

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

Part II	Basic Plan Information —enter all requested information		
1a Name of plan GETRAG CORPORATION 401(K) PLAN AND TRUST 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) GETRAG CORPORATION 1848 GETRAG PARKWAY NEWTON, NC 28658-9418	1b Three-digit plan number (PN) ►	002	
	1c Effective date of plan	07/01/1988	
	2b Employer Identification Number (EIN)	51-0260034	
	2c Sponsor's telephone number	828-428-3711	
	2d Business code (see instructions)	336300	

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	BRENDA C. LEWIS
	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") GETRAG CORPORATION 1848 GETRAG PARKWAY NEWTON, NC 28658-9418	3b Administrator's EIN 51-0260034 3c Administrator's telephone number 828-428-3711
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	668
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	588
b Retired or separated participants receiving benefits.....	6b	22
c Other retired or separated participants entitled to future benefits.....	6c	46
d Subtotal. Add lines 6a , 6b , and 6c	6d	656
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	656
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	634
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	5

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
 4B

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan GETRAG CORPORATION 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. GETRAG CORPORATION	D Employer Identification Number (EIN) 51-0260034	

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

(a) Name of insurance carrier

UNION CENTRAL

(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
31-0472910	80837	E745331	634	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
34708	8677

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

DAVID L. SPARKS
P. O. BOX 3509
HICKORY, NC 28603

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34708			3

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

CAPITAL CONCEPTS
1155 SOUTHGATE PARK, S.W.
HICKORY, NC 28602

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	8677	OVERRIDE	3

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

Schedule A (Form 5500) 2010
v.092308.1

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	19210637

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

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

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

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

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

b Balance at the end of the previous year	7b	5590802
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c Additions: (1) Contributions deposited during the year	7c(1)	232791	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	228529	
(4) Transferred from separate account	7c(4)	307306	
(5) Other (specify below)	7c(5)	300262	

▶ LOAN PMTS AND LIFE INS CV TSFS

(6) Total additions	7c(6)	1068888
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d Total of balance and additions (add b and c(6))	7d	6659690
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	362354	
(2) Administration charge made by carrier	7e(2)	4922	
(3) Transferred to separate account	7e(3)	79722	
(4) Other (specify below)	7e(4)	317946	

▶ FORF TSF FROM PART INS PREM LOAN

(5) Total deductions	7e(5)	764944
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f Balance at the end of the current year (subtract e(5) from d)	7f	5894746
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)	586
(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)	586
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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan GETRAG CORPORATION 401(K) PLAN AND TRUST		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 GETRAG CORPORATION		D Employer Identification Number (EIN) 51-0260034

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

UNION CENTRAL LIFE INSURANCE COMPAN

1876 WAYCROSS
CINCINNATI, OH 45240

31-0472910

(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?
15	RECORDKEEPER	20163	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan GETRAG CORPORATION 401(K) PLAN AND TRUST		B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GETRAG CORPORATION		D Employer Identification Number (EIN) 51-0260034
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: UCL MUTUAL FUND SEP ACCT IV		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-011	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1681788
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-052	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LVII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-057	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68572
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLIX		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-049	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 391056
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLVIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-048	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 363980
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-042	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 265254
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XXI		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-037	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 341881
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule D (Form 5500) 2010 v.092308.1		

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT III			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-010	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1056833

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLVI			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-046	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 269366

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT V			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-013	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT VIII			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-016	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 254698

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT VII			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-015	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 195265

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXIII			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-073	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11225

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXIV			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-074	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39811

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLI			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-041	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119901

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLVII			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-047	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 711097

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LV			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-055	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 223498

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXV			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-065	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31632

a Name of MTIA, CCT, PSA, or 103-12 IE: SUMMIT BALANCED INDEX SEP ACCT			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-036	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 555262

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XII			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-023	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 298917

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XXXIX			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-039	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 335238

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXVIII			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-068	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 424836

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XVIII			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-029	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 319506

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LI			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-051	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 469389

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXV			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-075	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 369093

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CI			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-101	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5967

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XCIII			
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE			
c EIN-PN 31-0472910-093	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 728748

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-102	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 906541
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-103	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 738526
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CIV		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-104	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1048621
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XI		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-022	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 611373
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XXIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-034	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120569
a Name of MTIA, CCT, PSA, or 103-12 IE: SUMMIT SHORT TERM SEP ACCT		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-012	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 412300
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXXIX		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-089	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 168978
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XCI		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-091	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93409
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXXIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-083	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78031
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT L		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-050	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1683724

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CXIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-113	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99837

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LIX		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-059	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 348184

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LX		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-060	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1276672

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXI		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-061	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 445214

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXVII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-077	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 340442

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXXVI		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 741508

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXIX		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-069	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXVIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-078	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132962

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-062	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 411655

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXXVIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-088	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19274

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

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan GETRAG CORPORATION 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 GETRAG CORPORATION	D Employer Identification Number (EIN) 51-0260034	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	977182
(2) Participant contributions	1b(2)	0	36
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2236953	2252576
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	17223233	19210637
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5590802	5894746
(15) Other	1c(15)	144943	140981

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	25195931	28476158

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	25195931	28476158
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1274624	
(B) Participants	2a(1)(B)	1405417	
(C) Others (including rollovers)	2a(1)(C)	14703	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2694744

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	133695	
(F) Other	2b(1)(F)	228529	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		362224

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

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2384677
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		870
d Total income. Add all income amounts in column (b) and enter total.....	2d		5442515

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1991805	
(2) To insurance carriers for the provision of benefits	2e(2)	4832	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1996637
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		145488
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	20163	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		20163
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2162288

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3280227
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: LANGFORD BLUE KOCK LLP

(2) EIN: 30-0114818

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 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 <u>GETRAG CORPORATION 401(K) PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GETRAG CORPORATION</u>	D Employer Identification Number (EIN) <u>51-0260034</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-0472910</u> <u>47-0098400</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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):

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

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

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

GETRAG CORPORATION 401(k)
PLAN & TRUST

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
AS OF DECEMBER 31, 2010 AND 2009
TOGETHER WITH
INDEPENDENT AUDITORS' REPORT

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

Langford de Kock LLP

Certified Public Accountants

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Fax +1-704-376-0226
E-mail info@roedlUSA.com
Internet www.roedl.com/US

INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants of

Getrag Corporation 401(k) Plan & Trust:

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

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to information summarized in Note 3, which was certified by Union Central Life Insurance Company (the "Custodian"), the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the Custodian as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the Plan administrator by the Custodian is complete and accurate.

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



Charlotte, North Carolina
October 11, 2011

Rödl & Partner

Represented by *Rödl & Partner International* in:

Austria, Belarus, Bosnia-Herzegovina, Brazil, Bulgaria, Croatia, Czech Republic, Estonia, France, Germany, Hong Kong, Hungary, India, Indonesia, Italy, Kazakhstan, Latvia, Lithuania, Moldavia, People's Republic of China, Poland, Qatar, Romania, Russian Federation, Singapore, Slovak Republic, Slovenia, South Africa, Spain, Sweden, Switzerland, Thailand, Turkey, Ukraine, United Arab Emirates, United Kingdom, United States of America, Vietnam

GETRAG CORPORATION 401(k) PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
Investments at fair value:		
Pooled separate accounts	\$ 19,210,637	\$ 17,223,233
Guaranteed investment contract	<u>6,015,649</u>	<u>5,798,676</u>
	<u>25,226,286</u>	<u>23,021,909</u>
Receivables:		
Notes receivable from participants	2,252,576	2,236,953
Sponsor contributions	977,182	-
Participant contributions	<u>36</u>	<u>-</u>
	<u>3,229,794</u>	<u>2,236,953</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT FAIR VALUE	28,456,080	25,258,862
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(120,903)</u>	<u>(207,874)</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 28,335,177</u>	<u>\$ 25,050,988</u>

See independent auditors' report.
The accompanying notes are an integral part of these financial statements.

GETRAG CORPORATION 401(k) PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

	<u>2010</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in fair value of pooled separate accounts	\$ 2,384,677
Interest on guaranteed investment contract	<u>228,529</u>
	<u>2,613,206</u>
Interest income on notes receivable from participants	<u>133,695</u>
Contributions:	
Participant	1,405,417
Sponsor	1,274,624
Rollovers	<u>14,703</u>
	<u>2,694,744</u>
	<u>5,441,645</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Payment of benefits:	
Benefits paid directly to participants	2,136,707
Payments to insurance carriers for the provision of benefits	<u>586</u>
	<u>2,137,293</u>
Administrative fees	<u>20,163</u>
	<u>2,157,456</u>
Net increase	3,284,189
NET ASSETS AVAILABLE FOR PLAN BENEFITS:	
BEGINNING OF YEAR	<u>25,050,988</u>
END OF YEAR	<u><u>\$ 28,335,177</u></u>

See independent auditors' report.
The accompanying notes are an integral part of this financial statement.

GETRAG CORPORATION 401(k) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

1. DESCRIPTION OF PLAN

The following description of the Getrag Corporation 401(k) Plan & Trust (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Getrag Corporation (the "Sponsor") who have at least 6 months of qualified service and are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and the Internal Revenue Code (the "IRC").

Contributions

Eligible participants may contribute to the Plan a percentage of their compensation, as defined by the Plan, under a salary deferral arrangement, subject to IRC limitations. The Plan also allows participant rollover contributions, which represent distributions from other qualified plans. The Sponsor matches 50% of participant deferral contributions, up to 4% of the participant's annual compensation. The Sponsor, at its sole discretion, may also make profit-sharing contributions on behalf of all participants, without regard to the participants' contributions, equal to a percentage of the participants' compensation. For the year ended December 31, 2010, the Sponsor made discretionary profit-sharing contributions equal to 3% of participants' compensation.

Investment options

The Plan's assets are held by Union Central Life Insurance Company (the "Custodian"), the custodian of the Plan's investment assets. Under this arrangement with the Custodian and upon enrollment in the Plan, participants may direct contributions in any whole percentage increments into any of the available funds. Participants may change their allocation to the various investment options at any time.

Participant accounts

Each participant's account is credited with (a) the participant's contributions, (b) the Sponsor's contributions on behalf of the participant and (c) the earnings and losses of the participant's investments, and is charged with any expenses incurred as a result of transactions initiated by the participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting and forfeitures

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Sponsor's contributions and actual earnings thereon is based on years of qualifying service. A participant is 100% vested after three years of credited service. Forfeitures of nonvested balances are used to reduce future Sponsor contributions. Amounts forfeited during the year ended December 31, 2010 totaled \$10,225. The Sponsor utilized \$139,303 of forfeitures to reduce its contributions for the year ended December 31, 2010, and no accumulated forfeitures were available to reduce future matching contributions at December 31, 2010.

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. Terms of loans may not exceed five years, except for loans to purchase a principal residence, which may be longer. The loans are secured by the balance in the participant's account and bear interest at a fixed rate determined by the Plan's administrator at the date of origination. This rate may be no less than prime plus 1%. Principal and interest are paid ratably through periodic payroll deductions. Interest rates ranged from 4.25% to 10.25% on participant loans outstanding at December 31, 2010 and 2009.

Payment of benefits

Upon termination of service due to death, disability or attainment of normal retirement age, a participant may elect to receive either a lump-sum distribution equal to the value of the participant's vested interest in his or her account, or annual installments over a period not to exceed the participant's or beneficiary's life expectancy. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Terminated participants with account balances not exceeding \$1,000 will receive an automatic lump-sum distribution of their vested account balance immediately following termination. Prior to termination of service, participants may withdraw all or a portion of their account balance upon attainment of age 59 ½ or for reason of financial hardship as allowed under the IRC.

Administrative expenses

Administrative fees associated with certain participant-directed transactions are paid by the Plan. These fees are charged to the accounts of the participants who initiate the transactions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements are prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for plan benefits present the fair value of the investment contracts as well as the adjustments of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for plan benefits is prepared on a contract value basis.

Payment of benefits

Benefits are recorded when paid.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements. Interest income is recorded when earned. Net appreciation includes unrealized and realized gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions based upon the Plan's provisions.

Recent accounting pronouncements

In September 2010, the Financial Accounting Standards Board issued *Accounting Standards Update 2010-25, Reporting Loans to Participants by Defined Contribution Pension Plans*. This guidance requires participant loans to be measured at their unpaid principal balance plus any accrued but unpaid interest and to be classified as notes receivable from participants. Previously, loans were measured at fair value and classified as investments. This guidance is effective for the Plan for the year ended December 31, 2010 and is required to be applied retrospectively. The application of this guidance to the Plan's 2009 financial statements had no effect on previously reported net assets available for plan benefits or changes in net assets available for plan benefits.

Subsequent events

The Sponsor has evaluated subsequent events through October 11, 2011, the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The Sponsor has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Sponsor instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Custodian, except for comparing such information certified by the Custodian to information included in the Plan's financial statements and supplemental schedule.

The following information included in the Plan's financial statements and supplemental schedule was prepared and certified to be complete and accurate by the Custodian as of December 31, 2010 and 2009 and for the year ended December 31, 2010:

	2010	2009
Investments at fair value:		
Pooled separate accounts	\$ 19,210,637	\$ 17,223,233
Guaranteed investment contract	6,015,649	5,798,676
	<u>\$ 25,226,286</u>	<u>\$ 23,021,909</u>
Investment income:		
Net appreciation in fair value of pooled separate accounts	\$ 2,384,677	
Interest on guaranteed investment contract	228,529	
	<u>\$ 2,613,206</u>	

Investments representing 5% or more of the Plan's net assets available for plan benefits are as follows at December 31:

	2010	2009
Union Central Life Insurance Co. Guaranteed Investment Contract	\$ 5,894,746	\$ 5,590,802
T. Rowe Price Blue Chip Growth	1,683,724	1,553,174
Neuberger Berman Genesis	1,681,788	1,529,642
Calvert Cash Reserves Inst. Prime Fund	1,048,621 *	1,447,623

*Investment represents less than 5% of net asset in the year indicated, shown above for comparison only.

4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has a fully benefit-responsive investment contract with the Custodian. The Custodian maintains the contributions in a deposit administration account. The account is credited with earnings on the underlying investments, and charged for Plan withdrawals and miscellaneous administrative expenses.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value, and the issuer is not permitted to terminate the agreement prior to the scheduled maturity dates. Certain events would limit the ability of the Plan to transact with the issuer at contract value. Such events include the following: (a) termination of the Plan, (b) merger of the Plan into another plan, or (c) premature termination of the contract by the Sponsor. The contract was terminated in conjunction with the change in custodians on January 8, 2011 as discussed at Note 12. No termination fee or market value adjustment was incurred as a result of the termination.

There are no reserves against contract value of the deposit account for credit risk of the contract issuer or otherwise. The specified contract rates are adjusted every three months and are guaranteed for a five-year period from the date of deposit. The guaranteed rate for deposits made at December 31, 2010 and 2009, was 2.75% and 3.40%, respectively. The weighted average crediting rate based on contract value for participants in the Plan at December 31, 2010 and 2009 was 3.96% and 4.16%, respectively. The average yield earned by the Plan and credited to participants in the Plan was 3.80% for the year ended December 31, 2010.

5. 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 participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

6. FAIR VALUE MEASUREMENTS

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

Level 1

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

Level 2

Inputs to the valuation methodology include:

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

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

Level 3

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value. There were no changes in the methodologies used during the year ended December 31, 2010.

- Pooled separate accounts: valued at unit value, as determined by the Custodian, using the net asset value of the underlying mutual funds.
- Guaranteed investment contract: valued at the net present value of the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

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 Sponsor 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.

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

Assets at fair value as of December 31, 2010				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Domestic equity funds	\$ -	\$ 10,257,830	\$ -	\$ 10,257,830
Balanced funds	-	3,404,109	-	3,404,109
Fixed income funds	-	3,279,683	-	3,279,683
International funds	-	1,557,918	-	1,557,918
Real estate funds	-	711,097	-	711,097
	-	19,210,637	-	19,210,637
Guaranteed investment contract	-	-	6,015,649	6,015,649
	<u>\$ -</u>	<u>\$ 19,210,637</u>	<u>\$ 6,015,649</u>	<u>\$ 25,226,286</u>
Assets at fair value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Domestic equity funds	\$ -	\$ 9,138,603	\$ -	\$ 9,138,603
Balanced funds	-	3,015,070	-	3,015,070
Fixed income funds	-	3,153,343	-	3,153,343
International funds	-	1,410,490	-	1,410,490
Real estate funds	-	505,727	-	505,727
	-	17,223,233	-	17,223,233
Guaranteed investment contract	-	-	5,798,676	5,798,676
	<u>\$ -</u>	<u>\$ 17,223,233</u>	<u>\$ 5,798,676</u>	<u>\$ 23,021,909</u>

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

	Guaranteed investment contract
Balance, beginning of year	\$ 5,798,676
Net depreciation in fair value	(86,971)
Interest credited	228,529
Purchases, sales, issuances, and settlements, net	75,415
Balance, end of year	<u>\$ 6,015,649</u>

7. RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by the Custodian and, therefore, these transactions qualify as party-in-interest transactions. The Sponsor pays certain costs on behalf of the Plan for insurance and audit fees. The Sponsor also provides recordkeeping and administrative services to the Plan at no cost.

8. LIFE INSURANCE CONTRACTS

The Plan has purchased certain allocated life insurance contracts, which represent a legal obligation by the insurance company to provide specific benefits to designated Plan participants or their beneficiaries. As a result, the cash surrender values of these contracts are not Plan assets and are excluded from the net assets available for plan benefits.

9. TAX STATUS

The Plan utilizes a prototype plan document sponsored Ameritas Life Insurance Corp., who received a letter from the IRS, dated May 11, 2009, in which the IRS opined that the prototype plan is acceptable under the applicable sections of the IRC.

The Plan has not obtained a determination from the IRS on its adoption of the non-standardized prototype plan. In accordance with Revenue Procedure 2002-6, the Sponsor has chosen to rely on the opinion letter of the prototype plan. Subsequent to this opinion letter, the prototype plan has been amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan Sponsor believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010 and 2009, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are no audits for any tax periods in progress, and the Plan is no longer subject to income tax examinations for years prior to 2007.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the Plan's net assets available for plan benefits and net increase in net assets available for plan benefits as reported in the accompanying financial statements and those amounts reported on Form 5500 as of December 31, 2010 and 2009, and for the year ended December 31, 2010:

	2010	2009
Net assets available for plan benefits per the financial statements	\$ 28,335,177	\$ 25,050,988
Cash surrender value of life insurance contracts	140,981	144,943
Net assets available for plan benefits per Form 5500	<u>\$ 28,476,158</u>	<u>\$ 25,195,931</u>
Net increase in net assets available		
for plan benefits per the financial statements	\$ 3,284,189	
Net appreciation in cash surrender value of life insurance contracts	870	
Purchase of life insurance contracts	(4,832)	
Net increase in net assets available for plan benefits per Form 5500	<u>\$ 3,280,227</u>	

11. PLAN TERMINATION

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all participants would become 100% vested in their accounts.

12. SUBSEQUENT EVENT

Union Central Life Insurance Company was replaced by Frontier Trust Company as custodian of the Plan's investment assets effective January 8, 2011. All of the Plan's investments were transferred from Union Central Life Insurance Company to Frontier Trust Company on that date.

GETRAG CORPORATION 401(k) PLAN AND TRUST
EIN 51-0260034; PLAN #002
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	<u>Pooled separate accounts</u>			
*	Union Central Life Insurance Co.	T. Rowe Blue Chip Growth	**	\$ 1,683,724
		Neuberger Berman Genesis	**	1,681,788
		T. Rowe Price Retirement 2020	**	1,276,672
		Neuberger Berman Guardian	**	1,056,833
		Calvert Cash Reserves Inst. Prime Fund	**	1,048,621
		Calvert Large Cap Value Fund	**	906,542
		PIMCO Total Return	**	741,508
		Calvert Income Fund	**	738,526
		Thornburg International Value Fund	**	728,748
		Morgan Stanley IF US Real Estate	**	711,097
		Calvert VP S&P 500 Index	**	611,373
		Calvert VP Balanced Index	**	555,262
		T. Rowe Equity Income	**	469,389
		T. Rowe Price Retirement 2030	**	445,214
		American Century Midcap Value	**	424,836
		Calvert Short Term Government	**	412,300
		T. Rowe Price Retirement 2040	**	411,655
		Wasatch Small Cap Growth	**	391,056
		Fidelity VIP Contrafund	**	369,093
		Wasatch Small Cap Value	**	363,980
		T. Rowe Price Retirement 2010	**	348,184
		MFS VIT Total Return Series	**	341,881
		American Century Heritage	**	340,442
		Calvert VP Russell 2000 Small Cap Indx	**	335,238
		American Century Value	**	319,506
		Calvert High Yield	**	298,917
		Invesco Dynamics	**	269,366
		American Century International Growth	**	265,254
		MFS VIT Growth Series	**	254,698
		Oppenheimer Global Securities	**	223,498
		MFS VIT Investors Trust Series	**	195,265
		Third Avenue International Value	**	168,978
		Baron Small Cap	**	132,962
		Calvert VP S&P MidCap 400 Index	**	120,569
		Marsico Focus	**	119,901
		DWS Dreman Small Cap Value	**	99,837

GETRAG CORPORATION 401(k) PLAN AND TRUST
EIN 51-0260034; PLAN #002
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
DECEMBER 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	<u>Pooled separate accounts (continued)</u>			
*	Union Central Life Insurance Co.	Third Avenue Value	**	\$ 93,409
		FTVIPT Templeton Global Bond	**	78,031
		T. Rowe Price Mid Cap Growth	**	68,572
		Fidelity Advisor Strategic Income	**	39,811
		Royce Total Return	**	31,632
		T. Rowe Price Retirement Income	**	19,274
		Fidelity Advisor Small Cap	**	11,228
		T. Rowe Price Retirement 2050	**	5,967
				<u>19,210,637</u>
	<u>Guaranteed investment contract</u>			
*	Union Central Life Insurance Co.	Guaranteed Investment Contract	**	<u>5,894,746</u>
	<u>Participant loans</u>			
*	Participant loans	Maturities from 2011 through 2015, interest from 4.25% to 10.25%		<u>2,252,576</u>
				<u>\$ 27,357,959</u>

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

**Cost information omitted – not required for participant directed funds.

NOTE: The above schedule, except for that relating to participant loans, was derived from information certified by Union Central Life Insurance Company.

Schedule H, Part IV, Item 4i - Schedule of Assets Held for Investment Purpose
Plan Year End: 2010
The following is a list of assets by the Plan as of 12/31/2010

GETRAG CORPORATION 401K PLAN AND TRUST

Plan # 002
Plan EIN: 510260034

Fund Summary

Fund Name	Tax-Id	Beginning Balance 01/01/2010	Ending Balance 12/31/2010	Ending Number of Units	Ending Unit Price	Separate Account Name
Deposit Account - 11	N/A	5,590,829.36	5,894,745.69	N/A	N/A	N/A
Neuberger Berman Genesis, Investor Class - AE	31-0472910-011	1,529,642.30	1,681,787.64	228,488.6983	7.360485	UCL MUTUAL FUND SEP ACCT IV
Seligman Smaller-Cap Value, Class 2 - AH	31-0472910-052	72,696.66	0.00	N/A	N/A	UCL MUTUAL FUND SEP ACCT LII
T. Rowe Price Mid Cap Growth, Advisor Class - AP	31-0472910-057	32,437.98	68,571.66	1,165.7858	58.820119	UCL MUTUAL FUND SEP ACCT LVII
Wasatch Small Cap Growth - AS	31-0472910-049	363,817.86	391,056.26	235,920.5608	1.657576	UCL MUTUAL FUND SEP ACCT XLIX
Wasatch Small Cap Value - AT	31-0472910-048	413,229.99	363,980.03	214,817.8291	1.694366	UCL MUTUAL FUND SEP ACCT XLVIII
American Century International Growth, Investor Class - AU	31-0472910-042	221,808.31	265,254.33	249,699.5482	1.062294	UCL MUTUAL FUND SEP ACCT XLII
MFS VIT Total Return Series, Initial Class - AV	31-0472910-037	354,375.63	341,880.80	228,134.6783	1.498592	UCL MUTUAL FUND SEP ACCT XXI
Neuberger Berman Guardian, Investor Class - AW	31-0472910-010	939,904.59	1,056,833.23	342,296.4913	3.087479	UCL MUTUAL FUND SEP ACCT III
Invesco Dynamics, Investor Class - A4	31-0472910-046	272,828.56	269,365.98	251,991.4218	1.068949	UCL MUTUAL FUND SEP ACCT XLVI
DWS International VIP, Class A - A5	31-0472910-013	422,432.74	0.00	N/A	N/A	UCL MUTUAL FUND SEP ACCT V
MFS VIT Growth Series, Initial Class - A6	31-0472910-016	283,144.13	254,698.08	112,339.0282	2.267227	UCL MUTUAL FUND SEP ACCT VIII

GETRAG CORPORATION 401K PLAN AND TRUST

Plan # 002

Plan EIN: 510260034

Schedule H

01/01/2010 to 12/31/2010
Page 2 of 3

Fund Name	Tax-Id	Beginning Balance 01/01/2010	Ending Balance 12/31/2010	Ending Number of Units	Ending Unit Price	Separate Account Name
MFS VIT Investors Trust Series, Initial Class - A8	31-0472910-015	213,243.44	195,265.24	88,915.9663	2.196065	UCL MUTUAL FUND SEP ACCT VII
Fidelity Advisor Small Cap, Class A - BA	31-0472910-073	1,660.12	11,225.11	438.9050	25.575255	UCL MUTUAL FUND SEP ACCT LXXIII
Fidelity Advisor Strategic Income, Class A - BB	31-0472910-074	30,743.05	39,811.38	2,950.6311	13.492495	UCL MUTUAL FUND SEP ACCT LXXIV
Marsico Focus - BD	31-0472910-041	102,635.10	119,900.91	138,357.3697	0.866603	UCL MUTUAL FUND SEP ACCT XLI
Morgan Stanley IF US Real Estate, Class P - BI	31-0472910-047	505,727.46	711,096.68	247,190.0071	2.876721	UCL MUTUAL FUND SEP ACCT XLVII
Openheimer Global Securities/VA, Non-Service Shares - BK	31-0472910-055	168,633.54	223,498.38	111,698.5344	2.000907	UCL MUTUAL FUND SEP ACCT LV
Royce Total Return, Service Class - BO	31-0472910-065	44,552.22	31,631.81	22,810.2778	1.386735	UCL MUTUAL FUND SEP ACCT LXV
Calvert VP Balanced Index - BR	31-0472910-036	490,000.14	555,262.18	198,272.0891	2.800506	SUMMIT BALANCED INDEX SEP ACCT
Calvert High Yield, Class I - BV	31-0472910-023	221,504.58	298,916.98	9,962.7250	30.003536	UCL MUTUAL FUND SEP ACCT XII
Calvert VP Russell 2000 Small Cap Index - BZ	31-0472910-039	112,859.29	335,238.25	239,559.7579	1.399393	UCL MUTUAL FUND SEP ACCT XXXIX
American Century Midcap Value, Investor Class - B1	31-0472910-068	356,752.03	424,836.20	321,242.7904	1.322477	UCL MUTUAL FUND SEP ACCT LXVIII
American Century Value, Investor Class - B2	31-0472910-029	300,436.17	319,505.92	185,103.1088	1.726097	UCL MUTUAL FUND SEP ACCT XVIII
T. Rowe Equity Income, Advisor Class - CB	31-0472910-051	337,074.30	469,389.34	357,626.4341	1.312513	UCL MUTUAL FUND SEP ACCT LI
Fidelity VIP Contrafund, Service Class 2 - CF	31-0472910-075	298,005.63	369,093.25	344,606.5392	1.071057	UCL MUTUAL FUND SEP ACCT LXXV
T. Rowe Price Retirement 2050, Advisor Class - CM	31-0472910-101	3,389.83	5,967.01	609.4335	9.791073	UCL MUTUAL FUND SEP ACCT CI
Thornburg International Value Fund, R4 - CQ	31-0472910-093	336,643.21	728,748.35	26,217.0514	27.796732	UCL MUTUAL FUND SEP ACCT XCIII
Calvert Large Cap Value Fund, Class Y - CT	31-0472910-102	915,774.72	906,541.49	646,617.4414	1.401975	UCL MUTUAL FUND SEP ACCT CII
Calvert Income Fund, Class I - CU	31-0472910-103	734,294.23	738,526.18	589,052.3715	1.253753	UCL MUTUAL FUND SEP ACCT CIII
Calvert Cash Reserves Institutional Prime Fund - CV	31-0472910-104	1,447,623.01	1,048,621.46	1,063,397.3677	0.986105	UCL MUTUAL FUND SEP ACCT CIV
Calvert VP S&P 500 Index - C1	31-0472910-022	523,349.39	611,372.64	282,970.3121	2.160554	UCL MUTUAL FUND SEP ACCT XI
Calvert VP S&P MidCap 400 Index - C2	31-0472910-034	80,816.44	120,568.82	56,797.3125	2.122791	UCL MUTUAL FUND SEP ACCT XXIII

Fund Name	Tax-Id	Beginning Balance 01/01/2010	Ending Balance 12/31/2010	Ending Number of Units	Ending Unit Price	Separate Account Name
Calvert Short Term Government, Class I - C3	31-0472910-012	404,320.31	412,300.45	213,229.8842	1.933596	SUMMIT SHORT TERM SEP ACCT
Third Avenue International Value, Institutional Class - C4	31-0472910-089	154,482.34	168,978.41	170,406.9283	0.991617	UCL MUTUAL FUND SEP ACCT LXXXIX
Third Avenue Value, Institutional Class - C5	31-0472910-091	85,391.47	93,409.42	97,043.4069	0.962553	UCL MUTUAL FUND SEP ACCT XCI
FTV PT Templeton Global Bond Securities, Class 2 - C6	31-0472910-083	21,099.45	78,031.18	3,999.2997	19.511210	UCL MUTUAL FUND SEP ACCT LXXXIII
T. Rowe Blue Chip Growth, Advisor Class - C9	31-0472910-050	1,553,174.39	1,683,724.43	1,461,103.4077	1.152365	UCL MUTUAL FUND SEP ACCT L
DWS Dremman Small Cap Value, Class A - D5	31-0472910-113	0.00	99,837.23	2,728.2767	36.593515	UCL MUTUAL FUND SEP ACCT CXIII
T. Rowe Price Retirement 2010, Advisor Class - 21	31-0472910-059	403,595.46	348,183.85	260,322.8158	1.337508	UCL MUTUAL FUND SEP ACCT LIX
T. Rowe Price Retirement 2020, Advisor Class - 22	31-0472910-060	1,184,800.85	1,276,671.72	950,530.4640	1.343115	UCL MUTUAL FUND SEP ACCT LX
T. Rowe Price Retirement 2030, Advisor Class - 23	31-0472910-061	258,048.40	445,213.96	331,202.4728	1.344235	UCL MUTUAL FUND SEP ACCT LXI
American Century Heritage, Investor Class - 39	31-0472910-077	0.00	340,441.78	225,049.6143	1.512741	UCL MUTUAL FUND SEP ACCT LXXVII
PIMCO Total Return, Administrative Class - 78	31-0472910-086	314,857.94	741,507.83	62,167.0053	11.927675	UCL MUTUAL FUND SEP ACCT LXXXVI
Alger Mid Cap Growth, Class I-2 - 86	31-0472910-069	266,811.91	0.00	N/A	N/A	UCL MUTUAL FUND SEP ACCT LXIX
Baron Small Cap, Retail Shares - 87	31-0472910-078	123,754.01	132,961.51	110,252.8441	1.205969	UCL MUTUAL FUND SEP ACCT LXXVIII
T. Rowe Price Retirement 2040, Advisor Class - 88	31-0472910-062	318,101.00	411,655.29	307,917.7875	1.336900	UCL MUTUAL FUND SEP ACCT LXII
T. Rowe Price Retirement Income, Advisor Class - 89	31-0472910-088	2,758.61	19,274.34	1,440.1807	13.383279	UCL MUTUAL FUND SEP ACCT LXXXVIII
Loans to Participants with Interest Rates of 4.25% TO 0.25%	N/A	2,172,184.51	2,187,927.57	N/A	N/A	N/A
Cash Value of Insurance Policies	N/A	144,943.00	140,981.00	N/A	N/A	N/A
Grand Total		\$25,131,189.66	\$27,434,291.25			