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

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
GROUP RETIREMENT INCOME PLAN NO. 10

1b Three-digit plan number (PN) ▶ 334

1c Effective date of plan 01/01/1993

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
CC SERVICES, INC.

1701 TOWANDA AVENUE
BLOOMINGTON, IL 61701

2b Employer Identification Number (EIN) 37-1000579

2c Sponsor's telephone number 309-821-3994

2d Business code (see instructions) 541990

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	LINDA KLUMP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
GROUP RETIREMENT INCOME PLAN NO. 10 ADMINISTRATIVE COMMITTEE

1701 TOWANDA AVENUE
BLOOMINGTON, IL 61701

3b Administrator's EIN
37-1000579

3c Administrator's telephone number
309-821-3994

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**	5124
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**	3579
b	Retired or separated participants receiving benefits	**6b**	700
c	Other retired or separated participants entitled to future benefits	**6c**	908
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	5187
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	24
f	Total. Add lines **6d** and **6e**	**6f**	5211
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**	68
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G

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

9a Plan funding arrangement (check all that apply)

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GROUP RETIREMENT INCOME PLAN NO. 10

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500.
CC SERVICES, INC.

D Employer Identification Number (EIN)
37-1000579

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.

1 Coverage Information:

(a) Name of insurance carrier
COUNTRY LIFE INSURANCE CO.

(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
37-0808781	62553	GRIP 10	5211	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

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	

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	(c) Amount	**(d)** Purpose	

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	(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	19726543
5	Current value of plan's interest under this contract in separate accounts at year end	5	584093749

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.	6d	

Specify nature of costs ▶

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	19422503
c	Additions: (1) Contributions deposited during the year	7c(1)	30000000		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	956962		
	(4) Transferred from separate account	7c(4)	13076000		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	44032962
d	Total of balance and additions (add **b** and **c(6)**)			7d	63455465
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14935922		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	28793000		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	43728922
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	19726543

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)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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
GROUP RETIREMENT INCOME PLAN NO. 10

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CC SERVICES, INC.

D Employer Identification Number (EIN)
37-1000579

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2010

2 Assets:

a	Market value	**2a**	522552539
b	Actuarial value	**2b**	525593568

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	603	129705663
b	For terminated vested participants	**3b**	884	31184502
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		43492712
	(2) Vested benefits	**3c(2)**		261887150
	(3) Total active	**3c(3)**	3640	305379862
d	Total	**3d**	5127	466270027

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**	6.72 %
6	Target normal cost	**6**	21682075

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

10/03/2011
Date

FRANK C. WALTON
Type or print name of actuary

11-07114
Most recent enrollment number

HEWITT ASSOCIATES LLC
Firm name

847-295-5000
Telephone number (including area code)

100 HALF DAY ROAD
LINCOLNSHIRE, IL 60069
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 [ ]

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)	6712770	52231392
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	1939162
9	Amount remaining (Item 7 minus item 8)	6712770	50292230
10	Interest on item 9 using prior year's actual return of 20.64 %	1385516	10380316
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of 6.30 %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	8098286	1372546
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	59300000

Part III Funding percentages

14	Funding target attainment percentage	14	100.00 %
15	Adjusted funding target attainment percentage	15	112.72 %
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	92.99 %
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
07/15/2010	4500000	0			
09/20/2010	25000000	0			
11/01/2010	500000	0			
			Totals ► 18(b)	30000000	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	28679659

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.03 %	6.73 %	6.82 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 60

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** 21658534

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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** 0

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) **34** 21658534

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	23841851	23841851

36 Additional cash requirement (item 34 minus item 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 28679659

38 Interest-adjusted excess contributions for current year (see instructions) **38** 30862976

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
GROUP RETIREMENT INCOME PLAN NO. 10

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
CC SERVICES, INC.

D Employer Identification Number (EIN)
37-1000579

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

COUNTRY LIFE INSURANCE COMPANY

37-0808781

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

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

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

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

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

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

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

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

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

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

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

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

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

(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.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GROUP RETIREMENT INCOME PLAN NO. 10

B Three-digit plan number (PN) ▶ 334

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CC SERVICES, INC.

D Employer Identification Number (EIN)
37-1000579

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 'D'

b Name of sponsor of entity listed in (a): COUNTRY LIFE INSURANCE COMPANY

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)
27-3061943-001	P	584093749

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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
GROUP RETIREMENT INCOME PLAN NO. 10

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
CC SERVICES, INC.

D Employer Identification Number (EIN)
37-1000579

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	503130036	584093749
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	19422503	19726543
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	522552539	603820292
Liabilities			
g Benefit claims payable	1g	0	-293
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	-293
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	522552539	603820585

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	30000000	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		30000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	956962	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		956962
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		65246713
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		96203675
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14935629	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14935629
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	0	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	0	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14935629
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		81268046
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: CLIFTON GUNDERSON, LLP **(2)** EIN: 37-0802863

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g	X		19726543
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?	4h		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.)	4i	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.)	4j	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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

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.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GROUP RETIREMENT INCOME PLAN NO. 10

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
CC SERVICES, INC.

D Employer Identification Number (EIN)
37-1000579

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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): 37-0808781

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 30

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☒ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 66.0% Investment-Grade Debt: 33.0% High-Yield Debt: 1.0% Real Estate: 0.0% Other: 0.0%

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):

GROUP RETIREMENT INCOME PLAN NO. 10
ISSUED TO CC SERVICES, INC.
Bloomington, Illinois

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
December 31, 2010 and 2009

Clifton Gunderson LLP
Certified Public Accountants & Consultants

GROUP RETIREMENT INCOME PLAN NO. 10
ISSUED TO CC SERVICES, INC.

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Clifton Gunderson LLP
Certified Public Accountants & Consultants

Independent Auditor's Report

Plan Administrative Committee
Group Retirement Income Plan No. 10
Issued to CC Services, Inc.
Bloomington, Illinois

We were engaged to audit the accompanying financial statements of Group Retirement Income Plan No. 10 Issued to CC Services, Inc. as of December 31, 2010 and 2009, and for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 2, which was certified by COUNTRY Life Insurance Company, the insurance carrier used by 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 insurance carrier holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the insurance carrier as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the insurance carrier 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 insurance carrier, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Clifton Gunderson LLP

Peoria, Illinois
October 13, 2011

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GROUP RETIREMENT INCOME PLAN NO. 10
ISSUED TO CC SERVICES, INC.
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010 and 2009

ASSETS

	2010	2009
ASSETS		
Investment in deposit administration contract:		
General account, at contract value	$ 19,726,543	$ 19,422,503
Investments - Separate Account D at fair value	582,900,610	464,479,983
Investments - Separate Account D at fair value loaned under securities lending agreement	-	36,492,692
Collateral held under securities lending agreement	-	37,496,614
Accrued interest and dividend income	2,161,787	2,212,823
Other receivable	1,592,766	-
Total assets	606,381,706	560,104,615
LIABILITIES		
Accrued investment expenses	67,276	55,462
Obligation for collateral received for loaned securities	-	37,496,614
Other liabilities	2,493,845	-
Total liabilities	2,561,121	37,552,076
NET ASSETS AVAILABLE FOR BENEFITS	$ 603,820,585	$ 522,552,539

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

GROUP RETIREMENT INCOME PLAN NO. 10
ISSUED TO CC SERVICES, INC.
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2010 and 2009

	2010	2009
ADDITIONS ATTRIBUTED TO		
Interest income credited to deposit administration contract, general account	$ 956,962	$ 974,978
Investment income, Separate Account D:		
Interest	10,294,188	8,562,264
Dividends	5,555,612	4,509,294
Realized gains (losses)	7,828,470	(3,121,870)
Unrealized gains	42,277,902	75,169,718
	66,913,134	86,094,384
Employer contributions	30,000,000	24,300,000
Total additions	96,913,134	110,394,384
DEDUCTIONS ATTRIBUTED TO		
Benefits paid directly to participants	14,935,629	11,502,998
Investment expenses	709,459	572,139
Total deductions	15,645,088	12,075,137
TRANSFER OUT	-	5,737,862
Net increase	81,268,046	92,581,385
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	522,552,539	429,971,154
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 603,820,585	$ 522,552,539

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

GROUP RETIREMENT INCOME PLAN NO. 10
ISSUED TO CC SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

NOTE 1 - PLAN DESCRIPTION

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

(a) General

The Plan is a defined benefit pension plan covering substantially all employees of CC Services, Inc., Illinois Agricultural Auditing Association, and Illinois Agricultural Association (the Companies). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective September 30, 2009, the Illinois Agricultural Auditing Association withdrew from the Plan and assets related to this company were transferred out of the Plan and into the Illinois Agricultural Auditing Association Pension Plan.

(b) Plan Administration

The Plan is administered by an Administrative Committee whose members are appointed by the management of CC Services, Inc. The Committee serves without compensation. Administrative expenses of the Plan are paid by the employers.

(c) Pension Benefits

Employees are eligible to participate in the Plan if they have attained the age of 21 and have completed one year of service in which they have worked 1,000 hours. Employees are fully vested in accrued benefits after 5 years of vested service. Employees with less than 5 years of vested service have no vested accrued benefits.

Retirement benefits at age 65 are calculated based on a formula of 0.0165 times the average monthly earnings multiplied by the number of years of credited service up to a maximum of 32 years. Average monthly earnings are computed using the highest five consecutive calendar years out of the last ten. Annual compensation of each employee taken into account under the Plan is limited to $220,000, adjusted from time to time by cost of living increases. The Plan permits early retirement at ages 55-64. Retirement benefits are not paid to individuals who are still employed at age 70 until their actual retirement date. Employees have several different options to select from to receive pension benefits. The benefit payment options are: Life Annuity with 10-Years Certain, Joint and 2/3 Survivor Annuity, Qualified ERISA Joint and 50% Survivor Annuity, Joint and Survivor Annuity Options, and Life-Only Annuity Option.

Single participants are limited to the Life Annuity with 10-Years Certain and Life-Only Annuity Option. If an employee terminates employment prior to retirement and if the present value of any vested accrued benefit is less than $1,000, it will be paid in a lump sum and, if the vested accrued benefit is less than $300 per month, the benefit may be paid in the form of a lump sum at the participant's option. All other vested accrued benefits are subject to normal retirement provisions.

NOTE 1 - PLAN DESCRIPTION (CONTINUED)

(d) Tax Status

A determination letter dated December 8, 2008 was received from the Internal Revenue Service stating that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan's tax counsel and the Plan administrator believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

(e) Death and Disability Benefits

If an employee dies prior to retirement, the Plan provides a death benefit of at least 100 times the accrued monthly retirement benefit. The death proceeds may be paid in one lump sum either as a death benefit to the beneficiary or as a Qualified Preretirement Survivor Annuity to the employee's spouse. The amount of benefits under this Plan, in the event of disability, are subject to a six month waiting period and will depend upon the employee's age at the time the disability retirement commences.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles. Accordingly, income is recorded when earned and expenses are recorded when incurred.

(b) Valuation of Investments

The deposit administration contract with the Plan's insurance carrier, COUNTRY Life Insurance Company (a related party), is valued at contract value, except for the separate account portion as explained in the following paragraph. Contract value represents contributions plus interest credited, less funds used to purchase annuities and pay other benefits, and less funds transferred to the separate account. The interest credited represents earnings on the investment of these contract funds which are held in the general investment accounts.

In 1998, Separate Account D was established under the contract to hold a portion of the assets of the Plan. Investments held in the separate account consist primarily of stocks, bonds, and mutual funds and are reported at fair value.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(b) Valuation of Investments (Continued)

Funds under the deposit administration contract that have been allocated and applied to purchase annuities (that is, COUNTRY Life Insurance Company is obligated to pay the related pension benefits) are excluded from the Plan's assets.

COUNTRY Life Insurance Company has guaranteed earnings of at least 4.50 percent with respect to the portion of assets held in its general account. The guarantee is cancelable, but only with twelve month advance written notice. The annual rate of interest credited during 2010 and 2009 was 5 percent.

COUNTRY Life Insurance Company has certified to the completeness and accuracy of the following assets and liabilities which are reflected in the statements of net assets available for benefits as of December 31, 2010 and 2009: general accounts at contract value, investments maintained in Separate Account D at fair value, and accrued interest and dividend income and investment expenses. COUNTRY Life Insurance Company has certified to the accuracy and completeness of the following income and expenses which are reflected in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2010 and 2009: interest income credited to deposit administration contract general accounts, investment income (loss) for Separate Account D (including interest and dividends, realized gains and losses, and unrealized gains and losses), and investment expenses. The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

The Plan participated, through a trustee, in a securities lending program with major securities brokers. All loans were fully collateralized, generally in cash. The trustee maintained collateral equal to or greater than the fair value of the securities loaned. The trustee invested the collateral based on instructions from the Plan. Any risk of loss of principal on these investments was retained by the Plan. The securities lending program ended as of December 31, 2010.

At December 31, 2010 and 2009, bonds and common stocks with a fair value of $-0- and $36,492,692, respectively, were on loan under this program, with the trustee holding collateral with a fair value of $-0- and $37,496,614, respectively.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(c) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

(d) Actuarial Cost Method

The actuarial cost methods utilized in determining the December 31, 2010 and 2009 valuations are the standard unit credit method and entry-age normal method, respectively. The valuations exclude benefits which have been purchased through annuity contracts.

(e) Actuarial Assumptions

The more significant assumptions used in computing the December 31, 2010 and 2009 actuarial present values of accumulated plan benefits, included in the actuarial valuation reports dated January 1, 2011 and 2010, respectively, are as follows:

Interest	For 2010, first segment 3.78 percent, second segment 6.31 percent, third segment 6.57 percent. For 2009, first segment 5.03 percent, second segment 6.73 percent, third segment 6.82 percent.
Investment Return:	6.00 percent for 2010 and 2009.
Mortality Basis:	Before and after retirement: 430 PPA Generational Mortality Table for Annuitants and Nonannuitants.
Disability:	None
Termination Rates:	Based on 1985-1990 GRIP 10 experience.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(e) Actuarial Assumptions (Continued)

Retirement:	Early Retirement Probability Rates: 15 percent at age 55; from age 56 to 64, rates vary from 10 to 40 percent; 30 percent from age 65 to 69; 100 percent at age 70.
Salary Scale:	Age-related indices developed from study of covered participants from 2002-2007.
Expenses:	Handled outside of plan contributions.
Actuarial Value of Plan Assets:	The three year smoothing method for 2010 and 2009.

The accumulated plan benefit calculations assume that most people will elect a qualified joint and survivor annuity and that payments for deferred vested participants will begin at various ages prior to age 65. These ages vary by age at termination.

(f) Use of Estimates

Management uses estimates and assumptions in preparing these financial statements in accordance with generally accepted accounting principles. Those estimates and assumptions affect the reported amounts of plan assets, net assets available for plan benefits, reported changes in net assets available for plan benefits, actuarial present value of accumulated plan benefits, and related changes in actuarial present value of accumulated plan benefits. Actual results could vary from the estimates that were used.

NOTE 3 - FUNDING POLICY

The Plan is a noncontributory retirement plan. The participating Companies' funding policy is to make annual contributions to the Plan in amounts that are actuarially determined to maintain funding at a level sufficient to provide all benefits under the Plan as they come due.

Although they have not expressed any intention to do so, the Companies have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

NOTE 4 - PLAN TERMINATION

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

a. There shall first be set aside each participant's and former participant's voluntary contributions, if any.

b. There shall next be set aside an amount which will provide benefits for participants and their respective spouses or beneficiaries who were eligible to receive benefits at least three years prior to termination of the Plan, which benefits shall be based on Plan provisions in effect during the five-year period prior to the date of the Plan's termination under which such benefit would have been least.

c. There shall next be set aside an amount which will provide all other insured benefits as provided for under Title IV, Section 4044 of ERISA.

d. There shall next be set aside an amount which will provide all other nonforfeitable benefits under the provisions of the Plan on the termination date, but which are not insured under ERISA.

e. Finally, there shall be set aside an amount which will provide all other benefits for participants who did not have nonforfeitable interests as of the date of Plan termination.

Benefits to be provided via contracts under which the insurer is obligated to pay the benefits would be excluded for allocation purposes.

If the assets of the Plan as of the termination date are not sufficient to provide in whole the amounts required within the classes described, such assets shall be allocated pro rata within the class in which the amounts first cannot be provided in full. Allocation in any of the listed categories shall be adjusted for any allocation already made to the same participant under a prior category. Allocation of assets may be modified by the Internal Revenue Service to meet nondiscriminatory requirements.

NOTE 4 - PLAN TERMINATION (CONTINUED)

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2010 and 2009, that ceiling, which is adjusted periodically, was $4,500 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination, whichever comes later. For younger annuitants, or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Notwithstanding anything elsewhere contained in the Plan to the contrary, if the Plan terminates and the assets of the fund as allocated, as indicated previously, are insufficient to provide benefits guaranteed by the Plan as of March 31, 1985, then COUNTRY Life Insurance Company shall be liable for such deficiency and shall insure the payment of all such benefits so guaranteed.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE 5 - FAIR VALUE MEASUREMENTS

In determining fair value, the Plan uses various valuation approaches within the required fair value measurement framework. Fair value measurements are determined based on the assumptions that market participants would use in pricing an asset or liability.

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

This framework establishes a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Defined levels within the hierarchy are based on the reliability of inputs as follows:

- Level 1 - Valuations based on unadjusted quoted prices for identical assets or liabilities in active markets;

- Level 2 - Valuations based on quoted prices for similar assets or liabilities or identical assets or liabilities in less active markets, such as dealer or broker markets; and

- Level 3 - Valuations derived from valuation techniques in which one or more significant inputs or significant value drivers are unobservable, such as pricing models, discounted cash flow models and similar techniques not based on market, exchange, dealer or broker-traded transactions.

Following is a description of the valuation methodologies used for instruments measured at fair value and their classification in the valuation hierarchy. There were no changes in the methodologies used at December 31, 2010 and 2009.

Deposit Administration Contract: Valued at contract value, which approximates fair value as reported to the Plan by COUNTRY Life Insurance Company.

Common Stock and Preferred Stock: Valued at the last sales price, or if there is no sale and the market is still considered active, at the last transaction price before year-end.

Mutual Funds: Valued at the net asset value of the underlying investments at year end.

Bonds: Valued at the most recent price of the equivalent quoted yield for such securities, or those of comparable maturity, quality and type.

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

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables present assets measured at fair value by classification within the fair value hierarchy as of December 31, 2010 and 2009:

	Fair Value Measurements Using			
2010	**Quoted Prices in Active Markets for Identical Assets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**	**Total**
Bonds:				
U.S. Government	$ -	$ 63,969,748	$ -	$ 63,969,748
State and political subdivisions	-	30,904,120	-	30,904,120
Corporate	-	92,093,947	-	92,093,947
Short-term investments	21,251,102	-	-	21,251,102
Preferred stock	-	14,128	-	14,128
Common stock (Large Cap)	250,795,491	-	-	250,795,491
Mutual funds:				
Small/Mid Cap	59,676,260	-	-	59,676,260
International	64,195,814	-	-	64,195,814
Deposit administration contract	-	-	19,726,543	19,726,543
	$ 395,918,667	$ 186,981,943	$ 19,726,543	$ 602,627,153

	Fair Value Measurements Using			
2009	**Quoted Prices in Active Markets for Identical Assets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**	**Total**
Bonds:				
U.S. Government	$ -	$ 67,119,140	$ -	$ 67,119,140
State and political subdivisions	-	7,849,876	-	7,849,876
Corporate	-	95,783,778	-	95,783,778
Short-term investments	34,798,178	-	-	34,798,178
Preferred stock	-	25,526	-	25,526
Common stock (Large Cap)	194,695,681	-	-	194,695,681
Mutual funds:				
Small/Mid Cap	46,492,435	-	-	46,492,435
International	54,208,061	-	-	54,208,061
Deposit administration contract	-	-	19,422,503	19,422,503
	$ 330,194,355	$ 170,778,320	$ 19,422,503	$ 520,395,178

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

The tables below set forth a summary of changes in fair value of the Plan's Level 3 assets for the years ended December 31, 2010 and 2009.

2010	**Deposit Administration Contract**
Balance, beginning of year	$ 19,422,503
Realized gains/(losses)	-
Unrealized gains/(losses) relating to instruments still held at the reporting date	-
Purchases, sales, issuances, and settlements (net)	304,040
Balance, end of year	$ 19,726,543

2009	**Deposit Administration Contract**
Balance, beginning of year	$ 20,029,851
Realized gains/(losses)	-
Unrealized gains/(losses) relating to instruments still held at the reporting date	-
Purchases, sales, issuances, and settlements (net)	(607,348)
Balance, end of year	$ 19,422,503

NOTE 6 - INVESTMENTS MAINTAINED IN SEPARATE ACCOUNT D (UNAUDITED)

Cost and fair value amounts for the investments maintained in Separate Account D as of December 31, 2010 are as follows:

	Cost	**Fair Value**
Common and preferred stock and equity mutual funds	$ 315,461,778	$ 374,681,693
U.S. Government securities and corporate bonds	176,750,604	186,967,815
Short-term investments	21,251,102	21,251,102
	$ 513,463,484	$ 582,900,610

NOTE 6 - INVESTMENTS MAINTAINED IN SEPARATE ACCOUNT D (UNAUDITED) (CONTINUED)

Cost and fair value amounts for the investments maintained in Separate Account D as of December 31, 2009 are as follows:

	Cost	Fair Value
Common and preferred stock and equity mutual funds	$ 275,958,510	$ 295,421,703
U.S. Government securities and corporate bonds	164,266,012	170,752,794
Short-term investments	34,798,178	34,798,178
	$ 475,022,700	$ 500,972,675

None of the individual securities maintained in Separate Account D were in excess of 5 percent of Plan net assets.

NOTE 7 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits as of December 31, 2010 and 2009, issued January 1, 2011 and 2010, respectively, for the most recent Plan valuation dates is as follows:

	December 31,	
	2010	2009
Vested benefits:		
Other participants	$ 327,662,771	$ 294,825,718
Retired accrued benefits	179,191,027	136,383,674
Deferred benefits	-	34,923,800
	506,853,798	466,133,192
Nonvested benefits	52,614,578	49,118,883
Total actuarial present value of accumulated plan benefits	$ 559,468,376	$ 515,252,075

NOTE 7 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The following is an analysis of the change in accumulated plan benefits for the years ended:

	December 31,	
	2010	**2009**
Actuarial present value of accumulated plan benefits - beginning of year	$ 515,252,075	$ 470,950,330
Benefit accumulation, net	44,216,301	44,301,745
Actuarial present value of accumulated plan benefits - end of year	$ 559,468,376	$ 515,252,075

Components of the $44,216,301 net increase in benefits accumulated in 2010 include $60,662,536 of benefit accumulation, $14,935,629 of benefit payments, and $1,510,606 decrease due to assumption changes. The salary scale, withdrawal rates, deferred vested retirement age, optional form election percentages, and lump sum interest rates were changed to better reflect anticipated future plan experience.

Components of the $44,301,745 net increase in benefits accumulated in 2009 include $57,383,516 of benefit and interest accumulation, $11,369,027 of benefit payments, $3,819,469 increase due to assumption changes, and $5,532,213 decrease due to the withdrawal of Illinois Agricultural Auditing Association from the Plan. The salary scale, withdrawal rates, and lump sum interest rates were changed to better reflect anticipated future plan experience.

NOTE 8 - RELATED PARTY TRANSACTIONS

The asset balances and other transactions between the Plan and COUNTRY Life Insurance Company, a related party, for the years ended December 31, 2010 and 2009 are summarized below:

	2010	**2009**
Deposit administration contract - general accounts	$ 19,726,543	$ 19,422,503
Interest income credited from general accounts	$ 956,962	$ 974,978
Investment expenses	$ 709,459	$ 572,139

These transactions with a party-in-interest are statutorily or administratively exempt from the prohibited transaction provisions of ERISA.

NOTE 9 - RISKS AND UNCERTAINTIES

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

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

NOTE 10 - RECONCILIATION TO FORM 5500

	2010	2009
Investment income, Separate Account D:		
Interest and dividends	$ 15,849,800	$ 13,071,558
Realized gains (losses)	7,828,470	(3,121,870)
Unrealized gains	42,277,902	75,169,718
Investment expenses	(709,459)	(572,139)
Net investment gain from pooled separate account per the Form 5500	$ 65,246,713	$ 84,547,267
Investment maintained in Separate Account D	$ 582,900,610	$ 500,972,675
Accrued interest and dividend income	2,161,787	2,212,823
Accrued investment expenses	(67,276)	(55,462)
Other receivables	1,592,766	-
Other liabilities	(2,494,138)	-
Value of interest in pooled separate accounts per the Form 5500	$ 584,093,749	$ 503,130,036

NOTE 11 - SUBSEQUENT EVENTS

Management evaluated subsequent events through October 13, 2011, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

EIN 37-1000579
Plan Number 334

Group Retirement Income Plan No. 10
Issued to CC Services, Inc.
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

DESCRIPTION	MATURITY DATE	INTEREST RATE	PAR VALUE	COST	CURRENT VALUE
*Deposit Administration Group Annuity Contract - COUNTRY Life Insurance Company				$ 19,726,543	$ 19,726,543
*Separate Account D - COUNTRY Life Insurance Company - 99.0158%				$ 514,656,623	584,093,749
Total					$ 603,820,292

*Party-in-interest according to ERISA

Group Retirement Income Plan No. 10
Issued to CC Services, Inc.

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN #37-1000579 Plan #334

Year Ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category 1						
COUNTRY Life Insurance Company	Deposit Administration Group Annuity Contract					
	Acquired by Separate Account D on 7/15/2010	$ -	$ -	$ -	$ 3,293,000	$ -
	Acquired by Separate Account D on 9/20/2010	-	-	-	25,000,000	-
Category 3						
COUNTRY Life Insurance Company	Deposit Administration Group Annuity Contract					
	Acquired by Separate Account D	-	-	-	28,768,000	-
	Disposed from Separate Account D	-	-	-	13,270,000	-

Columns (e) and (f) are not applicable.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Group Retirement Income Plan No. 10
EIN: 37-1000579 PN: 334

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2010

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	5	81 $36,165								
25-29	8	231 $44,426	106 $44,462							
30-34	8	147 $53,390	218 $59,219	83 $61,410						
35-39	1	90 $67,086	119 $70,020	118 $64,164	45 $65,915					
40-44		74 $68,231	110 $67,756	97 $72,272	133 $73,721	61 $60,734				
45-49	2	71 $51,288	107 $67,765	92 $72,122	84 $82,651	136 $79,257	86 $65,230			
50-54	3	45 $54,494	115 $69,832	82 $61,593	65 $77,415	84 $82,019	103 $83,746	76 $70,536		
55-59	2	45 $49,976	90 $60,416	61 $60,270	54 $71,041	49 $82,599	44 $78,245	79 $84,414	27 $71,093	
60-64	2	15	48 $58,206	30 $61,611	31 $72,498	40 $99,279	17	27 $107,613	18	2
65-69		7	6	10	4	8	2	1	1	
70+	1	5	9	6	7	2	1	1	1	1

N-3640

Schedule SB Attachment (Form 5500)—2010 Plan Year
Group Retirement Income Plan No. 10
EIN: 37-1000579 PN: 334

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

Interest Rates	Based on segment rates with a four-month lookback (as of September 2009).
1st Segment Rate	5.03%.
2nd Segment Rate	6.73%.
3rd Segment Rate	6.82%.
Salary Increases	
Minimum Funding Target Normal Cost	See Table 1, adjusted for short-term bonus expectations.
Maximum Tax Expected Benefit Increase	See Table 1, adjusted for short-term bonus expectations.
Optional Payment Form Election Percentage	If eligible, 100% lump sum first year after termination; deferred until retirement if after first year and eligible. If not lump sum eligible: 40% elect 10-year Certain and Life Annuity. 60% elect Joint and 66.67% Survivor Annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums.
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums.
Retirement Age	
Active Participants	See Table 2 for participants with 20 or more years of credited service. See Table 3 for participants with less than 20 years of credited service.
Terminated Vested Participants	Age 60.
Mortality Rates	
Healthy and Disabled	Generational Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(d).
Withdrawal Rates	See Table 3.
Disability Rates	None.

Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2009 Pensionable Earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $195,000 and the 401(a)(17) compensation limit of $245,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2008 Plan Year	6.38%.
2009 Plan Year	6.56%.
Trust Expenses Included in Target Normal Cost	None.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2010.

Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
21	9.00%	46	4.50%
22	9.00%	47	4.50%
23	9.00%	48	4.50%
24	9.00%	49	4.50%
25	9.00%	50	4.50%
26	7.50%	51	4.50%
27	7.50%	52	4.50%
28	7.50%	53	4.50%
29	7.50%	54	4.50%
30	7.50%	55	4.50%
31	6.00%	56	4.00%
32	6.00%	57	4.00%
33	6.00%	58	4.00%
34	6.00%	59	4.00%
35	6.00%	60	4.00%
36	6.00%	61	4.00%
37	6.00%	62	4.00%
38	6.00%	63	4.00%
39	6.00%	64	4.00%
40	6.00%	65+	4.00%
41	5.50%		
42	5.50%		
43	5.50%		
44	5.50%		
45	5.50%		

Table 2

Retirement Rates

Age	Rate
55	15.00%
56	10.00%
57	10.00%
58	10.00%
59	10.00%
60	20.00%
61	30.00%
62	30.00%
63	40.00%
64	40.00%
65+	100.00%

Table 3—Page 1 of 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
18	14.00%	14.00%	14.00%	14.00%	14.00%	14.00%
19	14.00%	14.00%	14.00%	14.00%	14.00%	14.00%
20	14.00%	14.00%	14.00%	14.00%	14.00%	14.00%
21	14.00%	14.00%	14.00%	14.00%	14.00%	14.00%
22	13.40%	13.40%	13.40%	13.40%	13.40%	13.40%
23	12.60%	12.60%	12.60%	12.60%	12.60%	12.60%
24	12.10%	12.10%	12.10%	12.10%	12.10%	12.10%
25	11.40%	11.40%	11.40%	11.40%	11.40%	11.40%
26	10.90%	10.90%	10.90%	10.90%	10.90%	10.90%
27	10.20%	10.20%	10.20%	10.20%	10.20%	10.20%
28	10.20%	9.70%	9.70%	9.70%	9.70%	9.70%
29	10.20%	9.50%	9.20%	9.20%	9.20%	9.20%
30	10.20%	9.50%	8.80%	8.60%	8.60%	8.60%
31	10.20%	9.50%	8.80%	8.20%	8.20%	8.20%
32	10.20%	9.50%	8.80%	8.20%	7.70%	7.70%
33	10.20%	9.50%	8.80%	8.20%	7.60%	7.20%
34	10.20%	9.50%	8.80%	8.20%	7.60%	6.80%
35	10.20%	9.50%	8.80%	8.20%	7.60%	6.30%
36	10.20%	9.50%	8.80%	8.20%	7.60%	5.90%
37	10.20%	9.50%	8.80%	8.20%	7.60%	5.50%
38	10.20%	9.50%	8.80%	8.20%	7.60%	5.20%
39	10.20%	9.50%	8.80%	8.20%	7.60%	4.80%
40	10.20%	9.50%	8.80%	8.20%	7.60%	4.50%
41	10.20%	9.50%	8.80%	8.20%	7.60%	4.20%
42	10.20%	9.50%	8.80%	8.20%	7.60%	3.90%
43	10.20%	9.50%	8.80%	8.20%	7.60%	3.60%
44	10.20%	9.50%	8.80%	8.20%	7.60%	3.40%

Table 3—Page 2 of 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
45	10.20%	9.50%	8.80%	8.20%	7.60%	3.10%
46	10.20%	9.50%	8.80%	8.20%	7.60%	2.90%
47	10.20%	9.50%	8.80%	8.20%	7.60%	2.70%
48	10.20%	9.50%	8.80%	8.20%	7.60%	2.50%
49	10.20%	9.50%	8.80%	8.20%	7.60%	2.30%
50	10.20%	9.50%	8.80%	8.20%	7.60%	2.20%
51	10.20%	9.50%	8.80%	8.20%	7.60%	2.10%
52	10.20%	9.50%	8.80%	8.20%	7.60%	1.90%
53	10.20%	9.50%	8.80%	8.20%	7.60%	1.80%
54	10.20%	9.50%	8.80%	8.20%	7.60%	1.80%
55	10.00%	10.00%	10.00%	10.00%	10.00%	3.00%
56	10.00%	10.00%	10.00%	10.00%	10.00%	4.00%
57	10.00%	10.00%	10.00%	10.00%	10.00%	5.00%
58	10.00%	10.00%	10.00%	10.00%	10.00%	6.00%
59	10.00%	10.00%	10.00%	10.00%	10.00%	8.00%
60	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
61	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%
62	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%
63	13.00%	13.00%	13.00%	13.00%	13.00%	13.00%
64	14.00%	14.00%	14.00%	14.00%	14.00%	14.00%

Schedule SB Attachment (Form 5500)—2010 Plan Year
Group Retirement Income Plan No. 10
EIN: 37-1000579 PN: 334

Schedule SB, line 7—Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

Lines 7(a) and 7(b) of the 2010 Schedule SB do not match lines 13(a) and 13(b) of the 2009 Schedule SB due to the spinoff of the Illinois Agricultural Auditing Association Pension Plan (EIN: 36-1252710, PN: 001) that occurred on 9/30/2009.

Group Retirement Income Plan No. 10

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN #37-1000579 Plan #334

Year Ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category 1						
COUNTRY Life Insurance Company	Deposit Administration Group Annuity Contract					
	Acquired by Separate Account D on 7/15/2010	-	-	-	3,293,000	-
	Acquired by Separate Account D on 9/20/2010	-	-	-	25,000,000	-
Category 3						
COUNTRY Life Insurance Company	Deposit Administration Group Annuity Contract					
	Acquired by Separate Account D	-	-	-	28,768,000	-
	Disposed from Separate Account D	-	-	-	13,270,000	-

Columns (e) and (f) are not applicable.

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

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: Group Retirement Income Plan No. 10

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: CC Services, Inc.

D Employer Identification Number (EIN): 37-1000579

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2010

2	Assets:			
	a Market value		**2a**	522,552,539
	b Actuarial value		**2b**	525,593,568
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	603	129,705,663
	b For terminated vested participants	**3b**	884	31,184,502
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		43,492,712
	(2) Vested benefits	**3c(2)**		261,887,150
	(3) Total active	**3c(3)**	3,640	305,379,862
	d Total	**3d**	5,127	466,270,027
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**	6.72 %
6	Target normal cost		**6**	21,682,075

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

Frank C. Walton F.W. — Signature of actuary

10-3-2011 — Date

FRANK C. WALTON — Type or print name of actuary

11-07114 — Most recent enrollment number

HEWITT ASSOCIATES LLC — Firm name

(847) 295-5000 — Telephone number (including area code)

100 HALF DAY ROAD

LINCOLNSHIRE IL 60069 — 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 [ ]

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)	6,712,770	52,231,392
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	1,939,162
9	Amount remaining (Item 7 minus item 8)	6,712,770	50,292,230
10	Interest on item 9 using prior year's actual return of 20.64 %	1,385,516	10,380,316
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 6.30 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	8,098,286	1,372,546
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	59,300,000

Part III Funding percentages

14	Funding target attainment percentage	14	100.00 %
15	Adjusted funding target attainment percentage	15	112.72 %
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	92.99 %
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
07/15/2010	4,500,000				
09/20/2010	25,000,000				
11/01/2010	500,000				
			Totals ▶ 18(b)	30,000,000	18(c) 0

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	28,679,659

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.03 %	6.73 %	6.82 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 60

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**	21,658,534
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
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**	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)		**34**	21,658,534

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	23,841,851	23,841,851

36 Additional cash requirement (item 34 minus item 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	28,679,659
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	30,862,976
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 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

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: Group Retirement Income Plan No. 10

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: CC Services, Inc.

D Employer Identification Number (EIN): 37-1000579

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2010

2	Assets:			
	a Market value		**2a**	522,552,539
	b Actuarial value		**2b**	525,593,568
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	603	129,705,663
	b For terminated vested participants	**3b**	884	31,184,502
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		43,492,712
	(2) Vested benefits	**3c(2)**		261,887,150
	(3) Total active	**3c(3)**	3,640	305,379,862
	d Total	**3d**	5,127	466,270,027
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**	6.72 %
6	Target normal cost		**6**	21,682,075

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

Frank C. Walton F.W. — Signature of actuary

10-3-2011 — Date

FRANK C. WALTON — Type or print name of actuary

11-07114 — Most recent enrollment number

HEWITT ASSOCIATES LLC — Firm name

(847) 295-5000 — Telephone number (including area code)

100 HALF DAY ROAD

LINCOLNSHIRE IL 60069 — 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 [ ]

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)	6,712,770	52,231,392
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	1,939,162
9	Amount remaining (Item 7 minus item 8)	6,712,770	50,292,230
10	Interest on item 9 using prior year's actual return of 20.64 %	1,385,516	10,380,316
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 6.30 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	8,098,286	1,372,546
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	59,300,000

Part III Funding percentages

14	Funding target attainment percentage	14	100.00 %
15	Adjusted funding target attainment percentage	15	112.72 %
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	92.99 %
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
07/15/2010	4,500,000				
09/20/2010	25,000,000				
11/01/2010	500,000				
			Totals ▶ 18(b)	30,000,000	18(c) 0

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	28,679,659

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.03 %	6.73 %	6.82 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 60

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**	21,658,534
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
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**	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)		**34**	21,658,534

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	23,841,851	23,841,851

36 Additional cash requirement (item 34 minus item 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	28,679,659
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	30,862,976
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 SB Attachment (Form 5500)—2010 Plan Year
Group Retirement Income Plan No. 10
EIN: 37-1000579 PN: 334

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	Amended as of January 1, 2008.
Eligibility for Participation	Employees who have completed one year of service and attained age 21.
Normal Retirement	
Eligibility	Attainment of age 65.
Monthly Benefit	Years of credited service (limited to 32 years) x 1.65% x Final Average Earnings
Early Retirement	
Eligibility	1. Option A: Age 55 and five years of vesting service 2. Option B: Age 55 and 20 years of credited service (must terminate after attaining age 55)
Monthly Benefit	Accrued benefit reduced per tables below for each year by which payments precede age 65. 1. Option A Early Retirement Benefit (subject to Prior Plan protected benefit minimum):

Age	Reduction Factors
55	44%
56	47%
57	51%
58	56%
59	61%
60	66%
61	71%
62	78%
63	85%
64	92%
65+	100%

2. Option B Early Retirement Benefit:

Age	Reduction Factors
55	75%
56	80%
57	85%
58	90%
59	95%
60+	100%

For those who were plan participants on December 31, 2004, the early retirement benefit formula provides no early retirement reduction on pre-2005 credited service, and the above factors apply only to post-2004 credited service.

Disability Retirement

Eligibility — Disability prior to commencement of retirement benefits, with five years of service, for the extent of the disability.

Benefit — If eligible for Option B Early Retirement within seven months of Disability, an amount equal to the Option B Early Retirement Benefit.

Otherwise, the accrued benefit, reduced for early commencement.

Six month waiting period.

Preretirement Surviving Spouse Benefit

Eligibility — For the Qualified Survivor Pension: all vested participants with a spouse at the time of death.

For the Death Benefit: all vested participants, regardless of marital status.

Benefit — Qualified Survivor Pension: 66-2/3% of participant's accrued benefit, reduced for early retirement and the 66 2/3% joint and survivor option, payable to a surviving spouse commencing on the later of (a) the date the participant would have attained age 55, or (b) the date of death.

Death Benefit (if larger): 100 times the participant's accrued benefit.

Vested Termination Benefits	
Eligibility	Five years of vesting service.
Benefit	Accrued benefit payable at normal retirement age, or payable at early retirement age with reductions as for early retirement.
Definitions	
Vesting Service	One year of Vesting Service is earned for each Plan Year in which 1,000 hours are worked.
Credited Service	One year of Credited Service is earned for each Plan Year in which 1,000 hours are worked.
Earnings Covered	Total taxable earnings, including eligible deferrals.
Final Average Earnings	The average monthly earnings for the highest five consecutive calendar years of such earnings out of the last ten years.
Normal Form of Benefit	Life annuity` with a 120-month payment guarantee, or an actuarially equivalent 66 2/3% joint and survivor annuity if the participant is married.
Small Lump Sum Benefits	A lump sum is available to vested participants with an accrued benefit less than $300.00 per month.
Other	
IAAA Spinoff	IAAA participants were spunoff out of the Group Retirement Income Plan No. 10 on September 30, 2009.

Changes in Plan Provisions since the Prior Year

The funding valuation reflects the following plan change:

- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

EIN 37-1000579
Plan Number 334

Group Retirement Income Plan No. 10
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

DESCRIPTION	MATURITY DATE	INTEREST RATE	PAR VALUE	COST	CURRENT VALUE
*Deposit Administration Group Annuity Contract - COUNTRY Life Insurance Company				19,726,543.39	19,726,543.39
*Separate Account D - COUNTRY Life Insurance Company				514,656,622.68	584,093,748.63

Schedule SB Attachment (Form 5500)—2010 Plan Year
Group Retirement Income Plan No. 10
EIN: 37-1000579 PN: 334

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2010

Date	Amount	Interest Rate	Interest Adjusted Contribution
July 15, 2010	$ 4,500,000	6.72%	$ 4,346,326
September 20, 2010	25,000,000	6.72%	23,859,697
November 1, 2010	500,000	6.72%	473,636
Total Contribution	$ 30,000,000		$ 28,679,659

Schedule SB Attachment (Form 5500)—2010 Plan Year
Group Retirement Income Plan No. 10
EIN: 37-1000579 PN: 334

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

■ A change in the salary increase assumption to better reflect plan experience.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall, as such approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Group Retirement Income Plan No. 10
EIN: 37-1000579 PN: 334

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	15.00%	1.0000	8.33
56.5	10.00%	0.8500	4.80
57.5	10.00%	0.7650	4.40
58.5	10.00%	0.6885	4.03
59.5	10.00%	0.6197	3.69
60.5	20.00%	0.5577	6.75
61.5	30.00%	0.4461	8.23
62.5	30.00%	0.3123	5.86
63.5	40.00%	0.2186	5.55
64.5	40.00%	0.1312	3.38
65	100.00%	0.0787	5.12
		Weighted Average	60.14