Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PS PLAN FOR EMPLOYEES OF SECURITY MUTUAL LIFE INSURANCE COMPANY AND SECURITY ADMINISTRATORS, INC.

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1988

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
SECURITY MUTUAL LIFE INSURANCE COMPANY

100 COURT STREET
BINGHAMTON, NY 13902

2b Employer Identification Number (EIN)
15-0442730

2c Sponsor's telephone number
607-723-3551

2d Business code (see instructions)
524140

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	RICHARD SHAW
	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")

LORRAINE A. CASEY
SEC. MUT. LIFE INSURANCE CO/NY
P.O. BOX 1625
BINGHAMTON, NY 13902

3b Administrator's EIN: 16-1323889

3c Administrator's telephone number: 607-338-7411

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**	469
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**	365
b	Retired or separated participants receiving benefits	**6b**	6
c	Other retired or separated participants entitled to future benefits	**6c**	94
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	465
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	467
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	435
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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:

2E 2F 2G 2J 2K 2R 2T 2H 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
PS PLAN FOR EMPLOYEES OF SECURITY MUTUAL LIFE INSURANCE COMPANY AND SECURITY ADMINISTRATORS, INC.

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500.
SECURITY MUTUAL LIFE INSURANCE COMPANY

D Employer Identification Number (EIN)
15-0442730

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

1 Coverage Information:

(a) Name of insurance carrier
SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
15-0442730	68772	01005617	7	01/01/2010	12/31/2010

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1129	1

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JEFFREY E BOYEA
5016 W GENESEE ST
CAMILLUS, NY 13031

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1128	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BART P BOZZI JR
PO BOX 5235
BINGHAMTON, NY 13902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	1	SERVICE FEES/QUALITY FEES	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ RATES FILED WITH DEPT.OF INS.

b	Premiums paid to carrier	6b	0
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	2730
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
PS PLAN FOR EMPLOYEES OF SECURITY MUTUAL LIFE INSURANCE COMPANY AND SECURITY ADMINISTRATORS, INC.

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
SECURITY MUTUAL LIFE INSURANCE COMPANY

D Employer Identification Number (EIN)
15-0442730

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

HARTFORD RETIREMENT SERVICES, LLC

26-1589907

(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 37 38 49 59 60 62 63 64 65 72 99 50	N/A	15759	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CHARLES SCHWAB & COMPANY, INC

94-1737782

(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?
33 71	N/A	1576	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

RELIANCE TRUST COMPANY

58-1428634

(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?
19 99 25	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	1279	Yes [ ] No [X]

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

GPC SECURITIES, INC

58-1517899

(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 64 65	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	5116	Yes [ ] No [X]

(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
HARTFORD RETIREMENT SERVICES, LLC	52 59 60 62 63	0

(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.
SEE FEE AND COMPENSATION DISCLOSURE 26-1589907	SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHM

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RELIANCE TRUST COMPANY	19 99 25	1279

(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.
HARTFORD RETIREMENT SERVICES 26-1589907	SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHM

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GPC SECURITIES, INC	15 64 65	5116

(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.
HARTFORD RETIREMENT SERVICES 26-1589907	SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHM

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
PS PLAN FOR EMPLOYEES OF SECURITY MUTUAL LIFE INSURANCE COMPANY AND SECURITY ADMINISTRATORS, INC.

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SECURITY MUTUAL LIFE INSURANCE COMPANY

D Employer Identification Number (EIN)
15-0442730

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO 500 INDEX FUND

b Name of sponsor of entity listed in (a): AMVESCAP NATIONAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-1251725-001	C	564547

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE VALUE FUND

b Name of sponsor of entity listed in (a): AMVESCAP NATIONAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-1142974-001	C	4794843

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
PS PLAN FOR EMPLOYEES OF SECURITY MUTUAL LIFE INSURANCE COMPANY AND SECURITY ADMINISTRATORS, INC.

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
SECURITY MUTUAL LIFE INSURANCE COMPANY

D Employer Identification Number (EIN)
15-0442730

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	853033	1032296
(9) Value of interest in common/collective trusts	1c(9)	4086052	5359390
(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)	16064445	19362500
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	59878	68396
(15) Other	1c(15)	433481	859723

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	21496889	26682305
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21496889	26682305

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1748127	
	(B) Participants	2a(1)(B)	1323783	
	(C) Others (including rollovers)	2a(1)(C)	4902	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3076812
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	59895	
	(F) Other	2b(1)(F)	1701	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		61596
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	419372	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		419372
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		229073
(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)		1922464
c Other income	2c		270779
d Total income. Add all **income** amounts in column (b) and enter total	2d		5980096
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	776190	
(2) To insurance carriers for the provision of benefits	2e(2)	2730	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		778920
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)	15760	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		15760
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		794680
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		5185416
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: JOHNSON LAUDER & SAVIDGE, LLP (2) EIN: 16-0919630

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n		X	

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

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

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

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
PS PLAN FOR EMPLOYEES OF SECURITY MUTUAL LIFE INSURANCE COMPANY AND SECURITY ADMINISTRATORS, INC.

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
SECURITY MUTUAL LIFE INSURANCE COMPANY

D Employer Identification Number (EIN)
15-0442730

Part I Distributions

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 06-0974148

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

THE SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

THE SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK
PROFIT SHARING PLAN

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JOHNSON • LAUDER & SAVIDGE, LLP
CERTIFIED PUBLIC ACCOUNTANTS

JAMES R. SMITH, CPA
WILLIAM J. SCANNELL, CPA
THERESA ALLEN, CPA*
DANIEL A. CONN, CPA
PHILIP G. WESTCOTT, CPA

ROGER D. SAVIDGE, CPA, Consultant
STANLEY R. PAZANSKI, CPA, Consultant

*LICENSED IN NEW YORK & PENNSYLVANIA

Independent Auditor's Report

To the Plan Administrator of the
Security Mutual Life Insurance Company of
New York Profit Sharing Plan
Binghamton, New York

We were engaged to audit the accompanying statement of net assets available for benefits prepared on the modified cash basis of the Security Mutual Life Insurance Company of New York Profit Sharing Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits prepared on the modified cash basis for the years ended December 31, 2010 and 2009, and the supplemental schedules as of and for the year ended December 31, 2010 of (1) assets (held at end of year) and (2) transactions in excess of 5 percent of the current value of plan assets. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Reliance Trust Company and Security Mutual Life Insurance Company of New York, the trustee and custodian respectively of the Plan, except for comparing the information with the related information included in the 2010 and 2009 financial statements and the 2010 supplemental schedules. We have been informed by the plan administrator that the trustee and custodian each hold portions of the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and custodian as of and for the years ended December 31, 2010 and 2009 as applicable, that the information provided to the plan administrator by the trustee and custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules except for the effect of the matters discussed in Note 1, other than that derived from the information certified by the trustee and custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

2 COURT STREET • BINGHAMTON • NEW YORK • 13901
(607) 723-8216 • FAX (607) 724-5193 • e-mail: jls@jlscpa.com

337 HIGH SCHOOL RD. • P.O. BOX 327 • MONTROSE • PENNSYLVANIA • 18801
(570) 278-1691

38 LAKE STREET • OWEGO • NEW YORK • 13827
(607) 687-3337

To the Plan Administrator of the
Security Mutual Life Insurance Company of
New York Profit Sharing Plan
Binghamton, New York

As discussed in Note 1, these financial statements and the supplemental schedules were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. It was not practicable to extend procedures in order to determine the effects of this departure from the accrual basis.

Johnson, Lauder & Savidge, LLP

JOHNSON, LAUDER & SAVIDGE, LLP

October 10, 2011
Binghamton, New York

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR
BENEFITS - MODIFIED CASH BASIS

DECEMBER 31, 2010 AND 2009

ASSETS

	2010	2009
Participant-directed investments, at fair value	$25,620,604	$20,621,381
Notes receivable from participants	1,032,296	853,033
Participant individual insurance-accumulated value	29,405	22,475
Total assets	$26,682,305	$21,496,889

NET ASSETS AVAILABLE FOR BENEFITS

Net assets available for benefits	$26,682,305	$21,496,889

See independent auditor's report and
accompanying notes to financial statements

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE
FOR BENEFITS - MODIFIED CASH BASIS

FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
Additions		
Additions to net assets attributed to:		
Investment income:		
Net realized and unrealized appreciation (depreciation) in value of investments	$2,298,274	$3,278,567
Interest and dividends	576,417	443,915
Interest on notes receivable from participants	59,895	60,806
Contributions:		
Participants' salary deferral	1,323,783	1,148,944
Participants' rollovers	4,902	104,568
Employers' matching	641,506	302,978
Employers' profit sharing (discretionary)	-	416,912
Employers' profit sharing (fixed)	1,106,620	1,013,582
Total additions	6,011,397	6,770,272
Deductions		
Deductions from net assets attributed to:		
Benefits and deemed distributions paid to participants	(776,190)	(809,530)
Fees and miscellaneous	(21,396)	(5,913)
Forfeitures	(28,395)	(11,412)
Total deductions	(825,981)	(826,855)
Net increase	5,185,416	5,943,417
Net assets available for benefits:		
Beginning of year	21,496,889	15,553,472
End of year	$26,682,305	$21,496,889

See independent auditor's report and
accompanying notes to financial statements

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements for The Security Mutual Life Insurance Company of New York Profit Sharing Plan (formerly known as The Profit Sharing Plan for Employees of Security Mutual Life Insurance Company and Security Administrators, Inc.) ("The Plan") have been prepared on the modified cash basis of accounting as permitted by the Department of Labor. The modified cash basis of accounting is a comprehensive basis of accounting other than generally accepted accounting principles. The accounting principles and practices which affect the more significant elements of the financial statements are:

Investment Valuation - Shares of registered investment companies and common/collective trusts are valued at fair market value based on publicly traded prices, which is the modification to a strict cash basis presentation. Participant loans are valued at cost based on actual outstanding principal amounts of all individual loans. In the event of default a distribution of retirement benefit is deemed to occur for the unpaid balance. Insurance company auxiliary fund deposits are increased for actual interest earnings credited and reduced by actual withdrawals as permitted.

Participant Loan Interest - Interest on participant loans is aggregated with investment income.

Events Occurring After Reporting Date

The Company has evaluated events and transactions that occurred between December 31, 2010 and the report date, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements. The Company did not find any transactions or events during that period that would require adjustment to, or disclosure in, these financial statements.

NOTE 2: DESCRIPTION OF THE PLAN

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

General

The Plan is a defined contribution profit sharing plan covering substantially all employees of the Company (see Note 5) who have met certain requirements as to length of service and age. The Plan was restated with an effective date of January 1, 2006.

Plan Sponsor: Security Mutual Life Insurance Company of New York

Plan Name: The Security Mutual Life Insurance Company of New York Profit Sharing Plan

Three-Digit Plan Number: 004

Participating Employers' Identification Numbers:

15-0442730 Plan Sponsor

16-1209645 Security Administrators Inc. (Affiliate)

NOTE 2: DESCRIPTION OF THE PLAN (continued)

Eligibility

Employees are eligible to defer compensation once they attain age 21. In general, employees are eligible for employer contributions as follows: (1) must have six months of service (500 hours), (2) must have entered the plan on January 1 or July 1 after service requirement is met, (3) must be employed on the last day of the year, and (4) must be age 21 or older.

Contributions

Employees can defer their salary up to statutory amounts allowed by the Internal Revenue Code, which is $16,500 for 2010 and 2009. In addition, individuals who will be at least 50 years of age by the end of the calendar year, a "catch-up" contribution beyond regular limits is permitted. The maximum "catch-up" contribution by employees is $5,500 for 2010 and 2009.

The Company contributes to the Plan as follows: (1) by a matching contribution up to a maximum of 2% of total compensation, (2) by a 6% of total compensation Fixed Non-elective contribution, and (3) a discretionary contribution determined by the Company, which was 2.75% for 2010 and 2.5% for 2009. The Company's policy is to fund contributions accrued. All investment programs are fully participant directed.

Vesting

All contributions other than the Fixed Non-elective contribution are 100% vested. The employer's Fixed Non-elective contribution is vested on a 6-year graded schedule effective January 1, 2007.

Payment of Benefits

Benefits under the Plan are paid to retirees and beneficiaries principally in the form of lump sum distributions, although other options are available as permitted by law.

Administrative Expenses

The Company has absorbed all administrative costs of the Plan which are considered to be significant, except for fees associated with plan loans by participants.

Life Insurance

The Plan instituted the option of life insurance to its participants with an initial enrollment period of December 1, 2000 (and annually thereafter). The products include Ultra Security and Customizer 4.

The life insurance consists of a 20% premium discount with the annual premium not to exceed 50% of contributions made to participant's account, including Company contributions. The Company may limit to no more than 25% of participant's 401(k) payroll deferral. The Premium is deducted from the participant's account on a pro rata basis. To be eligible, the participant must have entered the profit sharing/401(k) Plan no later than July 1 of enrollment year (minimum one year service).

NOTE 2: DESCRIPTION OF THE PLAN (continued)

Plan Termination

The Plan is administered by a Plan Administrator appointed by the Chief Executive Officer of the Company. The Company anticipates and believes the Plan will continue; however, in the event of a termination of the Plan, the Plan provides that the net assets of the Plan are to be set aside for the exclusive benefit of the participants. Benefits accrued to the date of the Plan termination, to the extent funded, shall be nonforfeitable.

NOTE 3: INCOME TAX STATUS

The Plan obtained its latest determination letter on June 13, 1995, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter for the most recent legislative changes and the changes listed in Note 2. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator 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 administrator believes it is no longer subject to income tax examinations for years prior to 2007.

NOTE 4: USE OF ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTE 5: RELATED PARTIES

The Plan allowed participants an additional investment option starting in 2006 which was the Security Mutual Life Insurance Company of New York Auxiliary Fund. This is essentially an annuity type contract within the General Account of the Plan Sponsor where separate accounting is maintained. The balances in the Auxiliary Fund were $38,991 and $37,290 at December 31, 2010 and 2009, respectively.

The loan trustee of the Plan and the Plan administrator are employees of the Plan sponsor.

Security Administrators, Inc. is a partially owned non-life insurance subsidiary of Security Mutual Life Insurance Company of New York, the sponsor of the Plan.

NOTE 6: CONTINGENT LIFE INSURANCE SURRENDER CHARGES

A total of seven participants elected to obtain life insurance policies with contracts in force at December 31, 2010. The statement of net assets available for benefits – modified cash basis includes a total of $29,405 and $22,475 of accumulated value for these policies and others in force at the time in aggregate as of December 31, 2010 and 2009, respectively. The value is determined based on the individual cash surrender amounts of each universal life policy prior to potential surrender charges if coverage is cancelled. The total potential surrender charges related to these policies at December 31, 2010 and 2009 was $26,909 and $1,449, respectively.

NOTE 7: INFORMATION CERTIFIED BY THE TRUSTEES AND CUSTODIAN

The data in the following table summarizes financial information on the Plan certified as complete and accurate by Merrill Lynch Bank and Trust Co., Reliance Trust Company, the trustees of the Plan and a Chartered Federal Savings Bank and a Private Trust Bank and Security Mutual Life Insurance Company of New York, a regulated insurance company custodian, in accordance with 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

	2010	
	Bank	Insurance Co.
Interest and dividends	$ 634,611	$ 1,701
Net change in realized and unrealized gain	2,298,274	-
Market value at beginning of period	21,437,124	37,290
Market value at end of period	26,613,909	38,991

	2009	
	Banks	Insurance Co.
Interest and dividends	$ 502,747	$ 1,974
Net change in realized and unrealized gain	3,278,567	-
Market value at beginning of period	15,456,378	72,514
Market value at end of period	21,437,124	37,290

NOTE 8: RECONCILIATION OF CERTIFICATIONS TO FINANCIAL STATEMENT

The following schedule identifies the primary adjustment to the financial statement and Form 5500 figures from the certification information in Note 7, excluding grouping presentations between the data.

Net assets available for benefits-modified cash basis	
Per certifications	$26,652,900
Add: participant insurance - accumulated value	29,405
Per financial statement and Form 5500	$26,682,305

NOTE 9: INVESTMENTS

The Plan utilizes the Reliance Trust Company service to determine its securities' fair values. The fair value of an asset is the amount at which that asset could be bought or sold in a current transaction between willing parties, that is, other than a forced liquidation sale. The Plan's financial assets carried at fair value have been classified, for disclosure purposes, and are based on hierarchy defined by generally accepted accounting principles. The Plan does not have any financial liabilities applicable under this guidance. The levels of fair value hierarchy are as follows:

Level 1: Values are unadjusted quoted prices for identical assets in an active market accessible at the measurement date (December 31, 2010 and 2009). Assets measured at fair value on a recurring basis and classified as Level 1 include actively traded listed common stocks.

Level 2: Inputs include quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads and yield curves. Assets measured at fair value on a recurring basis and classified as Level 2 generally include corporate bonds, certain asset-backed securities, and equity investments.

Level 3: Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Custodian's/ Sponsor's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

Investment levels by investment category for 2010 are:

Investment Category	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Collective Trust Funds	$ 8,059,391	$ 8,059,391		
Mutual Funds	16,662,499	16,662,499		
Brokerage Accounts	859,723	859,723		
Insurance Company Auxiliary Funds	38,991	38,991		
	$ 25,620,604	$ 25,620,604		

Investment levels by investment category for 2009 are:

Investment Category	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Collective Trust Funds	$ 4,086,052	$ 4,086,052		
Mutual Funds	16,064,445	16,064,445		
Brokerage Accounts	433,594	433,594		
Insurance Company Auxiliary Funds	37,290	37,290		
	$ 20,621,381	$ 20,621,381		

NOTE: 10: CONCENTRATIONS OF INVESTMENTS

The following schedule represents the investments at December 31, 2010 whose fair market value is 5% or more of net assets available for benefits:

Invesco Stable Value	$4,794,843
PIMCO Total Return	2,719,772
American Century Income and Growth	3,630,923
Dodge & Cox Balanced Fund	1,478,008
Janus Overseas	2,672,356

NOTE 11: PARTICIPANT ACCOUNT INFORMATION

The value of participant accounts who are classified as terminated at December 31, 2010 aggregated approximately $2,836,000.

SUPPLEMENTARY INFORMATION

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Employer EIN 15-0442730, Plan No. 004)
(Reference Form 5500, Schedule H, Line 4i)

DECEMBER 31, 2010

(a) (b) & (c)	(d) Cost *	(e) Fair Market Value
Insurance Company Auxiliary Funds		$ 38,991
Collective Trust Funds:		
Invesco Stable Value		4,794,843
Invesco 500 Index		564,548
Mutual Funds:		
American Century Income and Growth		3,630,923
Dodge & Cox Balanced		1,478,008
Dreyfus Mid Cap Index		268,327
Dreyfus Small Cap Stock Index		164,463
Fidelity Advisor Freedom 2010		247,412
Fidelity Advisor Freedom 2020		329,927
Fidelity Advisor Freedom 2030		588,560
Fidelity Advisor Freedom 2040		306,513
Invesco Basic Balanced		899,078
Invesco Basic Value		264,743
Invesco Charter		464,134
Invesco Dynamics		394,885
Invesco Financial Services		117,256
Invesco Global Health Care		214,043
Invesco Income		1,023,515
Invesco Large Cap Growth		740,052
Invesco Leisure		409,472
Invesco Small Cap Growth		199,702
Invesco Technology		266,374
Janus Advisor Growth		85,769
Janus Overseas		2,672,356
Perkins Mid cap Value		1,310,072
Perkins Small Cap Value		567,143
PIMCO Total Return		2,719,772
Participant-Directed Brokerage Accounts		859,723
		25,620,604
Notes receivable from participants (6.00% - 10.50%)		1,032,296
Participant individual insurance contracts		29,405
		$26,682,305

* Cost data omitted for participant directed individual account plan

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

SCHEDULE OF TRANSACTIONS OR SERIES OF TRANSACTIONS
IN EXCESS OF 5% OF THE CURRENT VALUE OF PLAN ASSETS
(Employer EIN 15-0442730, Plan No. 004)
(Reference Form 5500, Schedule H, Line 4j)

FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

Description of transaction	Current value of asset on transaction dates	
	2010	2009
	*	*

* Information not required based on exception in instructions for participant directed accounts.

THE SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

THE SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK
PROFIT SHARING PLAN

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JOHNSON • LAUDER & SAVIDGE, LLP
CERTIFIED PUBLIC ACCOUNTANTS

JAMES R. SMITH, CPA
WILLIAM J. SCANNELL, CPA
THERESA ALLEN, CPA*
DANIEL A. CONN, CPA
PHILIP G. WESTCOTT, CPA

ROGER D. SAVIDGE, CPA, Consultant
STANLEY R. PAZANSKI, CPA, Consultant

*LICENSED IN NEW YORK & PENNSYLVANIA

Independent Auditor's Report

To the Plan Administrator of the
Security Mutual Life Insurance Company of
New York Profit Sharing Plan
Binghamton, New York

We were engaged to audit the accompanying statement of net assets available for benefits prepared on the modified cash basis of the Security Mutual Life Insurance Company of New York Profit Sharing Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits prepared on the modified cash basis for the years ended December 31, 2010 and 2009, and the supplemental schedules as of and for the year ended December 31, 2010 of (1) assets (held at end of year) and (2) transactions in excess of 5 percent of the current value of plan assets. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Reliance Trust Company and Security Mutual Life Insurance Company of New York, the trustee and custodian respectively of the Plan, except for comparing the information with the related information included in the 2010 and 2009 financial statements and the 2010 supplemental schedules. We have been informed by the plan administrator that the trustee and custodian each hold portions of the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and custodian as of and for the years ended December 31, 2010 and 2009 as applicable, that the information provided to the plan administrator by the trustee and custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules except for the effect of the matters discussed in Note 1, other than that derived from the information certified by the trustee and custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

2 COURT STREET • BINGHAMTON • NEW YORK • 13901
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Binghamton, New York

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Johnson, Lauder & Savidge, LLP

JOHNSON, LAUDER & SAVIDGE, LLP

October 10, 2011
Binghamton, New York

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR
BENEFITS - MODIFIED CASH BASIS

DECEMBER 31, 2010 AND 2009

ASSETS

	2010	2009
Participant-directed investments, at fair value	$25,620,604	$20,621,381
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Total assets	$26,682,305	$21,496,889

NET ASSETS AVAILABLE FOR BENEFITS

Net assets available for benefits	$26,682,305	$21,496,889

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THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE
FOR BENEFITS - MODIFIED CASH BASIS

FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
Additions		
Additions to net assets attributed to:		
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Net assets available for benefits:		
Beginning of year	21,496,889	15,553,472
End of year	$26,682,305	$21,496,889

See independent auditor's report and
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THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements for The Security Mutual Life Insurance Company of New York Profit Sharing Plan (formerly known as The Profit Sharing Plan for Employees of Security Mutual Life Insurance Company and Security Administrators, Inc.) ("The Plan") have been prepared on the modified cash basis of accounting as permitted by the Department of Labor. The modified cash basis of accounting is a comprehensive basis of accounting other than generally accepted accounting principles. The accounting principles and practices which affect the more significant elements of the financial statements are:

Investment Valuation - Shares of registered investment companies and common/collective trusts are valued at fair market value based on publicly traded prices, which is the modification to a strict cash basis presentation. Participant loans are valued at cost based on actual outstanding principal amounts of all individual loans. In the event of default a distribution of retirement benefit is deemed to occur for the unpaid balance. Insurance company auxiliary fund deposits are increased for actual interest earnings credited and reduced by actual withdrawals as permitted.

Participant Loan Interest - Interest on participant loans is aggregated with investment income.

Events Occurring After Reporting Date

The Company has evaluated events and transactions that occurred between December 31, 2010 and the report date, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements. The Company did not find any transactions or events during that period that would require adjustment to, or disclosure in, these financial statements.

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General

The Plan is a defined contribution profit sharing plan covering substantially all employees of the Company (see Note 5) who have met certain requirements as to length of service and age. The Plan was restated with an effective date of January 1, 2006.

Plan Sponsor: Security Mutual Life Insurance Company of New York

Plan Name: The Security Mutual Life Insurance Company of New York Profit Sharing Plan

Three-Digit Plan Number: 004

Participating Employers' Identification Numbers:

15-0442730 Plan Sponsor

16-1209645 Security Administrators Inc. (Affiliate)

NOTE 2: DESCRIPTION OF THE PLAN (continued)

Eligibility

Employees are eligible to defer compensation once they attain age 21. In general, employees are eligible for employer contributions as follows: (1) must have six months of service (500 hours), (2) must have entered the plan on January 1 or July 1 after service requirement is met, (3) must be employed on the last day of the year, and (4) must be age 21 or older.

Contributions

Employees can defer their salary up to statutory amounts allowed by the Internal Revenue Code, which is $16,500 for 2010 and 2009. In addition, individuals who will be at least 50 years of age by the end of the calendar year, a "catch-up" contribution beyond regular limits is permitted. The maximum "catch-up" contribution by employees is $5,500 for 2010 and 2009.

The Company contributes to the Plan as follows: (1) by a matching contribution up to a maximum of 2% of total compensation, (2) by a 6% of total compensation Fixed Non-elective contribution, and (3) a discretionary contribution determined by the Company, which was 2.75% for 2010 and 2.5% for 2009. The Company's policy is to fund contributions accrued. All investment programs are fully participant directed.

Vesting

All contributions other than the Fixed Non-elective contribution are 100% vested. The employer's Fixed Non-elective contribution is vested on a 6-year graded schedule effective January 1, 2007.

Payment of Benefits

Benefits under the Plan are paid to retirees and beneficiaries principally in the form of lump sum distributions, although other options are available as permitted by law.

Administrative Expenses

The Company has absorbed all administrative costs of the Plan which are considered to be significant, except for fees associated with plan loans by participants.

Life Insurance

The Plan instituted the option of life insurance to its participants with an initial enrollment period of December 1, 2000 (and annually thereafter). The products include Ultra Security and Customizer 4.

The life insurance consists of a 20% premium discount with the annual premium not to exceed 50% of contributions made to participant's account, including Company contributions. The Company may limit to no more than 25% of participant's 401(k) payroll deferral. The Premium is deducted from the participant's account on a pro rata basis. To be eligible, the participant must have entered the profit sharing/401(k) Plan no later than July 1 of enrollment year (minimum one year service).

NOTE 2: DESCRIPTION OF THE PLAN (continued)

Plan Termination

The Plan is administered by a Plan Administrator appointed by the Chief Executive Officer of the Company. The Company anticipates and believes the Plan will continue; however, in the event of a termination of the Plan, the Plan provides that the net assets of the Plan are to be set aside for the exclusive benefit of the participants. Benefits accrued to the date of the Plan termination, to the extent funded, shall be nonforfeitable.

NOTE 3: INCOME TAX STATUS

The Plan obtained its latest determination letter on June 13, 1995, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter for the most recent legislative changes and the changes listed in Note 2. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator 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 administrator believes it is no longer subject to income tax examinations for years prior to 2007.

NOTE 4: USE OF ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTE 5: RELATED PARTIES

The Plan allowed participants an additional investment option starting in 2006 which was the Security Mutual Life Insurance Company of New York Auxiliary Fund. This is essentially an annuity type contract within the General Account of the Plan Sponsor where separate accounting is maintained. The balances in the Auxiliary Fund were $38,991 and $37,290 at December 31, 2010 and 2009, respectively.

The loan trustee of the Plan and the Plan administrator are employees of the Plan sponsor.

Security Administrators, Inc. is a partially owned non-life insurance subsidiary of Security Mutual Life Insurance Company of New York, the sponsor of the Plan.

NOTE 6: CONTINGENT LIFE INSURANCE SURRENDER CHARGES

A total of seven participants elected to obtain life insurance policies with contracts in force at December 31, 2010. The statement of net assets available for benefits – modified cash basis includes a total of $29,405 and $22,475 of accumulated value for these policies and others in force at the time in aggregate as of December 31, 2010 and 2009, respectively. The value is determined based on the individual cash surrender amounts of each universal life policy prior to potential surrender charges if coverage is cancelled. The total potential surrender charges related to these policies at December 31, 2010 and 2009 was $26,909 and $1,449, respectively.

NOTE 7: INFORMATION CERTIFIED BY THE TRUSTEES AND CUSTODIAN

The data in the following table summarizes financial information on the Plan certified as complete and accurate by Merrill Lynch Bank and Trust Co., Reliance Trust Company, the trustees of the Plan and a Chartered Federal Savings Bank and a Private Trust Bank and Security Mutual Life Insurance Company of New York, a regulated insurance company custodian, in accordance with 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

	2010	
	Bank	Insurance Co.
Interest and dividends	$ 634,611	$ 1,701
Net change in realized and unrealized gain	2,298,274	-
Market value at beginning of period	21,437,124	37,290
Market value at end of period	26,613,909	38,991

	2009	
	Banks	Insurance Co.
Interest and dividends	$ 502,747	$ 1,974
Net change in realized and unrealized gain	3,278,567	-
Market value at beginning of period	15,456,378	72,514
Market value at end of period	21,437,124	37,290

NOTE 8: RECONCILIATION OF CERTIFICATIONS TO FINANCIAL STATEMENT

The following schedule identifies the primary adjustment to the financial statement and Form 5500 figures from the certification information in Note 7, excluding grouping presentations between the data.

Net assets available for benefits-modified cash basis	
Per certifications	$26,652,900
Add: participant insurance - accumulated value	29,405
Per financial statement and Form 5500	$26,682,305

NOTE 9: INVESTMENTS

The Plan utilizes the Reliance Trust Company service to determine its securities' fair values. The fair value of an asset is the amount at which that asset could be bought or sold in a current transaction between willing parties, that is, other than a forced liquidation sale. The Plan's financial assets carried at fair value have been classified, for disclosure purposes, and are based on hierarchy defined by generally accepted accounting principles. The Plan does not have any financial liabilities applicable under this guidance. The levels of fair value hierarchy are as follows:

Level 1: Values are unadjusted quoted prices for identical assets in an active market accessible at the measurement date (December 31, 2010 and 2009). Assets measured at fair value on a recurring basis and classified as Level 1 include actively traded listed common stocks.

Level 2: Inputs include quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads and yield curves. Assets measured at fair value on a recurring basis and classified as Level 2 generally include corporate bonds, certain asset-backed securities, and equity investments.

Level 3: Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Custodian's/ Sponsor's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

Investment levels by investment category for 2010 are:

Investment Category	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Collective Trust Funds	$ 8,059,391	$ 8,059,391		
Mutual Funds	16,662,499	16,662,499		
Brokerage Accounts	859,723	859,723		
Insurance Company Auxiliary Funds	38,991	38,991		
	$ 25,620,604	$ 25,620,604		

Investment levels by investment category for 2009 are:

Investment Category	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Collective Trust Funds	$ 4,086,052	$ 4,086,052		
Mutual Funds	16,064,445	16,064,445		
Brokerage Accounts	433,594	433,594		
Insurance Company Auxiliary Funds	37,290	37,290		
	$ 20,621,381	$ 20,621,381		

NOTE: 10: CONCENTRATIONS OF INVESTMENTS

The following schedule represents the investments at December 31, 2010 whose fair market value is 5% or more of net assets available for benefits:

Invesco Stable Value	$4,794,843
PIMCO Total Return	2,719,772
American Century Income and Growth	3,630,923
Dodge & Cox Balanced Fund	1,478,008
Janus Overseas	2,672,356

NOTE 11: PARTICIPANT ACCOUNT INFORMATION

The value of participant accounts who are classified as terminated at December 31, 2010 aggregated approximately $2,836,000.

SUPPLEMENTARY INFORMATION

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Employer EIN 15-0442730, Plan No. 004)
(Reference Form 5500, Schedule H, Line 4i)

DECEMBER 31, 2010

(a) (b) & (c)	(d) Cost *	(e) Fair Market Value
Insurance Company Auxiliary Funds		$ 38,991
Collective Trust Funds:		
Invesco Stable Value		4,794,843
Invesco 500 Index		564,548
Mutual Funds:		
American Century Income and Growth		3,630,923
Dodge & Cox Balanced		1,478,008
Dreyfus Mid Cap Index		268,327
Dreyfus Small Cap Stock Index		164,463
Fidelity Advisor Freedom 2010		247,412
Fidelity Advisor Freedom 2020		329,927
Fidelity Advisor Freedom 2030		588,560
Fidelity Advisor Freedom 2040		306,513
Invesco Basic Balanced		899,078
Invesco Basic Value		264,743
Invesco Charter		464,134
Invesco Dynamics		394,885
Invesco Financial Services		117,256
Invesco Global Health Care		214,043
Invesco Income		1,023,515
Invesco Large Cap Growth		740,052
Invesco Leisure		409,472
Invesco Small Cap Growth		199,702
Invesco Technology		266,374
Janus Advisor Growth		85,769
Janus Overseas		2,672,356
Perkins Mid cap Value		1,310,072
Perkins Small Cap Value		567,143
PIMCO Total Return		2,719,772
Participant-Directed Brokerage Accounts		859,723
		25,620,604
Notes receivable from participants (6.00% - 10.50%)		1,032,296
Participant individual insurance contracts		29,405
		$26,682,305

* Cost data omitted for participant directed individual account plan

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

SCHEDULE OF TRANSACTIONS OR SERIES OF TRANSACTIONS
IN EXCESS OF 5% OF THE CURRENT VALUE OF PLAN ASSETS
(Employer EIN 15-0442730, Plan No. 004)
(Reference Form 5500, Schedule H, Line 4j)

FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

Description of transaction	Current value of asset on transaction dates	
	2010	2009
	*	*

* Information not required based on exception in instructions for participant directed accounts.

THE SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

THE SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK
PROFIT SHARING PLAN

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JOHNSON • LAUDER & SAVIDGE, LLP
CERTIFIED PUBLIC ACCOUNTANTS

JAMES R. SMITH, CPA
WILLIAM J. SCANNELL, CPA
THERESA ALLEN, CPA*
DANIEL A. CONN, CPA
PHILIP G. WESTCOTT, CPA

ROGER D. SAVIDGE, CPA, Consultant
STANLEY R. PAZANSKI, CPA, Consultant

*LICENSED IN NEW YORK & PENNSYLVANIA

Independent Auditor's Report

To the Plan Administrator of the
Security Mutual Life Insurance Company of
New York Profit Sharing Plan
Binghamton, New York

We were engaged to audit the accompanying statement of net assets available for benefits prepared on the modified cash basis of the Security Mutual Life Insurance Company of New York Profit Sharing Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits prepared on the modified cash basis for the years ended December 31, 2010 and 2009, and the supplemental schedules as of and for the year ended December 31, 2010 of (1) assets (held at end of year) and (2) transactions in excess of 5 percent of the current value of plan assets. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Reliance Trust Company and Security Mutual Life Insurance Company of New York, the trustee and custodian respectively of the Plan, except for comparing the information with the related information included in the 2010 and 2009 financial statements and the 2010 supplemental schedules. We have been informed by the plan administrator that the trustee and custodian each hold portions of the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and custodian as of and for the years ended December 31, 2010 and 2009 as applicable, that the information provided to the plan administrator by the trustee and custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules except for the effect of the matters discussed in Note 1, other than that derived from the information certified by the trustee and custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

2 COURT STREET • BINGHAMTON • NEW YORK • 13901
(607) 723-8216 • FAX (607) 724-5193 • e-mail: jls@jlscpa.com

337 HIGH SCHOOL RD. • P.O. BOX 327 • MONTROSE • PENNSYLVANIA • 18801
(570) 278-1691

38 LAKE STREET • OWEGO • NEW YORK • 13827
(607) 687-3337

To the Plan Administrator of the
Security Mutual Life Insurance Company of
New York Profit Sharing Plan
Binghamton, New York

As discussed in Note 1, these financial statements and the supplemental schedules were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. It was not practicable to extend procedures in order to determine the effects of this departure from the accrual basis.

Johnson, Lauder & Savidge, LLP

JOHNSON, LAUDER & SAVIDGE, LLP

October 10, 2011
Binghamton, New York

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR
BENEFITS - MODIFIED CASH BASIS

DECEMBER 31, 2010 AND 2009

ASSETS

	2010	2009
Participant-directed investments, at fair value	$25,620,604	$20,621,381
Notes receivable from participants	1,032,296	853,033
Participant individual insurance-accumulated value	29,405	22,475
Total assets	$26,682,305	$21,496,889

NET ASSETS AVAILABLE FOR BENEFITS

Net assets available for benefits	$26,682,305	$21,496,889

See independent auditor's report and
accompanying notes to financial statements

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE
FOR BENEFITS - MODIFIED CASH BASIS

FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
Additions		
Additions to net assets attributed to:		
Investment income:		
Net realized and unrealized appreciation (depreciation) in value of investments	$2,298,274	$3,278,567
Interest and dividends	576,417	443,915
Interest on notes receivable from participants	59,895	60,806
Contributions:		
Participants' salary deferral	1,323,783	1,148,944
Participants' rollovers	4,902	104,568
Employers' matching	641,506	302,978
Employers' profit sharing (discretionary)	-	416,912
Employers' profit sharing (fixed)	1,106,620	1,013,582
Total additions	6,011,397	6,770,272
Deductions		
Deductions from net assets attributed to:		
Benefits and deemed distributions paid to participants	(776,190)	(809,530)
Fees and miscellaneous	(21,396)	(5,913)
Forfeitures	(28,395)	(11,412)
Total deductions	(825,981)	(826,855)
Net increase	5,185,416	5,943,417
Net assets available for benefits:		
Beginning of year	21,496,889	15,553,472
End of year	$26,682,305	$21,496,889

See independent auditor's report and
accompanying notes to financial statements

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements for The Security Mutual Life Insurance Company of New York Profit Sharing Plan (formerly known as The Profit Sharing Plan for Employees of Security Mutual Life Insurance Company and Security Administrators, Inc.) ("The Plan") have been prepared on the modified cash basis of accounting as permitted by the Department of Labor. The modified cash basis of accounting is a comprehensive basis of accounting other than generally accepted accounting principles. The accounting principles and practices which affect the more significant elements of the financial statements are:

Investment Valuation - Shares of registered investment companies and common/collective trusts are valued at fair market value based on publicly traded prices, which is the modification to a strict cash basis presentation. Participant loans are valued at cost based on actual outstanding principal amounts of all individual loans. In the event of default a distribution of retirement benefit is deemed to occur for the unpaid balance. Insurance company auxiliary fund deposits are increased for actual interest earnings credited and reduced by actual withdrawals as permitted.

Participant Loan Interest - Interest on participant loans is aggregated with investment income.

Events Occurring After Reporting Date

The Company has evaluated events and transactions that occurred between December 31, 2010 and the report date, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements. The Company did not find any transactions or events during that period that would require adjustment to, or disclosure in, these financial statements.

NOTE 2: DESCRIPTION OF THE PLAN

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

General

The Plan is a defined contribution profit sharing plan covering substantially all employees of the Company (see Note 5) who have met certain requirements as to length of service and age. The Plan was restated with an effective date of January 1, 2006.

Plan Sponsor: Security Mutual Life Insurance Company of New York

Plan Name: The Security Mutual Life Insurance Company of New York Profit Sharing Plan

Three-Digit Plan Number: 004

Participating Employers' Identification Numbers:

15-0442730 Plan Sponsor

16-1209645 Security Administrators Inc. (Affiliate)

NOTE 2: DESCRIPTION OF THE PLAN (continued)

Eligibility

Employees are eligible to defer compensation once they attain age 21. In general, employees are eligible for employer contributions as follows: (1) must have six months of service (500 hours), (2) must have entered the plan on January 1 or July 1 after service requirement is met, (3) must be employed on the last day of the year, and (4) must be age 21 or older.

Contributions

Employees can defer their salary up to statutory amounts allowed by the Internal Revenue Code, which is $16,500 for 2010 and 2009. In addition, individuals who will be at least 50 years of age by the end of the calendar year, a "catch-up" contribution beyond regular limits is permitted. The maximum "catch-up" contribution by employees is $5,500 for 2010 and 2009.

The Company contributes to the Plan as follows: (1) by a matching contribution up to a maximum of 2% of total compensation, (2) by a 6% of total compensation Fixed Non-elective contribution, and (3) a discretionary contribution determined by the Company, which was 2.75% for 2010 and 2.5% for 2009. The Company's policy is to fund contributions accrued. All investment programs are fully participant directed.

Vesting

All contributions other than the Fixed Non-elective contribution are 100% vested. The employer's Fixed Non-elective contribution is vested on a 6-year graded schedule effective January 1, 2007.

Payment of Benefits

Benefits under the Plan are paid to retirees and beneficiaries principally in the form of lump sum distributions, although other options are available as permitted by law.

Administrative Expenses

The Company has absorbed all administrative costs of the Plan which are considered to be significant, except for fees associated with plan loans by participants.

Life Insurance

The Plan instituted the option of life insurance to its participants with an initial enrollment period of December 1, 2000 (and annually thereafter). The products include Ultra Security and Customizer 4.

The life insurance consists of a 20% premium discount with the annual premium not to exceed 50% of contributions made to participant's account, including Company contributions. The Company may limit to no more than 25% of participant's 401(k) payroll deferral. The Premium is deducted from the participant's account on a pro rata basis. To be eligible, the participant must have entered the profit sharing/401(k) Plan no later than July 1 of enrollment year (minimum one year service).

NOTE 2: DESCRIPTION OF THE PLAN (continued)

Plan Termination

The Plan is administered by a Plan Administrator appointed by the Chief Executive Officer of the Company. The Company anticipates and believes the Plan will continue; however, in the event of a termination of the Plan, the Plan provides that the net assets of the Plan are to be set aside for the exclusive benefit of the participants. Benefits accrued to the date of the Plan termination, to the extent funded, shall be nonforfeitable.

NOTE 3: INCOME TAX STATUS

The Plan obtained its latest determination letter on June 13, 1995, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter for the most recent legislative changes and the changes listed in Note 2. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator 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 administrator believes it is no longer subject to income tax examinations for years prior to 2007.

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Dodge & Cox Balanced Fund	1,478,008
Janus Overseas	2,672,356

NOTE 11: PARTICIPANT ACCOUNT INFORMATION

The value of participant accounts who are classified as terminated at December 31, 2010 aggregated approximately $2,836,000.

SUPPLEMENTARY INFORMATION

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Employer EIN 15-0442730, Plan No. 004)
(Reference Form 5500, Schedule H, Line 4i)

DECEMBER 31, 2010

(a) (b) & (c)	(d) Cost *	(e) Fair Market Value
Insurance Company Auxiliary Funds		$ 38,991
Collective Trust Funds:		
Invesco Stable Value		4,794,843
Invesco 500 Index		564,548
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Invesco Basic Balanced		899,078
Invesco Basic Value		264,743
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Participant-Directed Brokerage Accounts		859,723
		25,620,604
Notes receivable from participants (6.00% - 10.50%)		1,032,296
Participant individual insurance contracts		29,405
		$26,682,305

* Cost data omitted for participant directed individual account plan

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

SCHEDULE OF TRANSACTIONS OR SERIES OF TRANSACTIONS
IN EXCESS OF 5% OF THE CURRENT VALUE OF PLAN ASSETS
(Employer EIN 15-0442730, Plan No. 004)
(Reference Form 5500, Schedule H, Line 4j)

FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

Description of transaction	Current value of asset on transaction dates	
	2010	2009
	*	*

* Information not required based on exception in instructions for participant directed accounts.

2010 Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in understanding the fees and compensation associated with your plan. If your plan is required to complete a *Form 5500 Schedule C* , this report identifies the different types of reportable compensation paid with respect to the Hartford product utilized by the retirement plan.

As permitted under the Schedule C reporting rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate, or a formula or rate.

- Where it is an actual dollar amount, no further notation is provided.
- Where it is an estimate, we have used a reasonable method to arrive at the estimate and described the method used to arrive at the estimated amount.
- Where a formula or rate is provided, the formula may be disclosed under the Schedule C reporting rules. Alternatively, for purposes of Schedule C or for your fiduciary review of the compensation paid with respect to the plan's product, you may calculate an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies. Thus, much of the compensation information being provided can be expressed in the form of a formula.

Please note that all compensation is being reported for the 2010 calendar year. This report includes compensation actually paid to or by The Hartford within the 2010 calendar year as part of your Hartford product. This report does not include amounts deducted from plan assets and paid to third parties (other than The Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here directly from other service providers.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. These service codes are listed in the 2010 Instructions for Schedule C (Form 5500). Please review with your experienced benefits counsel and other professionals to determine the most appropriate service codes for your plan.

Please contact your Hartford Client Service Team should you require additional information regarding the compensation paid to or by The Hartford with respect to your plan.

Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice or accounting or other professional services. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

SECURITY MUTUAL LIFE INS CO NY PSP (001225)
PLAN YEAR END: 12/31

For use with lines 2(h), 3(c), 3(d), 3(e)

Recipient: Hartford Retirement Services, LLC EIN: 26-1589907

Service Codes: 15, 37, 38, 49, 59, 60, 62, 63, 64, 65, 72, 99, 50 (if direct compensation amount reflected below)

1. Direct Compensation **$15,758.65**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the 2010 calendar year. Of this amount, our records indicate that Hartford Retirement Services, LLC received **$15,758.65**. Please review your records to determine what other service providers (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, plan auditor) received all or any portion of the remaining amount.

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Hartford Retirement Services, LLC are the net result of aggregating direct compensation after the effects of adjustments processed in 2010, some of which may have pertained to prior years.

2. Indirect Compensation

Float compensation Payor: Reliance Trust Company EIN: 58-1428634 **$5.17**

This is an estimate based on the average annual rate of float compensation (0.01% for 2010) earned on certain processing bank accounts for the 2010 calendar year multiplied by an estimate of the assets related to uncashed checks. This estimate does not include float earned for any other reason (e.g., if amounts remitted to Hartford cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

Compensation paid with respect to Funds

Investment Option Name	*EIN*	*Fees[2] Received from Funds on Your Plan's Menu (rates as of 12/31/10)*	*Fund's Total Annual Expenses (as of 12/31/10)*
AMERICAN CENT INCOME & GROWTH-A	43-1819235	0.45% x assets plus $16/participant	0.95%
BROKERAGE ACCESS ACCOUNT	NA[1]		0.00%
DODGE & COX BALANCED	94-6067274	0.10% x assets	0.53%
DREYFUS MIDCAP INDEX	13-3618129	0.10% x assets	0.50%
DREYFUS SMALL CAP INDEX FUND	13-3554128	0.10% x assets	0.50%
FIDELITY ADV FREEDOM 2010 A	00-4203312	0.25% x assets	0.25%
FIDELITY ADV FREEDOM 2020 A	00-4203312	0.25% x assets	0.25%
FIDELITY ADV FREEDOM 2030 A	00-4203312	0.25% x assets	0.25%
FIDELITY ADV FREEDOM 2040 A	00-4203312	0.25% x assets	0.25%
INVESCO 500 INDEX TR	NA[1]		0.00%
INVESCO BASIC BALANCED INV	06-0841973	0.45% x assets plus $16/participant	1.31%
INVESCO BASIC VALUE FUND-A	94-2362417	0.45% x assets plus $16/participant	1.41%
INVESCO CHARTER FUND-A	13-2576643	0.45% x assets plus $16/participant	1.26%

Investment Option Name	*EIN*	*Fees[2] Received from Funds on Your Plan's Menu (rates as of 12/31/10)*	*Fund's Total Annual Expenses (as of 12/31/10)*
INVESCO DYNAMICS INV	84-0576427	0.45% x assets plus $16/participant	1.12%
INVESCO FINANCIAL SERVICES INV	84-0933032	0.45% x assets plus $16/participant	1.61%
INVESCO GLOBL HEALTH CARE FUND-A	76-0343427	0.45% x assets plus $16/participant	1.31%
INVESCO INCOME INV	76-0343427	0.45% x assets plus $16/participant	1.08%
INVESCO LARGE CAP GROWTH INV	13-2576643	0.45% x assets plus $16/participant	1.30%
INVESCO LEISURE INV	84-0933032	0.45% x assets plus $16/participant	1.34%
INVESCO SMALL CAP GROWTH FUND-A	94-2362417	0.45% x assets plus $16/participant	1.31%
INVESCO STABLE VAL TR	NA[1]		0.00%
INVESCO TECHNOLOGY-INV	84-0933032	0.45% x assets plus $16/participant	1.65%
JANUS OVERSEAS T	84-0592523	0.25% x assets	0.95%
JANUS S	84-0592523	0.50% x assets	1.25%
PERKINS MID CAP VALUE-T	84-0592523	0.25% x assets	1.03%
PERKINS SMALL CAP VALUE T	84-0592523	0.25% x assets	1.08%
PIMCO TOTAL RETURN ADMIN	33-0629048	0.25% x assets	0.71%
SECURITY MUTUAL NY PS INSUR FUND	NA[1]		0.00%

[1] At the time this report was generated this information was not available.

The list includes any investment option held by the plan during the 2010 calendar year. To arrive at an estimate of the dollar amount that Hartford received from each fund, multiply the rate of fees received from each fund by your plan's year-end balance (or if the fund was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the fund at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

[2] Please note that Hartford Retirement Services, LLC's affiliate, Hartford Securities Distribution Company, Inc., receives the sales compensation (12b-1 fees) portion of this amount. After compensating the plan's broker-dealer firm, if applicable, any residual amount is paid to Hartford Retirement Services, LLC.

Recipient: Reliance Trust Company EIN: 58-7428634

Indirect Compensation

Custodial/Trust service fee **$1,279.09**
Service Codes: 19, 99, 25 (if Reliance Trust Company is acting as directed trustee)

Payors: Hartford Life Insurance Company EIN: 06-0974148
Hartford Retirement Services, LLC EIN: 26-1589907

Recipient: GPC Securities, Inc. EIN: 58-1517899

Service Codes: 15, 64, 65

Indirect Compensation

Transaction Processing Services Payor: Hartford Retirement Services, LLC EIN: 26-1589907 **$5,116.35**