templeton Foreign A Fund	Mutual Fund	161,037	179,413
	Templeton Global Bond A Fund	Mutual Fund	126,234	129,401
			<u>\$ 1,822,764</u>	<u>\$ 1,956,948</u>

* Party-in-interest to the Plan.

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

Restated Defined Benefit Retirement Income Plan
for Hourly Employees of Seaman Corporation

EIN 34-0736380
Plan Number 001

December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset					(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
		(c) Purchase Price	(d) Selling Price	(e) Lease Rental					
Principal	Principal Inflation Protection	\$ 42,038	\$ -	\$ -	\$ -	\$ -	\$ 42,038	\$ 42,038	\$ -
Principal	Principal Inflation Protection	\$ -	\$ 195,316	\$ -	\$ -	\$ -	\$ 200,119	\$ 195,316	\$ (4,803)
Principal	Principal High Yield I	\$ 19,778	\$ -	\$ -	\$ -	\$ -	\$ 19,778	\$ 19,778	\$ -
Principal	Principal High Yield I	\$ -	\$ 91,890	\$ -	\$ -	\$ -	\$ 76,948	\$ 91,890	\$ 14,942
Principal	Principal Core Plus Bond I	\$ 108,304	\$ -	\$ -	\$ -	\$ -	\$ 108,304	\$ 108,304	\$ -
Principal	Principal Core Plus Bond I	\$ -	\$ 503,220	\$ -	\$ -	\$ -	\$ 453,591	\$ 503,220	\$ 49,629
Principal	Principal Bond and Mortgage	\$ 541,351	\$ -	\$ -	\$ -	\$ -	\$ 541,351	\$ 541,351	\$ -
Principal	Principal Bond and Mortgage	\$ -	\$ 508,684	\$ -	\$ -	\$ -	\$ 439,173	\$ 508,684	\$ 69,511
Principal	Principal US Property	\$ 15,368	\$ -	\$ -	\$ -	\$ -	\$ 15,368	\$ 15,368	\$ -
Principal	Principal US Property	\$ -	\$ 70,051	\$ -	\$ -	\$ -	\$ 75,145	\$ 70,051	\$ (5,094)
Principal	Principal Largecap Growth	\$ 17,302	\$ -	\$ -	\$ -	\$ -	\$ 17,302	\$ 17,302	\$ -
Principal	Principal Largecap Growth	\$ -	\$ 80,402	\$ -	\$ -	\$ -	\$ 80,313	\$ 80,402	\$ 89
Principal	Principal Largecap S&P 500 Index	\$ 15,219	\$ -	\$ -	\$ -	\$ -	\$ 15,219	\$ 15,219	\$ -
Principal	Principal Largecap S&P 500 Index	\$ -	\$ 70,714	\$ -	\$ -	\$ -	\$ 67,931	\$ 70,714	\$ 2,783
Principal	Principal Largecap Growth I	\$ 117,122	\$ -	\$ -	\$ -	\$ -	\$ 117,122	\$ 117,122	\$ -
Principal	Principal Largecap Growth I	\$ -	\$ 184,102	\$ -	\$ -	\$ -	\$ 148,497	\$ 184,102	\$ 35,605
Principal	Principal Largecap Value 1	\$ 21,470	\$ -	\$ -	\$ -	\$ -	\$ 21,470	\$ 21,470	\$ -
Principal	Principal Largecap Value 1	\$ -	\$ 99,755	\$ -	\$ -	\$ -	\$ 104,850	\$ 99,755	\$ (5,095)
Principal	Principal Midcap Growth III	\$ 177,086	\$ -	\$ -	\$ -	\$ -	\$ 177,086	\$ 177,086	\$ -
Principal	Principal Midcap Growth III	\$ -	\$ 282,276	\$ -	\$ -	\$ -	\$ 229,292	\$ 282,276	\$ 52,984
Principal	Principal Financial Group Inc.	\$ 32,925	\$ -	\$ -	\$ -	\$ -	\$ 32,925	\$ 32,925	\$ -
Principal	Principal Financial Group Inc.	\$ -	\$ 152,980	\$ -	\$ -	\$ -	\$ 131,069	\$ 152,980	\$ 21,911
Principal	American Century Inflation Adj	\$ 127,072	\$ -	\$ -	\$ -	\$ -	\$ 127,072	\$ 127,072	\$ -
Principal	American Century Inflation Adj	\$ -	\$ 2,881	\$ -	\$ -	\$ -	\$ 2,814	\$ 2,881	\$ 67
Principal	PIMCO Total Return A Fund	\$ 474,721	\$ -	\$ -	\$ -	\$ -	\$ 474,721	\$ 474,721	\$ -
Principal	PIMCO Total Return A Fund	\$ -	\$ 10,291	\$ -	\$ -	\$ -	\$ 10,238	\$ 10,291	\$ 53
Principal	Templeton Global Bond A Fund	\$ 129,055	\$ -	\$ -	\$ -	\$ -	\$ 129,055	\$ 129,055	\$ -
Principal	Templeton Global Bond A Fund	\$ -	\$ 2,881	\$ -	\$ -	\$ -	\$ 2,820	\$ 2,881	\$ 61
Principal	Eaton Vance Large Cap Value A Fund	\$ 288,484	\$ -	\$ -	\$ -	\$ -	\$ 288,484	\$ 288,484	\$ -
Principal	Eaton Vance Large Cap Value A Fund	\$ -	\$ 6,586	\$ -	\$ -	\$ -	\$ 6,369	\$ 6,586	\$ 217
Principal	Delaware Small Cap Value A Fund	\$ 108,063	\$ -	\$ -	\$ -	\$ -	\$ 108,063	\$ 108,063	\$ -
Principal	Delaware Small Cap Value A Fund	\$ -	\$ 2,470	\$ -	\$ -	\$ -	\$ 2,318	\$ 2,470	\$ 152
Principal	Oppenheimer Developing Markets	\$ 89,810	\$ -	\$ -	\$ -	\$ -	\$ 89,810	\$ 89,810	\$ -
Principal	Oppenheimer Developing Markets	\$ -	\$ 2,058	\$ -	\$ -	\$ -	\$ 1,893	\$ 2,058	\$ 165
Principal	Templeton Foreign A Fund	\$ 164,551	\$ -	\$ -	\$ -	\$ -	\$ 164,551	\$ 164,551	\$ -
Principal	Templeton Foreign A Fund	\$ -	\$ 3,705	\$ -	\$ -	\$ -	\$ 3,514	\$ 3,705	\$ 191

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Restated Defined Benefit Retirement Income Plan
For Hourly Employees of Seaman Corporation

EIN 34-0736380
Plan Number 001

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
*	Principal Bond and Mortgage Separate Account	Pooled Separate Account	\$ 4,183	\$ 5,438
*	Principal Largecap Growth I Separate Account	Pooled Separate Account	204,988	230,219
*	Principal Midcap Growth III Separate Account	Pooled Separate Account	209,172	237,870
	American Century Inflation Adjusted Bond A Fund	Mutual Fund	124,258	124,761
	Delaware Small Cap Value A Fund	Mutual Fund	105,746	126,689
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	Janus Overseas S Fund	Mutual Fund	52,632	59,227
	Oppenheimer Developing Markets A Fund	Mutual Fund	87,916	105,044
	PIMCO Total Return A Fund	Mutual Fund	464,483	444,155
	Templeton Foreign A Fund	Mutual Fund	161,037	179,413
	Templeton Global Bond A Fund	Mutual Fund	126,234	129,401
			<u>\$ 1,822,764</u>	<u>\$ 1,956,948</u>

* Party-in-interest to the Plan.

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

Restated Defined Benefit Retirement Income Plan
for Hourly Employees of Seaman Corporation

EIN 34-0736380
Plan Number 001

December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase			(d) Selling Price	(e) Lease Rent	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Transaction Date		(i) Net Gain (Loss)
		Price	Price	Price					Asset on Transaction	Asset on Transaction	
Principal	Principal Inflation Protection	\$ 42,038	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 42,038	\$ 42,038	\$ -	\$ -
Principal	Principal Inflation Protection	\$ -	\$ -	\$ 195,316	\$ -	\$ -	\$ -	\$ 200,119	\$ 195,316	\$ (4,803)	\$ -
Principal	Principal High Yield I	\$ 19,778	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 19,778	\$ 19,778	\$ -	\$ -
Principal	Principal Core Plus Bond I	\$ -	\$ -	\$ 91,890	\$ -	\$ -	\$ -	\$ 76,948	\$ 91,890	\$ 14,942	\$ -
Principal	Principal Core Plus Bond I	\$ 108,304	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 108,304	\$ 108,304	\$ -	\$ -
Principal	Principal Core Plus Bond I	\$ -	\$ -	\$ 505,220	\$ -	\$ -	\$ -	\$ 455,591	\$ 505,220	\$ 49,629	\$ -
Principal	Principal Bond and Mortgage	\$ 541,351	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 541,351	\$ 541,351	\$ -	\$ -
Principal	Principal Bond and Mortgage	\$ -	\$ -	\$ 508,684	\$ -	\$ -	\$ -	\$ 439,173	\$ 508,684	\$ 69,511	\$ -
Principal	Principal US Property	\$ 15,368	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,368	\$ 15,368	\$ -	\$ -
Principal	Principal US Property	\$ -	\$ -	\$ 70,051	\$ -	\$ -	\$ -	\$ 75,145	\$ 70,051	\$ (5,094)	\$ -
Principal	Principal Largecap Growth	\$ 17,302	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,302	\$ 17,302	\$ -	\$ -
Principal	Principal Largecap Growth	\$ -	\$ -	\$ 80,402	\$ -	\$ -	\$ -	\$ 80,313	\$ 80,402	\$ 89	\$ -
Principal	Principal Largecap S&P 500 Index	\$ 15,219	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,219	\$ 15,219	\$ -	\$ -
Principal	Principal Largecap S&P 500 Index	\$ -	\$ -	\$ 70,714	\$ -	\$ -	\$ -	\$ 67,931	\$ 70,714	\$ 2,783	\$ -
Principal	Principal Largecap Growth I	\$ 117,122	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 117,122	\$ 117,122	\$ -	\$ -
Principal	Principal Largecap Growth I	\$ -	\$ -	\$ 184,102	\$ -	\$ -	\$ -	\$ 148,497	\$ 184,102	\$ 35,605	\$ -
Principal	Principal Largecap Value I	\$ 21,470	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 21,470	\$ 21,470	\$ -	\$ -
Principal	Principal Largecap Value I	\$ -	\$ -	\$ 99,755	\$ -	\$ -	\$ -	\$ 104,850	\$ 99,755	\$ (5,095)	\$ -
Principal	Principal Midcap Growth III	\$ 177,086	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 177,086	\$ 177,086	\$ -	\$ -
Principal	Principal Midcap Growth III	\$ -	\$ -	\$ 282,276	\$ -	\$ -	\$ -	\$ 229,292	\$ 282,276	\$ 52,984	\$ -
Principal	Principal Financial Group Inc.	\$ 32,925	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 32,925	\$ 32,925	\$ -	\$ -
Principal	Principal Financial Group Inc.	\$ -	\$ -	\$ 152,980	\$ -	\$ -	\$ -	\$ 131,069	\$ 152,980	\$ 21,911	\$ -
Principal	American Century Inflation Adj	\$ 127,072	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 127,072	\$ 127,072	\$ -	\$ -
Principal	American Century Inflation Adj	\$ -	\$ -	\$ 2,881	\$ -	\$ -	\$ -	\$ 2,814	\$ 2,881	\$ 67	\$ -
Principal	PIMCO Total Return A Fund	\$ 474,721	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 474,721	\$ 474,721	\$ -	\$ -
Principal	PIMCO Total Return A Fund	\$ -	\$ -	\$ 10,291	\$ -	\$ -	\$ -	\$ 10,238	\$ 10,291	\$ 53	\$ -
Principal	Templeton Global Bond A Fund	\$ 129,055	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 129,055	\$ 129,055	\$ -	\$ -
Principal	Templeton Global Bond A Fund	\$ -	\$ -	\$ 2,881	\$ -	\$ -	\$ -	\$ 2,820	\$ 2,881	\$ 61	\$ -
Principal	Eaton Vance Large Cap Value A Fund	\$ 288,484	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 288,484	\$ 288,484	\$ -	\$ -
Principal	Eaton Vance Large Cap Value A Fund	\$ -	\$ -	\$ 6,586	\$ -	\$ -	\$ -	\$ 6,369	\$ 6,586	\$ 217	\$ -
Principal	Delaware Small Cap Value A Fund	\$ 108,063	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 108,063	\$ 108,063	\$ -	\$ -
Principal	Delaware Small Cap Value A Fund	\$ -	\$ -	\$ 2,470	\$ -	\$ -	\$ -	\$ 2,318	\$ 2,470	\$ 152	\$ -
Principal	Oppenheimer Developing Markets	\$ 89,810	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 89,810	\$ 89,810	\$ -	\$ -
Principal	Oppenheimer Developing Markets	\$ -	\$ -	\$ 2,058	\$ -	\$ -	\$ -	\$ 1,893	\$ 2,058	\$ 165	\$ -
Principal	Templeton Foreign A Fund	\$ 164,551	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 164,551	\$ 164,551	\$ -	\$ -
Principal	Templeton Foreign A Fund	\$ -	\$ -	\$ 3,705	\$ -	\$ -	\$ -	\$ 3,514	\$ 3,705	\$ 191	\$ -

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

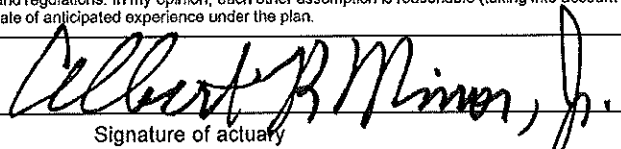
▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan SEAMAN HOURLY DEFINED BENEFIT PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ▶	001
B Three-digit plan number (PN) ▶	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SEAMAN CORPORATION	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 34-0736380</td> </tr> </table>	D Employer Identification Number (EIN) 34-0736380	
D Employer Identification Number (EIN) 34-0736380			
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>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a		1,758,980
b Actuarial value.....	2b		1,758,980
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	16	520,120
b For terminated vested participants	3b	80	549,690
c For active participants:			
(1) Non-vested benefits.....	3c(1)		7,860
(2) Vested benefits.....	3c(2)		1,283,802
(3) Total active	3c(3)	177	1,291,662
d Total.....	3d	273	2,361,472
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		6.61 %
6 Target normal cost.....	6		0

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>9-21-11</u> Date	<u>11-02734</u> Most recent enrollment number
ALBERT R. MINOR, JR., ASA, MSPA Type or print name of actuary		(614) 899-0636 Telephone number (including area code)	
AL MINOR & ASSOCIATES, INC. Firm name		283 SOUTH STATE STREET Address of the firm	
WESTERVILLE Address of the firm		OH 43081	

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)	223,176	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)	223,176	0
10 Interest on item 9 using prior year's actual return of <u>14.16</u> %	31,602	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		502
b Interest on (a) using prior year's effective rate of <u>6.54</u> %		33
c Total available at beginning of current plan year to add to prefunding balance		535
d Portion of (c) to be added to prefunding balance		535
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)	254,778	535

Part III Funding percentages

14 Funding target attainment percentage	14	63.67 %
15 Adjusted funding target attainment percentage	15	63.67 %
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	61.59 %
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
09/13/2011	176,332				
Totals ▶			18(b)	176,332	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	152,436

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:

1st segment:

4.60 %

2nd segment:

6.65 %

3rd segment:

6.76 %

☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

65

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** 0**32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

763,346

152,353

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**

152,353

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

0

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

152,353

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

152,436

38 Interest-adjusted excess contributions for current year (see instructions) **38** 83**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

[illegible]

Attachment to 2010 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name <u>SEAMAN HOURLY DEFINED BENEFIT PLAN</u>	EIN: <u>34-0736380</u>
Plan Sponsor's Name <u>SEAMAN CORPORATION</u>	PN: <u>001</u>

The weighted average retirement age is equal to the normal retirement age of 65.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

Attachment to 2010 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name SEAMAN HOURLY DEFINED BENEFIT PLAN

EIN: 34-0736380

Plan Sponsor's Name SEAMAN CORPORATION

PN: 001

Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the method for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.
Probability of Lump Sum Payment is 0%.

Attachment to 2010 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Plan Name SEAMAN HOURLY DEFINED BENEFIT PLAN

EIN: 34-0736380

Plan Sponsor's Name SEAMAN CORPORATION

PN: 001

Summary:

Effective Date - January 1, 1974; amended January 1, 1997.

Eligibility - All salaried employees are eligible to participate in the plan on the first day of the month following the completion of one year of Eligibility Service with at least 1,000 hours.

Normal Retirement Benefit - On the first of the month following the participant's 65th birthday or the 2nd anniversary of his entry date, if later, the participant is eligible to receive a monthly pension equal to the sum of (a) and (b) reduced by (c) below:

(a) .75% of Average Monthly Compensation multiplied by years and days of service from date of hire to Normal Retirement Date.

(b) .5% of Average Monthly Compensation in excess of \$1,000 multiplied by years and days of service from date of hire to Normal Retirement Date. Maximum 35 years.

(c) Accrued benefit, if any, under the Associated Plan.

The Normal Retirement Benefit shall not exceed \$500.

Early Retirement Benefit - A participant who has attained age 62 and has completed 10 years of vesting service is entitled to an immediate benefit equal to his accrued benefit, multiplied by the factor shown below based on the number of years Early Retirement precedes Normal Retirement.

Number of? Years Early	Factor????
1	.9333
2	.8667
3	.8000

Late Retirement Benefit - If a participant works beyond his normal retirement date, he will be entitled to a monthly pension equal to his accrued benefit commencing on his late retirement date or his accrued benefit on his Normal Retirement Date, multiplied by the factor shown:

Number of Years Late	Factor	Number of Years Late	Factor
1	1.06	6	1.42
2	1.12	7	1.50
3	1.19	8	1.59
4	1.26	9	1.69
5	1.34	10	1.79???

Normal Form of Payment - A monthly pension payable for life.

Accrued Benefit - Normal Retirement Benefit based on Years of Service to date, or if greater, \$500 multiplied by the fraction, years and days of service to date divided by years and days of service at Normal Retirement Date. Accrued benefits were frozen December 31, 2004.

Vesting Benefit - 7 year graded

PN: 001

[illegible]

Schedule SB, line 32 - Schedule of Amortization Bases

PN: 001

[illegible]