

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 PENSION PLAN FOR EMPLOYEES OF FIRSTMERIT CORPORATION AND AFFILIATES	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td>001</td> </tr> <tr> <td>1c Effective date of plan</td> <td>11/01/1952</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan	11/01/1952		
1b Three-digit plan number (PN) ►	001						
1c Effective date of plan	11/01/1952						
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) FIRSTMERIT CORPORATION 106 SOUTH MAIN STREET, 6TH FLOOR AKRON, OH 44308-1444	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td>34-1339938</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>330-384-7060</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>522110</td> </tr> </table>	2b Employer Identification Number (EIN)	34-1339938	2c Sponsor's telephone number	330-384-7060	2d Business code (see instructions)	522110
2b Employer Identification Number (EIN)	34-1339938						
2c Sponsor's telephone number	330-384-7060						
2d Business code (see instructions)	522110						

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	CHRIS MAURER
	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") FIRSTMERIT CORPORATION 106 SOUTH MAIN STREET, 6TH FLOOR AKRON, OH 44308-1444	3b Administrator's EIN 34-1339938 3c Administrator's telephone number 330-384-7060
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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	
5 Total number of participants at the beginning of the plan year	5	4432
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	1747
b Retired or separated participants receiving benefits.....	6b	636
c Other retired or separated participants entitled to future benefits.....	6c	1859
d Subtotal. Add lines 6a , 6b , and 6c	6d	4242
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	73
f Total. Add lines 6d and 6e	6f	4315
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	40
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF FIRSTMERIT CORPORATION AND AFFILIATES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FIRSTMERIT CORPORATION</u>	D Employer Identification Number (EIN) <u>34-1339938</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information	
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>		
2 Assets:		
a Market value	2a <u>141738742</u>	
b Actuarial value	2b <u>146193506</u>	
3 Funding target/participant count breakdown		
	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>676</u>	<u>35188236</u>
b For terminated vested participants	3b <u>1864</u>	<u>33336017</u>
c For active participants:		
(1) Non-vested benefits	3c(1)	<u>5213506</u>
(2) Vested benefits	3c(2)	<u>62396063</u>
(3) Total active	3c(3) <u>1892</u>	<u>67609569</u>
d Total	3d <u>4432</u>	<u>136133822</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐	
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	<u>6.68</u> %
6 Target normal cost	6	<u>4647726</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/30/2011</u>
<u>DAVID A.HENDERSON</u>	Signature of actuary	Date
<u>HEWITT ASSOCIATES LLC</u>	Type or print name of actuary	<u>11-06905</u>
<u>5005 ROCKSIDE ROAD, SUITE 1000</u> <u>INDEPENDENCE, OH 44131</u>	Firm name	Most recent enrollment number
	Address of the firm	<u>216-573-9700</u>
		Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	9916461	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	9916461	0
10	Interest on item 9 using prior year's actual return of <u>20.88</u> %	2070557	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		17523332
b	Interest on (a) using prior year's effective rate of <u>8.08</u> %		1415885
c	Total available at beginning of current plan year to add to prefunding balance		18939217
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	3710716	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	8276302	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	101.31 %
15	Adjusted funding target attainment percentage.....	15	107.38 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	113.41 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/13/2011	10000000				
Totals ►			18(b)	10000000	18(c)
					0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	8959780

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	2864344
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	2864344
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	2864344
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	8959780
38 Interest-adjusted excess contributions for current year (see instructions).....	38	6095436
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
A Name of plan PENSION PLAN FOR EMPLOYEES OF FIRSTMERIT CORPORATION AND AFFILIATES	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FIRSTMERIT CORPORATION	D Employer Identification Number (EIN) 34-1339938

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
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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	
SEI INVESTMENTS MANAGEMENT CORP	1 FREEDOM VALLEY DRIVE OAKS, PA 19456-9989

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
PIMCO	840 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DODGE & COX	555 CALIFORNIA STREET, 40TH FLOOR SAN FRANCISCO, CA 94104

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BLACKROCK FUND ADVISORS	400 HOWARD STREET SAN FRANCISCO, CA 94105

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

GABELLI FUNDS, LLC

ONE CORPORATE CENTER
RYE, NY 10580-1422

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

FEDERATED INVESTORS

1001 LIBERTY AVENUE
PITTSBURGH, PA 15222

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

VANGUARD GROUP INC

23-1945930

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

SUNGARD INSTITUTIONAL BROKERAGE, IN

377 EAST BUTTERFIELD, SUITE 800
LOMBARD, IL 60148

(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 disclosures on eligible indirect compensation

(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 disclosures on eligible indirect compensation

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

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

HEWITT ASSOCIATES LLC

36-2235791

(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?
10 11 17 27 34	NONE	54794	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROFUND SYSTEMS, INC.

36-4120902

(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 40	NONE	25360	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 PENSION PLAN FOR EMPLOYEES OF FIRSTMERIT CORPORATION AND AFFILIATES	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 FIRSTMERIT CORPORATION	D Employer Identification Number (EIN) 34-1339938	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	20000000	10000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	350885	354610
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3249553	6341251
(2) U.S. Government securities.....	1c(2)	9973057	9603299
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	7926332	8195007
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	40288122	37425576
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(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)	61011575	90470585
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	142799524	162390328

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	142799524	162390328
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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)	10000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10000000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14009	
(B) U.S. Government securities	2b(1)(B)	410877	
(C) Corporate debt instruments	2b(1)(C)	417579	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		842465

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	796019	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1558539	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2354558

(3) Rents	2b(3)		
-----------------	-------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	63652141	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	64763433	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1111292

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	6942058	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		6942058
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		7357452
c Other income.....	2c		3102
d Total income. Add all income amounts in column (b) and enter total.....	2d		26388343

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6520783	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6520783
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	276756	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		276756
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6797539

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19590804
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: ERNST & YOUNG LLP

(2) EIN: 34-6565596

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		15000000
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 PENSION PLAN FOR EMPLOYEES OF FIRSTMERIT CORPORATION AND AFFILIATES		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 FIRSTMERIT CORPORATION		D Employer Identification Number (EIN) 34-1339938
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): 23-3060382		
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.....		3 105
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2010 v.092308.1		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

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

Stock: 64% Investment-Grade Debt: 36% High-Yield Debt: 0% Real Estate: 0% Other: 0%

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

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

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

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

Report of Independent Auditors

The Board of Directors
FirstMerit Corporation

We have audited the accompanying statements of net assets available for benefits of the Pension Plan for Employees of FirstMerit Corporation and Affiliates as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Plan's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the net assets available for benefits of the Plan at December 31, 2010 and 2009, and the changes in its net assets available for benefits for the years then ended, in conformity with accounting principles generally accepted in the United States.

Our audits were performed for the purpose of forming an opinion on the financial statements taken as a whole. The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2010, and reportable transactions for the year then ended, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in our audits of the financial statements and, in our opinion, are fairly stated in all material respects in relation to the financial statements taken as a whole.

Ernst & Young LLP

September 29, 2011

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2010**This Form is Open to Public
Inspection**

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

▶ Round off amounts to nearest dollar.

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

A Name of plan

Pension Plan for Employees of FirstMerit Corporation and Affiliates

B Three-digit
plan number (PN) ▶

001

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

FirstMerit Corporation

D Employer Identification Number (EIN)

34-1339938

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2010**2** Assets:

	2a	2b
a Market value.....	141,738,742	
b Actuarial value.....		146,193,506

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	676	35,188,236
b For terminated vested participants.....	1,864	33,336,017
c For active participants:		
(1) Non-vested benefits.....		5,213,506
(2) Vested benefits.....		62,396,063
(3) Total active.....	1,892	67,609,569
d Total.....	4,432	136,133,822

4 If the plan is at-risk, check the box and complete items (a) and (b) ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions.....		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....		

5 Effective interest rate..... 6.68 %**6** Target normal cost..... 4,647,726**Statement by Enrolled Actuary**

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

**SIGN
HERE**

David A. Henderson DH

Signature of actuary

09/30/2011

Date

David A. Henderson

Type or print name of actuary

11-06905

Most recent enrollment number

Hewitt Associates LLC

Firm name

(216) 573-9700

Telephone number (including area code)

5005 Rockside Road, Suite 1000

Independence

OH 44131

Address of the firm

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	9,916,461	(
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	(
9 Amount remaining (Item 7 minus Item 8).....	9,916,461	(
10 Interest on item 9 using prior year's actual return of <u>20.88</u> %	2,070,557	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		17,523,332
b Interest on (a) using prior year's effective rate of <u>8.08</u> %		1,415,885
c Total available at beginning of current plan year to add to prefunding balance		18,939,217
d Portion of (c) to be added to prefunding balance		(
12 Reduction in balances due to elections or deemed elections.....	3,710,716	(
13 Balance at beginning of current year (Item 9 + Item 10 + Item 11d - item 12)	8,276,302	(

Part III Funding percentages

14 Funding target attainment percentage.....	14	101.31 %
15 Adjusted funding target attainment percentage.....	15	107.38 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	113.41 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/13/2011	10,000,000				
Totals ▶			18(b)	10,000,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	8,959,780

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year

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

Discount rate:

Segment rates:

1st segment:

5.03 %

2nd segment:

6.73 %

3rd segment:

6.82 %

☐ N/A, full yield curve used

Applicable month (enter code)

4

Weighted average retirement age

60

Mortality table(s) (see instructions)

☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ NoHas a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ NoIs the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.

Unpaid minimum required contribution for all prior years

0

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

0

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

0

Target normal cost, adjusted, if applicable (see instructions).....

2,864,344

Amortization installments:

Outstanding Balance

Installment

Net shortfall amortization installment

0

0

Waiver amortization installment.....

0

0

If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount

0

Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....

2,864,344

Carryover balance

Prefunding balance

Total balance

Balances used to offset funding requirement

0

0

0

Additional cash requirement (item 34 minus item 35).....

2,864,344

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

8,959,780

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

6,095,436

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

0

Unpaid minimum required contribution for all years

0

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Employees of FirstMerit Corporation and Affiliates
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Schedule SB, line 9—Explanation of Credit Balance Discrepancy

Line 12 reflects separate elections by the plan sponsor during 2009 to apply available carryover balance to preliminary April 15, 2009 and July 15, 2009 quarterly contribution requirements. The amounts elected to be applied by the plan sponsor as of January 1, 2009 were \$1,549,837 and \$1,519,915, respectively. These amounts, adjusted with the plan's actual investment return of 20.88% during 2009, are subtracted from the carryover balance as of the beginning of the 2010 plan year (and reported in line 12).

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Employees of FirstMerit Corporation and Affiliates
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2010

Date	Amount	Interest Rate	Interest Adjusted Contribution
September 13, 2011	\$ 10,000,000	6.68%	\$ 8,959,780
Total Contribution	\$ 10,000,000		\$ 8,959,780

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Employees of FirstMerit Corporation and Affiliates
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Schedule SB, line 22—Description of Weighted Average Retirement Age

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

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	15.00%	1.0000	8.33
56.5	10.00%	0.8500	4.80
57.5	10.00%	0.7650	4.40
58.5	10.00%	0.6885	4.03
59.5	10.00%	0.6197	3.69
60.5	15.00%	0.5577	5.06
61.5	15.00%	0.4740	4.37
62.5	50.00%	0.4029	12.59
63.5	25.00%	0.2015	3.20
64.5	25.00%	0.1511	2.44
65.5	50.00%	0.1133	3.71
66.5	33.00%	0.0567	1.24
67.5	33.00%	0.0380	0.85
68.5	33.00%	0.0254	0.57
69.5	33.00%	0.0170	0.39
70	100.00%	0.0114	0.80
Weighted Average			60.47

**Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Employees of FirstMerit Corporation and Affiliates
EIN: 34-1339938 PN: 001**

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption change:

- A change in lump-sum mortality from the IRC section 417(e) Mortality Table for lump sums payable in 2009 to the IRC section 417(e) Mortality Table for lump sums payable in 2010.

This assumption change did not reduce the funding shortfall, as such approval of the Commissioner is not required.

**Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Employees of FirstMerit Corporation and Affiliates
EIN: 34-1339938 PN: 001**

Schedule SB, line 25—Change in Funding Method

The funding valuation reflects the following method change:

- A change in the interest rate basis from the full yield curve with a two-month look-back (as of October 2008) to segment rates with a four-month look-back (as of September 2009).

This change has automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Employees of FirstMerit Corporation and Affiliates
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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2010

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		20 \$23,365	8							
25-29		58 \$29,994	113 \$33,690	6						
30-34		35 \$37,031	105 \$38,559	73 \$37,254	7					
35-39		29 \$38,985	70 \$41,547	66 \$40,921	48 \$48,682	8				
40-44		26 \$49,259	61 \$48,226	57 \$45,141	48 \$48,279	44 \$47,768	6			
45-49		27 \$64,040	63 \$47,285	53 \$46,165	47 \$63,990	40 \$48,018	33 \$43,739	3		
50-54		21 \$54,616	69 \$44,243	60 \$51,614	38 \$45,004	26 \$43,384	26 \$57,637	49 \$56,341	2	
55-59		17	46 \$55,938	50 \$49,736	40 \$48,385	41 \$55,795	10	30 \$51,709	31 \$63,312	
60-64		6	38 \$45,331	23 \$58,978	25 \$57,899	13	9	8	10	9
65-69		8	6	4	4	4	3	1	1	
70+		1	3	1	1	1		2	1	

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Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Employees of FirstMerit Corporation and Affiliates
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on segment rates with a four-month look-back (as of September 2009).
1st Segment Rate	5.03%.
2nd Segment Rate	6.73%.
3rd Segment Rate	6.82%.
Salary Increases	
Minimum Funding Target Normal Cost	See Table 1.
Maximum Tax Expected Benefit Increase	See Table 1.
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.50% per year.
Optional Payment Form Election Percentage	10% (full) life annuity. 90% partial lump sum/life annuity.
Lump Sum Conversion Interest Rate	Same as funding interest rates above.
Lump Sum Conversion Mortality	Applicable mortality table under IRC section 417(e) for lump sums paid during 2010.
Retirement Age	
Active Participants	See Table 2.
Terminated Vested Participants	61 (15+ Vesting Service); otherwise Age 65.
Mortality Rates	
Healthy and Disabled	2010 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 3.
Disability Rates	None.
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are 3 years older than their spouses.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Employees of FirstMerit Corporation and Affiliates
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Valuation Compensation	2009 Pensionable Earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$195,000 and the 401(a)(17) compensation limit of \$245,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2008 Plan Year	6.43%.
2009 Plan Year	6.69%.
Trust Expenses Included in Target Normal Cost	\$245,450, based on the prior year's actual administrative expenses.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2010.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Employees of FirstMerit Corporation and Affiliates
EIN: 34-1339938 PN: 001

Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
15	10.00%	45	4.50%
16	10.00%	46	4.50%
17	10.00%	47	4.50%
18	10.00%	48	4.50%
19	10.00%	49	4.50%
20	10.00%	50	3.50%
21	10.00%	51	3.50%
22	10.00%	52	3.50%
23	10.00%	53	3.50%
24	10.00%	54	3.50%
25	8.50%	55	3.00%
26	8.50%	56	3.00%
27	8.50%	57	3.00%
28	8.50%	58	3.00%
29	8.50%	59	3.00%
30	6.75%	60+	3.00%
31	6.75%		
32	6.75%		
33	6.75%		
34	6.75%		
35	5.75%		
36	5.75%		
37	5.75%		
38	5.75%		
39	5.75%		
40	5.25%		
41	5.25%		
42	5.25%		
43	5.25%		
44	5.25%		

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Employees of FirstMerit Corporation and Affiliates
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Table 2

Retirement Rates

Age	Rate
55	15.00%
56	10.00%
57	10.00%
58	10.00%
59	10.00%
60	15.00%
61	15.00%
62	50.00%
63	25.00%
64	25.00%
65	50.00%
66	33.00%
67	33.00%
68	33.00%
69	33.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Employees of FirstMerit Corporation and Affiliates
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Table 3—Page 1 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	35.50%	35.50%	35.50%	35.50%	35.50%	35.50%
16	35.50%	35.50%	35.50%	35.50%	35.50%	35.50%
17	35.50%	35.50%	35.50%	35.50%	35.50%	35.50%
18	35.50%	35.50%	35.50%	35.50%	35.50%	35.50%
19	35.50%	35.50%	35.50%	35.50%	35.50%	35.50%
20	35.50%	35.50%	35.50%	35.50%	35.50%	35.50%
21	35.50%	35.50%	35.50%	35.50%	35.50%	35.50%
22	33.50%	33.50%	33.50%	33.50%	33.50%	33.50%
23	33.30%	31.70%	31.70%	31.70%	31.70%	31.70%
24	33.30%	29.90%	29.90%	29.90%	29.90%	29.90%
25	33.30%	29.60%	28.10%	28.10%	28.10%	28.10%
26	33.30%	29.60%	26.40%	26.40%	26.40%	26.40%
27	33.30%	29.60%	26.20%	24.80%	24.80%	24.80%
28	33.30%	29.60%	26.20%	23.20%	23.20%	23.20%
29	33.30%	29.60%	26.20%	23.00%	21.70%	21.70%
30	33.30%	29.60%	26.20%	23.00%	20.30%	20.30%
31	33.30%	29.60%	26.20%	23.00%	20.10%	18.90%
32	33.30%	29.60%	26.20%	23.00%	20.10%	17.50%
33	33.30%	29.60%	26.20%	23.00%	20.10%	16.30%
34	33.30%	29.60%	26.20%	23.00%	20.10%	15.10%
35	33.30%	29.60%	26.20%	23.00%	20.10%	13.90%
36	33.30%	29.60%	26.20%	23.00%	20.10%	12.80%
37	33.30%	29.60%	26.20%	23.00%	20.10%	11.80%
38	33.30%	29.60%	26.20%	23.00%	20.10%	10.80%
39	33.30%	29.60%	26.20%	23.00%	20.10%	9.90%
40	33.30%	29.60%	26.20%	23.00%	20.10%	9.00%
41	33.30%	29.60%	26.20%	23.00%	20.10%	8.20%
42	33.30%	29.60%	26.20%	23.00%	20.10%	7.50%
43	33.30%	29.60%	26.20%	23.00%	20.10%	6.80%
44	33.30%	29.60%	26.20%	23.00%	20.10%	6.20%

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Employees of FirstMerit Corporation and Affiliates
EIN: 34-1339938 PN: 001

Table 3—Page 2 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
45	33.30%	29.60%	26.20%	23.00%	20.10%	5.60%
46	33.30%	29.60%	26.20%	23.00%	20.10%	5.10%
47	33.30%	29.60%	26.20%	23.00%	20.10%	4.70%
48	33.30%	29.60%	26.20%	23.00%	20.10%	4.30%
49	33.30%	29.60%	26.20%	23.00%	20.10%	4.00%
50	33.30%	29.60%	26.20%	23.00%	20.10%	3.70%
51	33.30%	29.60%	26.20%	23.00%	20.10%	3.50%
52	33.30%	29.60%	26.20%	23.00%	20.10%	3.40%
53	33.30%	29.60%	26.20%	23.00%	20.10%	3.30%
54	33.30%	29.60%	26.20%	23.00%	20.10%	3.30%
55+	33.30%	29.60%	26.20%	23.00%	20.10%	3.30%

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Employees of FirstMerit Corporation and Affiliates
EIN: 34-1339938 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1952.
Date of Participation	One year of 1,000 hours of service and age 21. Effective January 1, 2007, the plan was closed to new participants.
Normal Retirement Eligibility	Age 65 with five years of service.
Monthly Benefit	The sum of: (a) 1% of Average Final Earnings × years of Credited Service after January 1, 2005 (maximum of 40 years total Credited Service); plus (b) 1.35% of Average Final Earnings × years of Credited Service through January 1, 2005 (maximum of 40 years); plus (c) 0.55% of Average Final Earnings in excess of Covered Compensation × years of Credited Service through January 1, 2005 (maximum of 35 years). There is a minimum pension amount equal to the participant's accrued pension as of December 31, 1988. Several participants have grandfathered benefits from plans that were merged into the FirstMerit plan. Effective January 1, 2007, participants who were not vested as of January 1, 2007 will no longer earn future benefits under the plan.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Employees of FirstMerit Corporation and Affiliates
EIN: 34-1339938 PN: 001

Early Retirement

Eligibility

Age 55 with 15 years of service.

Monthly Benefit

Normal Retirement Benefit reduced 3.0% annually for each year prior to age 65 for participants with 25 or more years of service; and reduced 3.0% annually for each year prior to age 65 but after age 62, 5.0% annually prior to age 62 for participants with less than 25 years of service.

Deferred Vested Retirement

Eligibility

Five years of service.

Monthly Benefit

The accrued benefit as of the date of termination payable at the participant's Normal Retirement Age or a reduced benefit commencing on or after attaining age 55 if the participant completed 15 years of service.

Disability Retirement

Eligibility

Participant becomes totally and permanently disabled, and has completed five years of service.

Monthly Benefit

Accrued Benefit based on service to Normal Retirement Age commencing at participant's Normal Retirement Age.

***Note:** Effective July 1, 1993, the disability benefit has been removed from the plan.*

Preretirement

Surviving Spouse Benefit

Eligibility

Five years of service.

Monthly Benefit

Accrued Benefit reduced for Joint and 50% Survivor form and early retirement payment.

Normal Forms of Payment

For unmarried employees: life annuity.

For married employees: the actuarial equivalent 50% joint and survivor annuity.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Employees of FirstMerit Corporation and Affiliates
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Optional Forms of Payment

For unmarried employees: lump sum; 5-, 10-, and 15-year certain and life.

For married employees: same optional forms as an unmarried employee, plus life annuity; 66-2/3%, 75% and 100% joint and survivor annuity.

Benefit accruals after June 1, 2004, are not eligible to be taken as a lump sum.

Definitions

Accrued Benefit

The amount which a participant is entitled to commencing on his Normal Retirement Date in the form of a straight life annuity based on his Average Final Compensation, Social Security Covered Compensation, and Credited Years of Service as of the valuation date.

Average Final Compensation

Average compensation of four highest consecutive Plan Years out of the last ten.

Compensation

Wages paid, excluding overtime, bonuses, and other incentive earnings. If a participant works less than 2,080 hours in a Plan Year other than the Plan Year of termination of service, compensation is annualized by increasing actual compensation by the ratio of 2,080 over actual compensated hours.

Credited Years of Service

After December 31, 1988, one year of service for each calendar year an employee completes 1,800 hours of service. Fractional service is computed for 1,000–1,799 hours. No service for less than 1,000 hours.

Prior to January 1, 1989, the total of a participant's continuous years of full-time employment through December 31, 1988.

Effective January 1, 2007, participants who were not vested as of January 1, 2007 will no longer earn future benefits under the plan.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pension Plan for Employees of FirstMerit Corporation and Affiliates
EIN: 34-1339938 PN: 001

Participating Service

After December 31, 1988, any Plan Year in which an employee completes at least 1,000 hours of service.

Prior to January 1, 1989, the total of a participant's continuous years of full-time employment through December 31, 1988.

Effective January 1, 2007, participants who were not vested as of January 1, 2007 will no longer earn future benefits under the plan.

Plan Year

Calendar year.

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the year an individual attains (or will attain) Social Security Retirement Age. In determining an individual's covered compensation in any given year, the current year's wage base is assumed to remain level in future years.

Year of Service

A Plan Year during which an employee completes at least 1,000 hours of service.

Plan Changes

There were no plan changes effective with the January 1, 2010 valuation.

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

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

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

**Pension Plan for Employees of
FirstMerit Corporation and Affiliates
Years Ended December 31, 2010 and 2009
With Report of Independent Auditors**

Ernst & Young LLP

 **ERNST & YOUNG**

**Pension Plan for Employees of
FirstMerit Corporation and Affiliates**

Financial Statements and Supplemental Schedules

Years Ended December 31, 2010 and 2009

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Pension Plan for Employees of
FirstMerit Corporation and Affiliates

Statements of Net Assets Available for Benefits

	December 31	
	2010	2009
Assets		
Investment, at fair value:		
Money market mutual funds	\$ 6,341,251	\$ 3,249,553
United States government securities	4,526,164	4,225,155
United States government agency issues	5,077,135	5,747,902
Corporate bonds	8,195,007	7,926,332
Common stocks	37,425,576	33,417,849
Equity mutual funds	35,450,443	29,423,688
Fixed income mutual funds	30,233,081	17,727,303
Foreign mutual funds	24,787,061	20,730,857
	<u>152,035,718</u>	<u>122,448,639</u>
 Accrued interest and dividends receivable	 354,610	 350,885
Net assets available for benefits	<u><u>\$ 152,390,328</u></u>	<u><u>\$ 122,799,524</u></u>

See accompanying notes.

Pension Plan for Employees of
FirstMerit Corporation and Affiliates

Statements of Changes in Net Assets Available for Benefits

	December 31	
	2010	2009
Additions		
Investment income:		
Interest	\$ 842,465	\$ 1,092,010
Dividends	2,354,558	2,452,208
Net realized and unrealized appreciation in fair value of investments	13,191,320	16,924,682
	<u>16,388,343</u>	<u>20,468,900</u>
Employer cash contribution	20,000,000	10,000,000
Total additions	<u>36,388,343</u>	<u>30,468,900</u>
Deductions		
Benefits paid directly to participants	6,520,783	8,928,713
Administrative expenses	276,756	265,512
Total deductions	<u>6,797,539</u>	<u>9,194,225</u>
Net increase	29,590,804	21,274,675
Net assets available for benefits:		
Beginning of the year	122,799,524	101,524,849
End of the year	<u>\$152,390,328</u>	<u>\$122,799,524</u>

See accompanying notes.

Pension Plan for Employees of FirstMerit Corporation and Affiliates

Notes to Financial Statements

December 31, 2010 and 2009

1. Description of the Plan

The following description of the Pension Plan for Employees of FirstMerit Corporation and Affiliates (the Plan) provides only general information. Participants should refer to the Plan Agreement and summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan sponsored by FirstMerit Corporation (the Sponsor). It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective January 1, 2007, the Sponsor closed the Plan to new participants. Fully vested participants in the Plan as of December 31, 2006 continue to be participants in the Plan. Any participant who was not fully vested in the Plan at December 31, 2006 became a participant in the FirstMerit Corporation and Affiliates Employees' Salary Savings Retirement Plan.

Eligibility and Vesting

Participants in the Plan are eligible for monthly benefits upon reaching age 65 with five years of service, upon age 55 with 15 years of service, or at age 65 if they reached five years of service when a disability occurs. Benefits become fully vested after a participant has completed five years of participating service.

Benefits

Employees who retire or otherwise terminate employment prior to attaining normal retirement age have benefits calculated using accrued credited years of service. If early retirement benefits are payable before normal retirement age, such benefits are reduced by 3% if 25 or more years of service and 3% for each year back to age 62 and 5% for each year before age 62 if fewer than 25 years of service.

Pension Plan for Employees of FirstMerit Corporation and Affiliates

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Accumulated plan benefits are those future periodic payments, that are attributable under the Plan's provisions to the service employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired and terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based upon their average compensation during the five years preceding the valuation date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Funding

The Corporation contributes such amounts as necessary to provide the Plan with assets with which to pay pension benefits to Plan participants. The contributions are designed to fund current service cost on a current basis and to fund over 30 years the established accrued benefit cost arising from qualifying service prior to establishment of the Plan. The minimum funding requirements under ERISA have been met for 2010 and 2009.

Plan Termination

The Pension Benefit Guaranty Corporation (the PBGC) insures certain benefits under the Plan if the Plan terminates. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided at all.

In the event the Plan should terminate, the assets of the Plan, after providing for any administrative expenses, shall be allocated for the purposes of paying benefits to the participants, beneficiaries, and eligible spouses in the following order of precedence:

- i. Provide retirement income for participants, beneficiaries, and eligible spouses who, three years prior to the Plan termination date, were either receiving pension benefits or would have been eligible to receive pension benefits had they then retired;
- ii. Provide all other pension benefits guaranteed under Title IV of ERISA;

**Pension Plan for Employees of
FirstMerit Corporation and Affiliates**

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

- iii. Provide all other pension benefits not guaranteed by ERISA which vest in each participant in accordance with the provisions of the Plan, assuming that the Plan termination date is the participant's termination of employment date; and
- iv. Provide accrued benefits to participants as of the Plan termination date which are not then vested with the provisions of the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles (U.S. GAAP).

Reclassifications

Certain prior year amounts in the statement of net assets available for benefits have been reclassified to conform to the current year presentation.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Trustee

Under terms of the Plan, the FirstMerit Wealth Management Services, Private Client Services Division of FirstMerit Bank, N.A., a subsidiary of FirstMerit Corporation, acts as trustee for the Plan and, as such, manages a trust fund (the Trust) which includes all the Plan's assets.

**Pension Plan for Employees of
FirstMerit Corporation and Affiliates**

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, as reported by the trustee. Fair value is defined as 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 (an exit price). See Note 5 for further discussion and disclosures related to fair value measurements. The Plan values securities traded on a national securities exchange at the last reported sales price on the last business day of the Plan year. Securities traded in the over-the-counter market and listed securities for which no sale was reported on the last business day of the year are valued by the trustee at the last reported bid and ask price reported by a recognized pricing service. Mutual funds are valued at quoted prices reported on the active market in which the mutual funds are traded.

Investment transactions are recognized on the trade date, which is the date the order to buy and sell is executed. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. In instances where stocks have been purchased at various times, an average cost is used to determine the realized gain or loss. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments made to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid by the Plan, as provided by the Plan's provisions. Administrative expenses paid by the Plan include recordkeeping and trustee fees. Expenses relating to purchases, sales or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. All other administrative expenses of the Plan are paid by the Sponsor.

Pension Plan for Employees of
FirstMerit Corporation and Affiliates

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Risk and Uncertainties

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

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

New Accounting Pronouncements

FASB Accounting Standards Update 2010-06, Improving Disclosures about Fair Value Measurements (ASU 2010-06). In January 2010, ASU 2010-06 was issued which requires additional disclosures related to fair value measurements. The additional disclosures include a separate disclosure of the amount of significant transfers in and out of Level 1 and Level 2, including a description of the reason for the transfer. In addition, for the reconciliation of activity in Level 3 measurements, information about purchases, sales, issuances and settlements are to be reported on a gross basis, rather than as one net number. The new disclosures and clarifications of existing disclosures were effective for the Plan as of December 31, 2010, and are incorporated in Note 5 *Fair Value Measurements*. The disclosures about purchases, sales, issuances, and settlements in the roll forward of activity in Level 3 fair value measurements are effective for fiscal years beginning after December 15, 2010, and for interim periods within those fiscal years. The guidance will only affect footnote disclosures, and will not have an impact on the financial statements.

**Pension Plan for Employees of
FirstMerit Corporation and Affiliates**

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits

An actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of January 1, 2010 is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits	\$ 30,359,856
Other participants	75,014,149
	<u>105,374,005</u>

Nonvested benefits	6,760,575
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 112,134,580</u></u>
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The change in the actuarial present value of accumulated Plan benefits for the year ended January 1, 2010 is as follows:

Actuarial present value of accumulated plan benefits at the beginning of the year	\$ 104,107,611
Interest on prior liability	8,477,415
Net benefits accrued	5,909,115
Benefits paid	(8,928,713)
Assumption changes	2,569,152
Net increase	<u>8,026,969</u>
Actuarial present value of accumulated plan benefits at the end of year	<u><u>\$ 112,134,580</u></u>

**Pension Plan for Employees of
FirstMerit Corporation and Affiliates**

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The calculation of the present value of accumulated plan benefits was prepared using the projected unit credit cost allocation method by consulting actuaries. The following were other significant assumptions used in the valuations as of January 1, 2010:

Assumed rate of return on investments	8.50%
Mortality assumption for healthy living	RP-2000 Combined Health Mortality Table Project to 2010
Weighted-average retirement age	Age 61 if the participant has more than 15 years of vesting service; otherwise age 65

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

4. Investments

Plan investments, including gains and losses on investments bought and sold, as well as held during the year, appreciated (depreciated) in fair value as follows:

	December 31	
	2010	2009
United States government securities	\$ (49,406)	\$ (140,805)
United States government agency issues	90,871	(321,836)
Corporate bonds	140,161	629,245
Common stocks	4,294,214	5,508,426
Equity mutual funds	5,457,939	6,032,362
Equity income mutual funds	1,033,198	1,260,607
Foreign mutual funds	2,224,343	3,956,683
	\$ 13,191,320	\$ 16,924,682

**Pension Plan for Employees of
FirstMerit Corporation and Affiliates**

Notes to Financial Statements (continued)

4. Investments (continued)

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

	December 31	
	2010	2009
Dodge & Cox International Stock Fund	\$ 13,311,959	\$ 11,709,161
Ishares MSCI EAFE Index Fund	3,656,216	9,021,696
Ishares Russell 1000 Index Fund	18,445,136	15,539,633
Ishares Russell 2000 Index Fund	7,218,422	6,870,273
PIMCO Total Return Fund	23,888,761	17,727,303

5. Fair Value Measurement

Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* (ASC 820), 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 ASC 820 are described as follows:

- Level 1 – Valuations based on unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Valuations based on quoted prices for similar assets and liabilities traded in the active markets; quoted prices for identical or similar instruments in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived from or corroborated by observable market data by correlation or other means.
- Level 3 – Valuations based on unobservable inputs which are significant to the fair value measurement.

Pension Plan for Employees of
FirstMerit Corporation and Affiliates

Notes to Financial Statements (continued)

5. Fair Value Measurement (continued)

The level in the fair value hierarchy within which the fair value measurement is classified is determined based upon the lowest level input that is significant to the fair value measure in its entirety.

The following is a description of the valuation methodologies used for assets measured at fair value.

Domestic and foreign money market mutual funds: Valued at quoted prices as reported on the active market in which the mutual funds are traded.

United States government securities, United States government agency issues, and corporate bonds: Valued using independent evaluated prices which are based on observable inputs, such as available trade information, spreads, bids and offers, and United States Treasury curves.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Registered equity, fixed income and foreign mutual funds: Valued at quoted prices as reported on the active market in which the mutual funds are traded.

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

There were no transfers between Levels 1 and 2 of the hierarchy during the year ended December 31, 2010.

Pension Plan for Employees of
FirstMerit Corporation and Affiliates

Notes to Financial Statements (continued)

5. Fair Value Measurement (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value.

Assets at Fair Value as of December 31, 2010				
	Level 1	Level 2	Level 3	Total
Money market mutual funds	\$ 6,341,251	\$ —	\$ —	\$ 6,341,251
United States government securities	—	4,526,164	—	4,526,164
United States government agency issues	—	5,077,135	—	5,077,135
Corporate bonds	—	8,195,007	—	8,195,007
Common stocks	37,425,576	—	—	37,425,576
Equity mutual funds	35,450,443	—	—	35,450,443
Fixed income mutual funds	30,233,081	—	—	30,233,081
Foreign mutual funds	24,787,061	—	—	24,787,061
Total assets at fair value	\$ 134,237,412	\$ 17,798,306	\$ —	\$ 152,035,718

Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 3,249,553	\$ —	\$ —	\$ 3,249,553
United States government securities	—	4,225,155	—	4,225,155
United States government agency issues	—	5,747,902	—	5,747,902
Corporate bonds	—	7,926,332	—	7,926,332
Common stocks	33,417,849	—	—	33,417,849
Equity mutual funds	29,423,688	—	—	29,423,688
Fixed income mutual funds	17,727,303	—	—	17,727,303
Foreign mutual funds	20,730,857	—	—	20,730,857
Total assets at fair value	\$ 104,549,250	\$ 17,899,389	\$ —	\$ 122,448,639

**Pension Plan for Employees of
FirstMerit Corporation and Affiliates**

Notes to Financial Statements (continued)

6. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated November 6, 2009, stating that the written form of the underlying prototype plan document is qualified under Section 401(a) of the Internal Revenue Code (Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan, as amended, is qualified and the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes it is no longer subject to income tax examinations for years prior to 2007.

7. Subsequent Events

Management evaluated subsequent events for the Plan through September 29, 2011, the date the financial statements are available to be issued. On September 13, 2011, the Corporation made a contribution to the Plan of \$10 million.

8. Related-Party Transactions

Certain of the Plan's assets are invested in funds managed by the trustee of the Plan. These transactions qualify as party-in interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

**Pension Plan for Employees of
FirstMerit Corporation and Affiliates**

Notes to Financial Statements (continued)

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to a draft Form 5500:

	December 31	
	2010	2009
Net assets available for benefits per the accompanying financial statements	\$ 152,390,328	\$ 122,799,524
Add contributions receivable	10,000,000	20,000,000
Net assets available for benefits per the draft Form 5500	<u>\$ 162,390,328</u>	<u>\$ 142,799,524</u>

The following is a reconciliation of contributions per the accompanying financial statements to the draft Form 5500:

	December 31	
	2010	2009
Contributions per the accompanying financial statement	\$ 20,000,000	\$ 10,000,000
Add/Subtract employer contribution	(10,000,000)	10,000,000
Contributions to the Plan per the draft Form 5500	<u>\$ 10,000,000</u>	<u>\$ 20,000,000</u>

The employer contribution of \$10 million made September 13, 2011 is not included in the financial statements for the 2010 Plan year but is recorded in the 2010 Plan year for Form 5500 purposes.

The employer contribution of \$20 million made September 13, 2010 is not included in the financial statements for the 2009 Plan year but is recorded in the 2009 Plan year for Form 5500 purposes.

Ernst & Young LLP

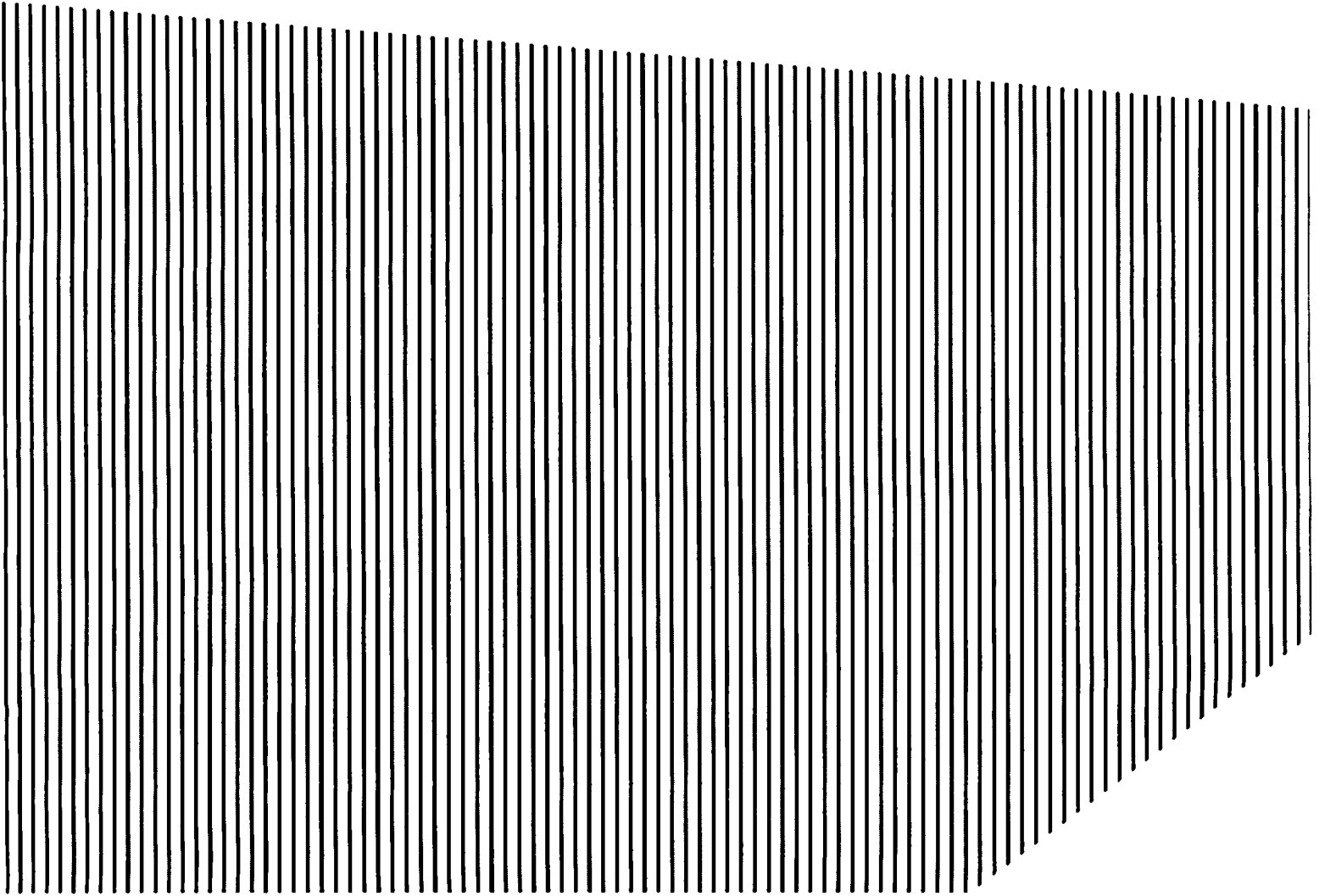
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Pension Plan for Employees of FirstMerit Corporation and Affiliates

EIN #34-1339938 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

Year Ended December 31, 2010

DESCRIPTION	COST		FAIR VALUE	
MONEY MARKET MUTUAL FUNDS				
FEDERATED GOVT OBLIG TAX MGD FD #636 CUSIP: 60934N856 15241-00	\$	4,556,518	\$	4,556,518
FEDERATED GOVT OBLIG TAX MGD FD #636 CUSIP: 60934N856 15241-01		276,050		276,050
FEDERATED GOVT OBLIG TAX MGD FD #636 CUSIP: 60934N856 15241-02		579,601		579,601
FEDERATED GOVT OBLIG TAX MGD FD #636 CUSIP: 60934N856 15241-03		364,962		364,962
FEDERATED GOVT OBLIG TAX MGD FD #636 CUSIP: 60934N856 15241-04		270,311		270,311
FEDERATED GOVT OBLIG TAX MGD FD #636 CUSIP: 60934N856 15241-07		102,949		102,949
FEDERATED GOVT OBLIG TAX MGD FD #636 CUSIP: 60934N856 15241-10		185,004		185,004
CASH 15241-03		5,856		5,856
TOTAL MONEY MARKET MUTUAL FUNDS		6,341,251		6,341,251
U.S. GOVERNMENT SECURITIES				
U.S. TREASURY BONDS CUSIP: 912828ES5 15241-01	4.250%	1/15/11	987,813	1,001,250
U.S. TREASURY NOTES CUSIP: 912828AJ9 15241-01	4.375%	8/15/12	501,875	531,640
U.S. TREASURY NOTES CUSIP: 912828BR0 15241-00	4.250%	11/15/13	489,141	547,070

Pension Plan for Employees of FirstMerit Corporation and Affiliates

EIN #34-1339938 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

DESCRIPTION			COST	FAIR VALUE
U.S. TREASURY NOTES CUSIP: 912828CJ7 15241-01	4.750%	5/15/14	\$ 500,000	\$ 558,475
U.S. TREASURY NOTES CUSIP: 912828EE6 15241-01	4.250%	8/15/15	504,100	553,635
U.S. TREASURY NOTES CUSIP: 912828NW6 15241-01	1.875%	8/31/17	491,875	477,305
U.S. TREASURY NOTES CUSIP: 912828KD1 15241-01	2.750%	2/15/19	509,531	493,555
U.S. TREASURY NOTES CUSIP: 912828MP2 15241-01	3.625%	2/15/20	349,008	363,234
TOTAL U.S. GOVERNMENT SECURITIES			4,333,342	4,526,164
U.S. GOVERNMENT AGENCY ISSUES				
FHLMC CUSIP: 3137EAAF6 15241-01	5.250%	7/18/11	501,210	513,430
FHLB CUSIP: 3133XGDD3 15241-01	5.375%	8/19/11	504,489	515,620
FHLB CUSIP: 3133XP2W3 15241-01	3.375%	2/27/13	490,000	527,680
FHLB CUSIP: 3133X1BV8 15241-01	4.500%	9/6/13	499,688	545,980
FHLMC CUSIP: 3134A4UK8 15241-01	4.875%	11/15/13	498,415	554,225
FNMA CUSIP: 31359MZC0 15241-01	4.375%	10/15/15	503,500	550,370

Pension Plan for Employees of FirstMerit Corporation and Affiliates

EIN #34-1339938 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

DESCRIPTION			COST	FAIR VALUE
FFCB CUSIP: 31331YHQ6 15241-01	4.625%	12/15/17	\$ 761,250	\$ 831,855
FHLMC CUSIP: 3137EACA5 15241-01	3.750%	3/27/19	248,625	258,793
FHLB CUSIP: 3133XXP50 15241-01	4.125%	3/13/20	501,800	521,490
FHLB V-A CUSIP: 3133XWD48 15241-01	3.125%	12/28/21	250,000	257,692
TOTAL U.S. GOVERNMENT AGENCY ISSUES			4,758,976	5,077,135
CORPORATE BONDS				
WELLS FARGO BANK MTN CUSIP: 949748AF4 15241-01	6.450%	2/1/11	766,493	753,083
ELI LILLY & CO CUSIP: 532457AU2 15241-01	6.000%	3/15/12	263,250	266,190
CITIGROUP INC CUSIP: 172967BP5 15241-01	5.625%	8/27/12	517,135	524,675
CINCINNATI GAS & ELE CUSIP: 172070CN2 15241-01	5.700%	9/15/12	249,748	269,170
GE COMPANY CO CUSIP: 369604AY9 15241-01	5.000%	2/1/13	512,000	534,485
WYETH CUSIP: 983024AA8 15241-01	5.500%	3/15/13	1,013,700	1,093,380
VERIZON NEW ENGLAND CUSIP: 92344RAB8 15241-01	4.750%	10/1/13	249,400	266,883

Pension Plan for Employees of FirstMerit Corporation and Affiliates

EIN #34-1339938 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

DESCRIPTION			COST	FAIR VALUE
PROCTOR & GAMBLE CO CUSIP: 742718DA4 15241-01	4.950%	8/15/14 \$	492,750 \$	555,415
SBC COMMUNICATIONS CUSIP: 78387GAP8 15241-01	5.100%	9/15/14	503,600	547,050
DOMINION RESOURCES CUSIP: 25746UAW9 15241-01	5.150%	7/15/15	236,625	276,713
MERRILL LYNCH & CO CUSIP: 59018YRZ6 15241-01	5.300%	9/30/15	451,670	464,279
MORGAN STANLEY CUSIP: 61746SBR9 15241-01	5.375%	10/15/15	150,717	157,556
PSEG POWER CUSIP: 69362BAN2 15241-01	5.500%	12/1/15	501,650	548,690
CATERPILLAR INC CUSIP: 149123BM2 15241-01	5.700%	8/15/16	500,850	576,630
HEWLETT-PACKARD CO CUSIP: 428236AM5 15241-01	5.400%	3/1/17	506,450	558,810
NATL RURAL UTILS CUSIP: 637432HT5 15241-01	5.450%	4/10/17	252,230	275,670
BURLINGTON NORTH CUSIP: 12189TBC7 15241-01	4.700%	10/1/19	249,000	261,280
BOEING CAP CORP CUSIP: 097014AL8 15241-01	4.700%	10/27/19	252,500	265,048
TOTAL CORPORATE BONDS			7,669,768	8,195,007

Pension Plan for Employees of FirstMerit Corporation and Affiliates

EIN #34-1339938 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

DESCRIPTION	COST	FAIR VALUE
COMMON STOCKS		
MATERIALS		
BEMIS INC CUSIP: 081437105 15241-03	\$ 297,049	\$ 360,436
DOW CHEMICAL COMPANY CUSIP: 260543103 15241-02	224,800	310,025
DU PONT E I DE NEMOURS & CO CUSIP: 263534109 15241-02	408,963	507,878
DU PONT E I DE NEMOURS & CO CUSIP: 263534109 15241-03	385,207	567,834
FREEPORTMCMORAN COPPERAND GOLD INC CUSIP: 35671D857 15241-02	446,651	537,643
NUCOR CORP CUSIP: 670346105 15241-03	249,784	254,507
PACKAGING CORP OF AMERICA CUSIP: 695156109 15241-03	131,531	154,652
PEABODY ENERGY CORP CUSIP: 704549104 15241-02	414,963	568,782
TOTAL MATERIALS	2,558,948	3,261,757
CONSUMER DISCRETIONARY		
AMAZON.COM INC CUSIP: 023135106 15241-02	301,029	353,520
BIG LOTS INC CUSIP: 089302103 15241-04	108,965	100,366

Pension Plan for Employees of FirstMerit Corporation and Affiliates

EIN #34-1339938 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

DESCRIPTION	COST	FAIR VALUE
BROOKFIELD PROPERTIES CORP CUSIP: 112900105 15241-03	\$ 281,222	\$ 317,240
CARTERS INC CUSIP: 146229109 15241-04	158,985	215,275
DIRECTV-CL A CUSIP: 25490A101 15241-02	357,312	445,100
DISNEY WALT CO NEW CUSIP: 254687106 15241-02	238,411	324,086
FORD MOTOR CO DEL 'NEW' CUSIP: 345370860 15241-02	368,124	494,449
GENUINE PARTS CO CUSIP: 372460105 15241-03	207,298	287,043
HEXCEL CORP CUSIP: 428291108 15241-04	122,124	273,485
HOST HOTELS & RESORTS, INC CUSIP: 44107P104 15241-04	121,963	305,237
LAS VEGAS SANDS CORP CUSIP: 517834107 15241-02	332,414	390,759
MATTEL INC CUSIP: 577081102 15241-03	114,051	155,326
MCDONALDS CORP CUSIP: 580135101 15241-02	300,422	311,569
MCDONALDS CORP CUSIP: 580135101 15241-03	246,635	293,530

Pension Plan for Employees of FirstMerit Corporation and Affiliates

EIN #34-1339938 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

DESCRIPTION	COST	FAIR VALUE
ROSS STORES INC CUSIP: 778296103 15241-04	\$ 152,815	\$ 261,159
STARWOOD HOTELS & RESORTS CUSIP: 85590A401 15241-02	146,502	226,588
TARGET CORP CUSIP: 87612E106 15241-02	167,675	166,981
THOMSON CORP CUSIP: 884903105 15241-03	241,108	271,847
TIME WARNER INC CUSIP: 887317303 15241-03	257,444	263,601
TOTAL CONSUMER DISCRETIONARY	4,224,499	5,457,161
CONSUMER STAPLES		
CLOROX CO CUSIP: 189054109 15241-03	211,883	238,566
COCA COLA CO CUSIP: 191216100 15241-03	235,071	296,031
KIMBERLY CLARK CORP CUSIP: 494368103 15241-03	155,125	150,666
KROGER CO CUSIP: 501044101 15241-04	174,556	183,151
PHILIP MORRIS INTERNATIONAL CUSIP: 718172109 15241-02	294,631	316,706
TOTAL CONSUMER STAPLES	1,071,266	1,185,120

Pension Plan for Employees of FirstMerit Corporation and Affiliates

EIN #34-1339938 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

DESCRIPTION	COST	FAIR VALUE
HEALTH CARE		
ABBOTT LABS CUSIP: 002824100 15241-03	\$ 318,819	\$ 329,621
BRISTOL MYERS SQUIBB CO CUSIP: 110122108 15241-03	406,143	423,998
CARDINAL HEALTH INC CUSIP: 14149Y108 15241-03	271,425	361,761
EDWARDS LIFESCIENCIES CORP CUSIP: 28176E108 15241-04	64,847	165,722
EXPRESS SCRIPTS INC CL A CUSIP: 302182100 15241-02	344,706	503,043
MERCK & CO INC CUSIP: 58933Y105 15241-02	375,953	378,312
PFIZER INC CUSIP: 717081103 15241-03	126,528	126,492
PHARMACEUTICAL PROD DEV INC CUSIP: 717124101 15241-03	217,262	290,941
TEVA PHARMACEUTICAL INDS LTD ADR CUSIP: 881624209 15241-02	189,276	168,380
VALEANT PHARMACEUTICALS INTL CUSIP: 91911K102 15241-04	84,140	217,295
TOTAL HEALTH CARE	2,399,099	2,965,565

Pension Plan for Employees of FirstMerit Corporation and Affiliates

EIN #34-1339938 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

DESCRIPTION	COST	FAIR VALUE
ENERGY		
CENOVUS	\$ 238,041	\$ 305,476
CUSIP: 15135U109		
15241-03		
CHEVRON CORPORATION	307,915	363,084
CUSIP: 166764100		
15241-03		
CONOCOPHILLIPS	393,560	419,700
CUSIP: 20825C104		
15241-03		
HALLIBURTON CO	167,664	169,322
CUSIP: 406216101		
15241-02		
KEY ENERGY GROUP INC	129,167	282,756
CUSIP: 492914106		
15241-04		
KINDER MORGAN MANAGEMENT LLC	138,426	248,325
CUSIP: 49455U100		
15241-04		
OCCIDENTAL PETE CORP	286,711	443,216
CUSIP: 674599105		
15241-02		
OCCIDENTAL PETE CORP	178,105	307,936
CUSIP: 674599105		
15241-03		
PIONEER NATURAL RESOURCES CO	80,975	331,479
CUSIP: 723787107		
15241-04		
ROYAL DUTCH - ADR	231,375	244,879
CUSIP: 780259107		
15241-03		
SCHLUMBERGER LTD	329,481	428,940
CUSIP: 806857108		
15241-02		

Pension Plan for Employees of FirstMerit Corporation and Affiliates

EIN #34-1339938 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

DESCRIPTION	COST	FAIR VALUE
SPECTRA ENERGY CORP WI CUSIP: 847560109 15241-03	\$ 272,601	\$ 356,457
WEATHERFORD INTNTL LTD CUSIP: H27013103 15241-04	171,498	235,228
TOTAL ENERGY	<u>2,925,519</u>	<u>4,136,798</u>
FINANCIALS		
CAPITAL ONE FINL CORP CUSIP: 14040H105 15241-02	101,301	174,879
CHUBB CORP CUSIP: 171232101 15241-03	131,838	148,504
COVANTA HOLDING CORP CUSIP: 22282E102 15241-04	222,647	237,463
CULLEN FROST BANKERS INC CUSIP: 229899109 15241-03	232,969	290,442
EURONET WORLDWIDE INC CUSIP: 298736109 15241-04	105,265	116,691
GOLDMAN SACHS GROUP INC CUSIP: 38141G104 15241-02	630,636	665,241
HCC INS HLDGS INC CUSIP: 404132102 15241-04	216,490	253,949
JP MORGAN CHASE & CO CUSIP: 46625H100 15241-02	319,779	366,085
JP MORGAN CHASE & CO CUSIP: 46625H100 15241-03	261,767	278,699

Pension Plan for Employees of FirstMerit Corporation and Affiliates

EIN #34-1339938 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

DESCRIPTION	COST	FAIR VALUE
MERCURY GEN CORP NEW CUSIP: 589400100 15241-03	\$ 457,985	\$ 431,519
METLIFE INC CUSIP: 59156R108 15241-02	297,916	316,991
NYSE EURONEXT INC CUSIP: 629491101 15241-03	255,463	300,729
PARTNERRE LTD BERMUDA CUSIP: G6852T105 15241-04	235,763	285,484
PNC FINANCIAL SERVICES GROUP CUSIP: 693475105 15241-03	331,443	376,950
SEI INVESTMENTS COMPANY CUSIP: 784117103 15241-04	148,796	239,542
TORONTO DOMINION BANK CUSIP: 891160509 15241-03	233,604	273,907
US BANCORP NEW CUSIP: 902973304 15241-03	503,239	568,635
WADDELL & REED FINAL INC CUSIP: 930059100 15241-04	143,602	270,957
WELLS FARGO & CO CUSIP: 949746101 15241-02	247,330	249,934
TOTAL FINANCIALS	<u>5,077,833</u>	<u>5,846,601</u>

Pension Plan for Employees of FirstMerit Corporation and Affiliates

EIN #34-1339938 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

DESCRIPTION	COST	FAIR VALUE
INDUSTRIALS		
AVERY DENNISON CORP CUSIP: 053611109 15241-03	\$ 101,294	\$ 155,981
BOEING CO CUSIP: 097023105 15241-02	242,388	249,489
BRINKS CO CUSIP: 109696104 15241-04	165,099	165,393
CATERPILLAR INC CUSIP: 149123101 15241-03	168,818	436,456
CHART INDUSTRIES INC CUSIP: 16115Q308 15241-04	67,657	175,926
DEERE & CO CUSIP: 244199105 15241-02	162,375	173,990
EMERSON ELEC CO CUSIP: 291011104 15241-03	257,209	341,362
ENCANA CORP CUSIP: 292505104 15241-03	472,871	452,234
GENERAL CABLE CORP DEL CUSIP: 369300108 15241-04	183,819	243,490
GENERAL ELECTRIC CORP CUSIP: 369604103 15241-03	590,076	491,653
GLOBAL PMTS INC CUSIP: 37940X102 15241-04	188,460	233,499

Pension Plan for Employees of FirstMerit Corporation and Affiliates

EIN #34-1339938 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

DESCRIPTION	COST	FAIR VALUE
IDEX CORP CUSIP: 45167R104 15241-04	\$ 124,738	\$ 200,216
JACOBS ENGR GROUP INC CUSIP: 469814107 15241-04	103,880	112,837
PRECISION CASTPARTS CORP CUSIP: 740189105 15241-02	200,892	256,425
RELIANCE STEEL & ALUMINUM CO CUSIP: 759509102 15241-04	178,034	221,416
ROPER INDS INC NEW CUSIP: 776696106 15241-04	106,127	175,865
SALESFORCE.COM CUSIP: 79466L302 15241-02	112,277	198,000
TELEFLEX INC CUSIP: 879369106 15241-03	198,425	240,262
UNION PAC CORP CUSIP: 907818108 15241-02	255,052	472,659
UNITED PARCEL SERVICE - CLASS B CUSIP: 911312106 15241-02	460,771	493,979
UNITED TECHNOLOGIES CORP CUSIP: 9130171019 15241-02	325,511	435,558
VALE S.A. ADR CUSIP: 91912E105 15241-02	181,460	203,756
WABTEC CORP CUSIP: 929740108 15241-04	123,992	220,815

Pension Plan for Employees of FirstMerit Corporation and Affiliates

EIN #34-1339938 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

DESCRIPTION	COST	FAIR VALUE
WASTE MANAGEMENT INTERNATIONAL CUSIP: 94106L109 15241-03	\$ 270,531	\$ 301,265
3M CO CUSIP: 88579Y101 15421-02	230,271	249,321
TOTAL INDUSTRIALS	5,472,027	6,901,847
INFORMATION TECHNOLOGY		
AMERICAN TOWER CORP CUSIP: 029912201 15241-02	239,458	292,696
ANALOG DEVICES INC CUSIP: 032654105 15241-03	364,391	487,789
APPLE INC CUSIP: 037833100 15241-02	315,608	871,557
AUTOMATIC DATA PROCESSING INC CUSIP: 053015103 15241-03	240,792	260,649
BAIDU INC SPONS ADR CUSIP: 056752108 15241-02	248,871	219,509
GOOGLE INC - CL A CUSIP: 38259P508 15241-02	623,179	807,799
HEWLETT PACKARD CO CUSIP: 428236103 15241-02	324,738	322,612
INTEL CORP CUSIP: 458140100 15241-03	429,238	415,973
INTERNATIONAL BUSINESS MACHINES CORP CUSIP: 459200101 15241-02	475,455	623,583

Pension Plan for Employees of FirstMerit Corporation and Affiliates

EIN #34-1339938 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

DESCRIPTION	COST	FAIR VALUE
MICROSOFT CORP CUSIP: 594918104 15241-03	\$ 195,120	\$ 277,872
NETAPP INC CUSIP: 64110D104 15241-02	256,078	253,311
ORACLE CORPORATION CUSIP: 68389X105 15241-02	460,029	627,502
RED HAT INC CUSIP: 756577102 15241-02	303,874	316,309
TYCO ELECTRONICS LTD CUSIP: H8912P106 15241-03	294,048	429,968
WESTERN UNION-WI CUSIP: 959802109 15241-04	188,316	180,965
TOTAL INFORMATION TECHNOLOGY	<u>4,959,195</u>	<u>6,388,094</u>
TELECOMMUNICATIONS SERVICES		
AT & T INC CUSIP: 00206R102 15241-02	221,290	233,365
NEUSTAR INC - CL A CUSIP: 64126X201 15241-04	208,921	279,256
ROGERS COMMUNICATIONS - CL B CUSIP: 775109200 15241-03	153,143	151,610
VERIZON COMMUNICATIONS CUSIP: 92343V104 15241-03	158,619	171,000
TOTAL TELECOMMUNICATIONS SERVICES	<u>741,973</u>	<u>835,231</u>

Pension Plan for Employees of FirstMerit Corporation and Affiliates

EIN #34-1339938 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

DESCRIPTION	COST	FAIR VALUE
UTILITIES		
DOMINION RESOURCES INC VA CUSIP: 25746U109 15241-03	\$ 126,497	\$ 123,845
SOUTHERN UNION CO CUSIP: 844030106 15241-04	172,297	257,405
TOTAL UTILITIES	<u>298,794</u>	<u>381,250</u>
OTHER ASSETS		
BRANDYWINE REALTY TRUST REIT CUSIP: 105368203 15241-04	32,477	66,152
TOTAL OTHER ASSETS	<u>32,477</u>	<u>66,152</u>
TOTAL COMMON STOCKS	<u>29,761,630</u>	<u>37,425,576</u>
EQUITY MUTUAL FUNDS		
ISHARES RUSSELL 2000 INDEX FUND CUSIP: 464287655 15241-07	4,507,651	7,218,422
GABELLI SMALL CAP GROWTH I CUSIP: 36239T830 15241-07	3,000,823	3,904,717
ISHARES RUSSELL MIDCAP INDEX FUND CUSIP: 464287499 15241-04	4,792,619	5,882,168
ISHARES RUSSELL 1000 INDEX FUND CUSIP: 464287622 15241-00	16,558,823	18,445,136
TOTAL EQUITY MUTUAL FUNDS	<u>28,859,916</u>	<u>35,450,443</u>

Pension Plan for Employees of FirstMerit Corporation and Affiliates

EIN #34-1339938 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

DESCRIPTION	COST	FAIR VALUE
FIXED INCOME MUTUAL FUNDS		
FEDERATED ADJUSTABLE RATE SEC CUSIP: 314082108 15241-00	\$ 3,001,930	\$ 2,992,778
ISHARES BARCLAYS 1-3 YEAR CR CUSIP: 464288646 15241-01	1,847,148	1,840,438
LOOMIS SAYLES BOND FUND CUSIP: 543495840 15241-00	1,523,501	1,511,104
PIMCO TOTAL RETURN FUND-INST CUSIP: 693390700 15241-00	23,855,152	23,888,761
TOTAL FIXED INCOME MUTUAL FUNDS	30,227,731	30,233,081
FOREIGN MUTUAL FUNDS		
DODGE & COX INTERNATIONAL STOCK FD CUSIP: 256206103 15241-10	9,840,064	13,311,959
ISHARES MSCI EAFE INDEX FUND CUSIP: 464287465 15241-10	4,518,849	3,656,216
VANGUARD EMERGING MARKETS FUND ETF CUSIP: 922042858 15241-10	4,806,564	5,551,234
VANGUARD FTSE ALL-WORLD EX-US CUSIP: 922042775 15241-10	2,110,869	2,267,652
TOTAL FOREIGN MUTUAL FUNDS	21,276,346	24,787,061
TOTAL ASSETS	\$ 133,228,961	\$ 152,035,718

Pension Plan for Employees of FirstMerit Corporation and Affiliates

EIN #34-1339938 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2010

Identity of Party Involved	Date Bought/Sold	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category 1 – Single transaction exceeds 5% of value							
**	9/14/2010	Federated Government Oblig Tax Mgd Fd	\$ 20,000,000	\$ –	\$ 20,000,000	\$ 20,000,000	\$ –
Category 2 – Series of transactions with same broker exceeds 5% of value							
Goldman		Ishares Russell Midcap Index Fund	\$ –	\$ 997,218	\$ 907,543	\$ 997,218	\$ 89,674
Goldman		Ishares Russell Midcap Index Fund	1,000,180	–	1,000,180	1,000,180	–
Goldman		Ishares Russell 1000 Index Fund	2,402,078	–	2,402,078	2,402,078	–
Goldman		Vanguard FTSE All-World EX-US	2,110,869	–	2,110,869	2,110,869	–
			<u>\$ 5,513,127</u>	<u>\$ 997,218</u>	<u>\$ 6,420,670</u>	<u>\$ 6,510,345</u>	<u>\$ 89,674</u>
UNX, Inc.		Ishares MSCI EAFE Index Fund	\$ –	\$ 1,903,485	\$ 2,655,184	\$ 1,903,485	\$ (751,698)
UNX, Inc.		Ishares Russell 1000 Index Fund	–	1,202,890	1,274,817	1,202,890	(71,927)
UNX, Inc.		Ishares Russell 1000 Index Fund	–	499,588	485,435	499,588	14,153
UNX, Inc.		Ishares Barclays 1-3 Year CR	–	149,709	151,862	149,709	(2,153)
UNX, Inc.		Vanguard Emerging Markets Fund ETF	4,806,564	–	4,806,564	4,806,564	–
			<u>\$ 4,806,564</u>	<u>\$ 3,755,672</u>	<u>\$ 9,373,862</u>	<u>\$ 8,562,236</u>	<u>\$ (811,625)</u>

There were no category 3 or 4 reportable transactions during 2010.

**Transactions made on market

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 single-employer plan;	☐ a multiple-employer plan; or ☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report; ☐ an amended return/report;	☐ the final 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; ☐ special extension (enter description)	☐ automatic extension;	☐ the DFVC program;

Part II Basic Plan Information—enter all requested information			
1a Name of plan PENSION PLAN FOR EMPLOYEES OF FIRSTMERIT CORPORATION AND AFFILIATES	1b Three-digit plan number (PN) ▶	001	
	1c Effective date of plan	11/01/1952	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) FIRSTMERIT CORPORATION 106 SOUTH MAIN STREET, 6TH FLOOR AKRON OH 44308-1444	2b Employer Identification Number (EIN) 34-1339938	2c Sponsor's telephone number (330) 384-7060	2d Business code (see instructions) 522110

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

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

SIGN HERE		10/14/11	CHRIS MAURER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME		3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	4,432
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	1,747
b Retired or separated participants receiving benefits.....	6b	636
c Other retired or separated participants entitled to future benefits.....	6c	1,859
d Subtotal. Add lines 6a, 6b, and 6c.....	6d	4,242
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	73
f Total. Add lines 6d and 6e.....	6f	4,315
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	40
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

1A 1G

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

9a Plan funding arrangement (check all that apply)	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	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules	b General 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	(1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)