

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                |                                                                                 |                                            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                 |                                            |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> |                                                                |                                                                                 |                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan; or                           |                                            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) ____                                   |                                            |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                               |                                            |
|                                                                                                          | <input type="checkbox"/> an amended return/report;             | <input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                       |                                                                                 |                                            |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                   | <input type="checkbox"/> the DFVC program; |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                 |                                            |

|                                                                                                                                                                                                                                    |                                                                     |                                                             |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                     | <b>Basic Plan Information</b> —enter all requested information      |                                                             |                                                             |
| <b>1a</b> Name of plan<br><u>ITT SALARIED INVESTMENT AND SAVINGS PLAN</u>                                                                                                                                                          | <b>1b</b> Three-digit plan number (PN) ►                            | <u>100</u>                                                  |                                                             |
|                                                                                                                                                                                                                                    | <b>1c</b> Effective date of plan                                    | <u>04/01/1974</u>                                           |                                                             |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><u>ITT CORPORATION</u><br><br><u>1133 WESTCHESTER AVENUE</u><br><u>WHITE PLAINS, NY 10604</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>13-5158950</u> | <b>2c</b> Sponsor's telephone number<br><u>914-641-2000</u> | <b>2d</b> Business code (see instructions)<br><u>333200</u> |

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

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

|                  |                                                          |                   |                                                              |
|------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>10/16/2011</u> | <u>GEOVANNA CHAN</u>                                         |
|                  | Signature of plan administrator                          | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | Signature of employer/plan sponsor                       | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | Signature of DFE                                         | Date              | Enter name of individual signing as DFE                      |

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

Form 5500 (2010)  
v.092307.1

|                                                                                                                                                                     |                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>ITT CORPORATION<br><br>1133 WESTCHESTER AVENUE<br>WHITE PLAINS, NY 10604 | <b>3b</b> Administrator's EIN<br>13-5158950<br><br><b>3c</b> Administrator's telephone number<br>914-641-2000 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |       |
|-------------------------------------------------------------------------|----------|-------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 18043 |
|-------------------------------------------------------------------------|----------|-------|

|                                                                                                                                                        |           |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |       |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 14144 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 6207  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 499   |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 20850 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 9     |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 20859 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 20821 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 1168  |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
2E 2H 2J 2K 2O 3H

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

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

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

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div><div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury<br/>Internal Revenue Service</div></div><div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                               |                                                                         |                |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------|
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010    |                                                                         |                |
| <div>A Name of plan</div> <div>ITT SALARIED INVESTMENT AND SAVINGS PLAN</div>                 | <div>B Three-digit plan number (PN)</div> <div>▶</div>                  | <div>100</div> |
|                                                                                               |                                                                         |                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500.</div> <div>ITT CORPORATION</div> | <div>D Employer Identification Number (EIN)</div> <div>13-5158950</div> |                |

|        |                                                                                                                                                                                                                                                                    |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | <div>Information Concerning Insurance Contract Coverage, Fees, and Commissions</div> <div>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.</div> |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                         |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

|                                                                          |
|--------------------------------------------------------------------------|
| <div>(a) Name of insurance carrier</div> <div>BANK OF AMERICA N.A.</div> |
|--------------------------------------------------------------------------|

| (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     |
| 75-1738434 | 11292         | 98-030                                |                                                                             | 01/01/2010              | 12/31/2010 |

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

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

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

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

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

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

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

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

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

|                                                        |           |           |
|--------------------------------------------------------|-----------|-----------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 227579064 |
|--------------------------------------------------------|-----------|-----------|

|                                                                       |              |         |  |
|-----------------------------------------------------------------------|--------------|---------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |         |  |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> |         |  |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> | 8784669 |  |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> |         |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> |         |  |

|                           |              |         |
|---------------------------|--------------|---------|
| (6) Total additions ..... | <b>7c(6)</b> | 8784669 |
|---------------------------|--------------|---------|

|                                                                               |           |           |
|-------------------------------------------------------------------------------|-----------|-----------|
| <b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) ..... | <b>7d</b> | 236363733 |
|-------------------------------------------------------------------------------|-----------|-----------|

**e** Deductions:

|                                                                                 |              |           |  |
|---------------------------------------------------------------------------------|--------------|-----------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |           |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | 206663    |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> | 164695245 |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> |           |  |

|                            |              |           |
|----------------------------|--------------|-----------|
| (5) Total deductions ..... | <b>7e(5)</b> | 164901908 |
|----------------------------|--------------|-----------|

|                                                                                             |           |          |
|---------------------------------------------------------------------------------------------|-----------|----------|
| <b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) ..... | <b>7f</b> | 71461825 |
|---------------------------------------------------------------------------------------------|-----------|----------|

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |
| Specify nature of costs ▶                                                                                                                                                                                                       |            |  |

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 |                                                             |     |
| <b>A</b> Name of plan<br>ITT SALARIED INVESTMENT AND SAVINGS PLAN                          | <b>B</b> Three-digit plan number (PN) ▶                     | 100 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br>ITT CORPORATION          | <b>D</b> Employer Identification Number (EIN)<br>13-5158950 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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

JACKSON NATIONAL LIFE INSURANCE COMPANY

| (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     |
| 38-1659835 | 65056         | G-1567-1                              |                                                                             | 01/01/2010              | 12/31/2010 |

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

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

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

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

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

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

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|          |                                                                                                                                                                                                                                            |              |         |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                              | <b>4</b>     |         |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....                                                                                                                                                | <b>5</b>     |         |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                            |              |         |
| <b>a</b> | State the basis of premium rates ▶                                                                                                                                                                                                         |              |         |
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                                                             | <b>6b</b>    |         |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                                                       | <b>6c</b>    |         |
| <b>d</b> | 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. ....<br>Specify nature of costs ▶                                      | <b>6d</b>    |         |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                                   |              |         |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>                                                                                                           |              |         |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                              |              |         |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ |              |         |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                              | <b>7b</b>    | 4453443 |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                               | <b>7c(1)</b> |         |
|          | (2) Dividends and credits .....                                                                                                                                                                                                            | <b>7c(2)</b> |         |
|          | (3) Interest credited during the year .....                                                                                                                                                                                                | <b>7c(3)</b> | 202479  |
|          | (4) Transferred from separate account .....                                                                                                                                                                                                | <b>7c(4)</b> |         |
|          | (5) Other (specify below).....<br>▶ MARKET VALUE ADJUSTMENT                                                                                                                                                                                | <b>7c(5)</b> | 188174  |
|          | (6) Total additions .....                                                                                                                                                                                                                  | <b>7c(6)</b> | 390653  |
| <b>d</b> | Total of balance and additions (add <b>b</b> and <b>c(6)</b> ). ....                                                                                                                                                                       | <b>7d</b>    | 4844096 |
| <b>e</b> | Deductions:                                                                                                                                                                                                                                |              |         |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                            | <b>7e(1)</b> |         |
|          | (2) Administration charge made by carrier .....                                                                                                                                                                                            | <b>7e(2)</b> | 165080  |
|          | (3) Transferred to separate account .....                                                                                                                                                                                                  | <b>7e(3)</b> |         |
|          | (4) Other (specify below).....<br>▶                                                                                                                                                                                                        | <b>7e(4)</b> | 1108610 |
|          | (5) Total deductions .....                                                                                                                                                                                                                 | <b>7e(5)</b> | 1273690 |
| <b>f</b> | Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....                                                                                                                                                         | <b>7f</b>    | 3570406 |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 |                                                      |     |
| A Name of plan<br>ITT SALARIED INVESTMENT AND SAVINGS PLAN                                 | B Three-digit plan number (PN) ▶                     | 100 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500.<br>ITT CORPORATION                 | D Employer Identification Number (EIN)<br>13-5158950 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
JP MORGAN CHASE BANK

| (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     |
| 13-4994650 | 52211         | AITT01                                |                                                                             | 01/01/2010              | 12/31/2010 |

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

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

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

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

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

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|          |                                                                                                                                                                                                                                            |              |          |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                              | <b>4</b>     |          |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....                                                                                                                                                | <b>5</b>     |          |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                            |              |          |
| <b>a</b> | State the basis of premium rates ▶                                                                                                                                                                                                         |              |          |
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                                                             | <b>6b</b>    |          |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                                                       | <b>6c</b>    |          |
| <b>d</b> | 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. ....<br>Specify nature of costs ▶                                      | <b>6d</b>    |          |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                                   |              |          |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>                                                                                                           |              |          |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                              |              |          |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ |              |          |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                              | <b>7b</b>    | 54415172 |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                               | <b>7c(1)</b> |          |
|          | (2) Dividends and credits .....                                                                                                                                                                                                            | <b>7c(2)</b> |          |
|          | (3) Interest credited during the year .....                                                                                                                                                                                                | <b>7c(3)</b> | 1455177  |
|          | (4) Transferred from separate account .....                                                                                                                                                                                                | <b>7c(4)</b> |          |
|          | (5) Other (specify below).....<br>▶ MARKET VALUE ADJUSTMENT                                                                                                                                                                                | <b>7c(5)</b> | 5304     |
|          | (6) Total additions .....                                                                                                                                                                                                                  | <b>7c(6)</b> | 1460481  |
| <b>d</b> | Total of balance and additions (add <b>b</b> and <b>c(6)</b> ). ....                                                                                                                                                                       | <b>7d</b>    | 55875653 |
| <b>e</b> | Deductions:                                                                                                                                                                                                                                |              |          |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                            | <b>7e(1)</b> | 3286501  |
|          | (2) Administration charge made by carrier .....                                                                                                                                                                                            | <b>7e(2)</b> | 52857    |
|          | (3) Transferred to separate account .....                                                                                                                                                                                                  | <b>7e(3)</b> | 52273724 |
|          | (4) Other (specify below).....<br>▶                                                                                                                                                                                                        | <b>7e(4)</b> |          |
|          | (5) Total deductions .....                                                                                                                                                                                                                 | <b>7e(5)</b> | 55613082 |
| <b>f</b> | Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....                                                                                                                                                         | <b>7f</b>    | 262571   |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |
| Specify nature of costs ▶                                                                                                                                                                                                       |            |  |

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 |                                                             |     |
| <b>A</b> Name of plan<br>ITT SALARIED INVESTMENT AND SAVINGS PLAN                          | <b>B</b> Three-digit plan number (PN) ▶                     | 100 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br>ITT CORPORATION          | <b>D</b> Employer Identification Number (EIN)<br>13-5158950 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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  
MONUMENTAL LIFE INSURANCE COMPANY

| (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     |
| 52-0419790 | 66281         | MDA00541TR                            |                                                                             | 01/01/2010              | 12/31/2010 |

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

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

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

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

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

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|          |                                                                                                                                                                                                                                            |              |           |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                              | <b>4</b>     |           |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....                                                                                                                                                | <b>5</b>     |           |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                            |              |           |
| <b>a</b> | State the basis of premium rates ▶                                                                                                                                                                                                         |              |           |
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                                                             | <b>6b</b>    |           |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                                                       | <b>6c</b>    |           |
| <b>d</b> | 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. ....<br>Specify nature of costs ▶                                      | <b>6d</b>    |           |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                                   |              |           |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>                                                                                                           |              |           |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                              |              |           |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ |              |           |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                              | <b>7b</b>    | 177957645 |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                               | <b>7c(1)</b> |           |
|          | (2) Dividends and credits .....                                                                                                                                                                                                            | <b>7c(2)</b> |           |
|          | (3) Interest credited during the year .....                                                                                                                                                                                                | <b>7c(3)</b> | 4686103   |
|          | (4) Transferred from separate account .....                                                                                                                                                                                                | <b>7c(4)</b> |           |
|          | (5) Other (specify below) .....                                                                                                                                                                                                            | <b>7c(5)</b> | 358876    |
|          | ▶ MARKET VALUE ADJUSTMENT                                                                                                                                                                                                                  |              |           |
|          | (6) Total additions .....                                                                                                                                                                                                                  | <b>7c(6)</b> | 5044979   |
| <b>d</b> | Total of balance and additions (add <b>b</b> and <b>c(6)</b> ). ....                                                                                                                                                                       | <b>7d</b>    | 183002624 |
| <b>e</b> | Deductions:                                                                                                                                                                                                                                |              |           |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                            | <b>7e(1)</b> | 10761123  |
|          | (2) Administration charge made by carrier .....                                                                                                                                                                                            | <b>7e(2)</b> | 257435    |
|          | (3) Transferred to separate account .....                                                                                                                                                                                                  | <b>7e(3)</b> | 171667595 |
|          | (4) Other (specify below) .....                                                                                                                                                                                                            | <b>7e(4)</b> |           |
|          | ▶                                                                                                                                                                                                                                          |              |           |
|          | (5) Total deductions .....                                                                                                                                                                                                                 | <b>7e(5)</b> | 182686153 |
| <b>f</b> | Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....                                                                                                                                                         | <b>7f</b>    | 316471    |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |
| Specify nature of costs ▶                                                                                                                                                                                                       |            |  |

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 |                                                      |     |
| A Name of plan<br>ITT SALARIED INVESTMENT AND SAVINGS PLAN                                 | B Three-digit plan number (PN) ▶                     | 100 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500.<br>ITT CORPORATION                 | D Employer Identification Number (EIN)<br>13-5158950 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
NATIXIS FINANCIAL PRODUCTS

| (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     |
| 13-3995170 | 5239          | 1857-01                               |                                                                             | 01/01/2010              | 12/31/2010 |

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

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

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

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

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

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

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|          |                                                                                                                                                                                                                                            |              |           |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                              | <b>4</b>     |           |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....                                                                                                                                                | <b>5</b>     |           |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                            |              |           |
| <b>a</b> | State the basis of premium rates ▶                                                                                                                                                                                                         |              |           |
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                                                             | <b>6b</b>    |           |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                                                       | <b>6c</b>    |           |
| <b>d</b> | 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. ....<br>Specify nature of costs ▶                                      | <b>6d</b>    |           |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                                   |              |           |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>                                                                                                           |              |           |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                              |              |           |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ |              |           |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                              | <b>7b</b>    | 213322829 |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                               | <b>7c(1)</b> |           |
|          | (2) Dividends and credits .....                                                                                                                                                                                                            | <b>7c(2)</b> |           |
|          | (3) Interest credited during the year .....                                                                                                                                                                                                | <b>7c(3)</b> | 8347106   |
|          | (4) Transferred from separate account .....                                                                                                                                                                                                | <b>7c(4)</b> |           |
|          | (5) Other (specify below) .....                                                                                                                                                                                                            | <b>7c(5)</b> |           |
|          |                                                                                                                                                                                                                                            |              |           |
|          | (6) Total additions .....                                                                                                                                                                                                                  | <b>7c(6)</b> | 8347106   |
| <b>d</b> | Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....                                                                                                                                                                       | <b>7d</b>    | 221669935 |
| <b>e</b> | Deductions:                                                                                                                                                                                                                                |              |           |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                            | <b>7e(1)</b> |           |
|          | (2) Administration charge made by carrier .....                                                                                                                                                                                            | <b>7e(2)</b> | 1151998   |
|          | (3) Transferred to separate account .....                                                                                                                                                                                                  | <b>7e(3)</b> | 153079598 |
|          | (4) Other (specify below) .....                                                                                                                                                                                                            | <b>7e(4)</b> | 1148639   |
|          | ▶ MARKET VALUE ADJUSTMENT                                                                                                                                                                                                                  |              |           |
|          |                                                                                                                                                                                                                                            |              |           |
|          | (5) Total deductions .....                                                                                                                                                                                                                 | <b>7e(5)</b> | 155380235 |
| <b>f</b> | Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....                                                                                                                                                         | <b>7f</b>    | 66289700  |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

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

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

|                                                                                         |                                                                    |            |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>ITT SALARIED INVESTMENT AND SAVINGS PLAN</b>                | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>100</b> |
|                                                                                         |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ITT CORPORATION</b> | <b>D</b> Employer Identification Number (EIN)<br><b>13-5158950</b> |            |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| CAPITAL RESEARCH AND MANAGEMENT CO.                                                                               |
| 95-1411037                                                                                                        |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation  |
| EATON VANCE MANAGEMENT                                                                                            |
| 04-3101341                                                                                                        |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| AMERICAN CENTURY INVESTMENTS                                                                                      |
| 44-0640487                                                                                                        |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |

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

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

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

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

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

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

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

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

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

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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)

J.P. MORGAN INVESTMENT MGNT., INC.

13-3200244

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27 28 52 68                   | NONE                                                                                                     | 1052038                                                                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

DEUTSCHE BANK TRUST CO. AMERICAS

13-4941247

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27 28                         | NONE                                                                                                     | 650252                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

COLUMBUS CIRLE INVESTORS

06-1404803

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27 28                         | NONE                                                                                                     | 165173                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

T. ROWE PRICE ASSOCIATES, INC.

52-0556948

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 50 51 68                   | NONE                                                                                                     | 381369                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

MESIROW FINANCIAL INVESTMENT MNGT.

36-3429599

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27                            | NONE                                                                                                     | 74166                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

STATE STREET GLOBAL ADVISORS

04-1867445

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 18 19 51 52 68 99             | NONE                                                                                                     | 79110                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

GLOBAL CURRENTS INV. MGNT. LLC

26-1482415

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 51                            | NONE                                                                                                     | 93217                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

JENNISON ASSOCIATES LLC

52-2069785

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27                            | NONE                                                                                                     | 331243                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

ALLIANCEBERNSTEIN L.P.

13-4064930

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 51 68                         | NONE                                                                                                     | 1291019                                                                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

CHARLES SCHWAB &amp; CO., INC.

94-1737782

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 71                     | NONE                                                                                              | 40816                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

KORNITZER CAPITAL MANAGEMENT, INC.

48-1069845

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | NONE                                                                                              | 208091                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

ACS HR SOLUTIONS, LLC

04-3609848

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 70                  | NONE                                                                                              | 369923                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

DELOITTE &amp; TOUCHE LLP

13-3891517

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10                            | NONE                                                                                                     | 48500                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

DELOITTE TAX LLP

86-1065772

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10 70                         | NONE                                                                                                     | 6600                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

BUCK CONSULTANTS

13-3954297

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 70                            | NONE                                                                                                     | 157202                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

SUMMIT STRATEGIES

43-1708520

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 70                            | NONE                                                                                                     | 75000                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

WELLS FARGO BANK, N.A.

94-1347393

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 21                            | NONE                                                                                                     | 1138172                                                                       | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ALLIANZ FUNDS<br><br>33-0457728                                     | RANGE OF 0.01% - 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                          |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AKRE<br><br>54-1968332                                              | RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                   |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMANA<br><br>35-6447892                                             | RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                   |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| AMERICAN BEACON                                                     | RATE OF 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                   |                                           |
| 75-2401150                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| AMERICAN CENTURY INVESTMENTS                                        | RANGE OF 0.22%-0.32% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                            |                                           |
| 44-6006315                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| AMERICAN FUNDS                                                      | 0.32% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| 95-1411037                                                          |                                                                                                                                                                    |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| ARTISAN<br><br>39-1811840                                           | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| BARON CAPITAL GROUP<br><br>13-3122938                               | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| COHEN & STEERS<br><br>14-1904657                                    | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COLUMBIA<br><br>93-0577450                                          | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CROFT<br><br>52-1603329                                             | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DIREXION FUNDS<br><br>13-4143904                                    | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EATON VANCE<br><br>04-2718215                                       | 0.23% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FEDERATED<br><br>25-1111467                                         | RANGE OF 0.23%-0.27% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                            |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIRST EAGLE<br><br>13-3392291                                       | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| FMI FUNDS<br><br>39-1861095                                         | RANGE OF 0.36%-0.41% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| GABELLI<br><br>13-3340139                                           | RANGE OF 0.32%-0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| GUINNESS ATKINSON<br><br>98-0534338                                 | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HARBOR                                                              | 0.39% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |
| 04-2679462                                                          |                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICON FUNDS                                                          | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |
| 75-2676133                                                          |                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IVY FUNDS                                                           | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |
| 04-6006759                                                          |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JANUS<br><br>43-1804048                                             | 0.31% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JP MORGAN<br><br>13-2624428                                         | RANGE OF 0.22%-0.46% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                            |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| KINETICS<br><br>13-3878346                                          | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |

**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<br>(see instructions)                                                                                                                                                                               | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                                 | 59                                                                                                                                                                                                                    | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                                                                                                                                                                                                       |                                           |
| LAUDUS FUNDS                                                               | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br>0.23% OF AVERAGE DAILY BALANCE OF ASSETS |                                           |
| 94-3106735                                                                 |                                                                                                                                                                                                                       |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                                                                                                                                                                                                       |                                           |
| CHARLES SCHWAB & CO., INC.                                                 | 59                                                                                                                                                                                                                    | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                                                                                                                                                                                                       |                                           |
| LAZARD                                                                     | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br>0.36% OF AVERAGE DAILY BALANCE OF ASSETS |                                           |
| 20-4571006                                                                 |                                                                                                                                                                                                                       |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                                                                                                                                                                                                       |                                           |
| CHARLES SCHWAB & CO., INC.                                                 | 59                                                                                                                                                                                                                    | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                                                                                                                                                                                                       |                                           |
| MANNING & NAPIER                                                           | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br>0.36% OF AVERAGE DAILY BALANCE OF ASSETS |                                           |
| 16-0995736                                                                 |                                                                                                                                                                                                                       |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MARKETOCRACY FUNDS<br><br>77-0520626                                | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MATTHEWS ASIA FUNDS<br><br>94-3250972                               | RANGE OF 0.32%-0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                            |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MANAGERS FUNDS<br><br>06-1298481                                    | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| METROPOLITAN WEST FUNDS                                             | 0.32% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| 95-4597302                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| NATIXIS FUNDS                                                       | 0.32% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| 04-3200027                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| NORTH COAST                                                         | 0.46% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| 20-0902295                                                          |                                                                                                                                                                    |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| OAKMARK<br><br>04-3276558                                           | 0.32% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| PARNASSUS<br><br>94-6579180                                         | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| NIEMAN FUNDS<br><br>56-2328324                                      | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| PERMANENT PORTFOLIO                                                 | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| 94-2788165                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| QUANTITATIVE                                                        | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| 04-2789623                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| ROYCE                                                               | 0.41% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| 52-2343049                                                          |                                                                                                                                                                    |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| SCHWAB FUNDS                                                        | RANGE OF 0.02%-0.23% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                            |                                           |
| 94-3106735                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| SCOUT                                                               | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| 43-1270132                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| SELECTED FUNDS                                                      | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| 85-0360310                                                          |                                                                                                                                                                    |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| T. ROWE PRICE<br><br>52-2264646                                     | 0.01% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TCW<br><br>95-2749628                                               | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| THIRD AVENUE<br><br>01-0690900                                      | RANGE OF 0.36%-0.46% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                            |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| TOCQUEVILLE<br><br>13-3549887                                       | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| U.S. GLOBAL INVESTORS<br><br>74-1619375                             | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| WASATCH<br><br>87-0319391                                           | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                                                                                                                                                                                       | 59                                      | 0                                         |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>WELLS FARGO ADVANTAGE</p> <p>41-0449260</p>                                                                                                 |                                         |                                           |
| <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.36% OF AVERAGE DAILY BALANCE OF ASSETS</p> |                                         |                                           |
| CHARLES SCHWAB & CO., INC.                                                                                                                                                                                                       | 59                                      | 0                                         |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>WESTCORE</p> <p>84-1284659</p>                                                                                                              |                                         |                                           |
| <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.27% OF AVERAGE DAILY BALANCE OF ASSETS</p> |                                         |                                           |
| CHARLES SCHWAB & CO., INC.                                                                                                                                                                                                       | 59                                      | 0                                         |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>WILLIAM BLAIR</p> <p>36-2214610</p>                                                                                                         |                                         |                                           |
| <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.36% OF AVERAGE DAILY BALANCE OF ASSETS</p> |                                         |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                                  | 59                                                                                                                                                                 | 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. |                                           |
| YACKTMAN<br><br>36-3831621                                                  | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                                  | 59                                                                                                                                                                 | 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. |                                           |
| VAN ECK<br><br>13-3210061                                                   | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                                  | 59                                                                                                                                                                 | 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. |                                           |
| DOUBLELINE<br>333 SOUTH GRAND AVENUE<br>18TH FLOOR<br>LOS ANGELES, CA 90071 | 0.33% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DREYFUS<br><br>13-5673135                                           | 0.32% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DUNDEEWEALTH FUNDS<br><br>20-5021766                                | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FEDERATED<br><br>25-1111467                                         | RANGE OF 0.23%-0.27% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                            |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| FIDELITY INVESTMENTS                                                | 0.14% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| 06-1194217                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| FPA                                                                 | 0.05% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| 04-3118452                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 59                                                                                                                                                                 | 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. |                                           |
| GE ASSET MANAGEMENT                                                 | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |                                           |
| 06-1238874                                                          |                                                                                                                                                                    |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                              | 59                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RYDEXSGI<br><br>48-0409770                                          | 0.36% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                                           |

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2010</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                |                                                                            |            |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>ITT SALARIED INVESTMENT AND SAVINGS PLAN</u>                       | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>100</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>ITT CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>13-5158950</u>         |            |

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

|                                                                                           |                               |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTECH INSTITUTIONAL LARGE CAP</u>      |                               |                                                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>                |                               |                                                                                                                                                         |
| <b>c</b> EIN-PN <u>56-6593356-013</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>38605890</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN CHASE BANK US SMRT INDX FD</u> |                               |                                                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK</u>              |                               |                                                                                                                                                         |
| <b>c</b> EIN-PN <u>13-3637896-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>121755123</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN CHASE BK SMART RET 2010</u>    |                               |                                                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK</u>              |                               |                                                                                                                                                         |
| <b>c</b> EIN-PN <u>20-3063261-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>19887383</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN CHASE BK SMART RET 2015</u>    |                               |                                                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK</u>              |                               |                                                                                                                                                         |
| <b>c</b> EIN-PN <u>20-3063321-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>37589608</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN CHASE BK SMART RET 2020</u>    |                               |                                                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK</u>              |                               |                                                                                                                                                         |
| <b>c</b> EIN-PN <u>20-3063359-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>61465793</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN CHASE BK SMART RET 2025</u>    |                               |                                                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK</u>              |                               |                                                                                                                                                         |
| <b>c</b> EIN-PN <u>20-5819098-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>17877069</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN CHASE BK SMART RET 2030</u>    |                               |                                                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK</u>              |                               |                                                                                                                                                         |
| <b>c</b> EIN-PN <u>20-3063387-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>43716096</u></span>  |

|                                                                                 |                        |                                                                                                              |
|---------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CHASE BK SMART RET 2035 |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK           |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-5819181-001                                                  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11641039 |

|                                                                                 |                        |                                                                                                             |
|---------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CHASE BK SMART RET 2040 |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK           |                        |                                                                                                             |
| <b>c</b> EIN-PN 20-3063440-001                                                  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7265454 |

|                                                                                 |                        |                                                                                                             |
|---------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CHASE BK SMART RET 2045 |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK           |                        |                                                                                                             |
| <b>c</b> EIN-PN 20-5819388-001                                                  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7125187 |

|                                                                                 |                        |                                                                                                             |
|---------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CHASE BK SMART RET 2050 |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK           |                        |                                                                                                             |
| <b>c</b> EIN-PN 20-5819476-001                                                  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3838504 |

|                                                                                   |                        |                                                                                                              |
|-----------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CHASE BK SMART RET INCOME |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK             |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-3063490-001                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14164955 |

|                                                                                   |                        |                                                                                                              |
|-----------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN CHASE LONG TERM BOND FUND |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK             |                        |                                                                                                              |
| <b>c</b> EIN-PN 13-4027152-001                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73183402 |

|                                                                                  |                        |                                                                                                              |
|----------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET GLOBAL ADVISORS FUND |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET BANK              |                        |                                                                                                              |
| <b>c</b> EIN-PN 04-6013494-000                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15313319 |

|                                                                                        |                        |                                                                                                               |
|----------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMID SHORT MANAGED MATURING FUND     |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): DEUTSCHE BANK TRUST COMPANY AMERICAS |                        |                                                                                                               |
| <b>c</b> EIN-PN 13-6043638-078                                                         | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110756179 |

|                                                                                        |                        |                                                                                                               |
|----------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMID INTER. MANAGED MATURING FD.     |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): DEUTSCHE BANK TRUST COMPANY AMERICAS |                        |                                                                                                               |
| <b>c</b> EIN-PN 13-6043638-080                                                         | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119057651 |

|                                                                                        |                        |                                                                                                               |
|----------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMID ENHANCED INTER. FIXED INC.      |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): DEUTSCHE BANK TRUST COMPANY AMERICAS |                        |                                                                                                               |
| <b>c</b> EIN-PN 13-6043638-094                                                         | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 336557199 |

**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                                                                              |                                                                                                  |                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------|
| For calendar plan year 2010 or fiscal plan year beginning <span style="color:blue;">01/01/2010</span> and ending <span style="color:blue;">12/31/2010</span> |                                                                                                  |                                      |
| <b>A</b> Name of plan<br><span style="color:blue;">ITT SALARIED INVESTMENT AND SAVINGS PLAN</span>                                                           | <b>B</b> Three-digit plan number (PN) <span style="float:right;">►</span>                        | <span style="color:blue;">100</span> |
|                                                                                                                                                              |                                                                                                  |                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color:blue;">ITT CORPORATION</span>                                            | <b>D</b> Employer Identification Number (EIN)<br><br><span style="color:blue;">13-5158950</span> |                                      |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 19322                 | 163782          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    | 0                     |                 |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    | 0                     |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 3074972               | 3365470         |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    | 30716146              | 46821096        |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>    | 18340543              | 27280242        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> | 26689755              | 18011821        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> | 484900                | 0               |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> | 287155182             | 337585987       |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    | 27961382              | 30022036        |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 353765419             | 1039799851      |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 193789960             | 239895550       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 697382579             | 141900973       |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 20983659              | 16647077        |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 458024274             | 431958237       |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 2118388093            | 2333452122      |

**Liabilities**

|                                                                           |           |          |          |
|---------------------------------------------------------------------------|-----------|----------|----------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 4955     | 60874    |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |          |          |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |          |          |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 21771189 | 12452751 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 21776144 | 12513625 |

**Net Assets**

|                                                           |           |            |            |
|-----------------------------------------------------------|-----------|------------|------------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 2096611949 | 2320938497 |
|-----------------------------------------------------------|-----------|------------|------------|

**Part II Income and Expense Statement**

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

**Income****a Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 34821636   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 105798195  |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 6129336    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 146749167 |

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

|                                                                                                      |                 |          |          |
|------------------------------------------------------------------------------------------------------|-----------------|----------|----------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |          |          |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 3513192  |          |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 309791   |          |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |          |          |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> | 27171293 |          |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |          |          |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |          | 30994276 |

|                                                                                           |                 |          |          |
|-------------------------------------------------------------------------------------------|-----------------|----------|----------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |          |          |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |          |          |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 15518112 |          |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |          | 15518112 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                          |                 | (a) Amount | (b) Total |
|----------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....              | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                   | <b>2b(5)(B)</b> | 59855390   |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 59855390  |
| <b>(6)</b> Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 78668627  |
| <b>(7)</b> Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| <b>(8)</b> Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| <b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| <b>(10)</b> Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 27619210  |
| <b>c</b> Other income.....                                                                               | <b>2c</b>       |            | 6056      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....                  | <b>2d</b>       |            | 359410838 |

**Expenses**

|                                                                                            |              |           |           |
|--------------------------------------------------------------------------------------------|--------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |           |           |
| <b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....     | <b>2e(1)</b> | 155992883 |           |
| <b>(2)</b> To insurance carriers for the provision of benefits .....                       | <b>2e(2)</b> |           |           |
| <b>(3)</b> Other .....                                                                     | <b>2e(3)</b> |           |           |
| <b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....         | <b>2e(4)</b> |           | 155992883 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |           |           |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |           | 1322103   |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |           |           |
| <b>i</b> Administrative expenses: <b>(1)</b> Professional fees .....                       | <b>2i(1)</b> | 287302    |           |
| <b>(2)</b> Contract administrator fees .....                                               | <b>2i(2)</b> |           |           |
| <b>(3)</b> Investment advisory and management fees .....                                   | <b>2i(3)</b> | 3045482   |           |
| <b>(4)</b> Other .....                                                                     | <b>2i(4)</b> | 2829107   |           |
| <b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....  | <b>2i(5)</b> |           | 6161891   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |           | 163476877 |

**Net Income and Reconciliation**

|                                                                               |              |  |           |
|-------------------------------------------------------------------------------|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 195933961 |
| <b>l</b> Transfers of assets:                                                 |              |  |           |
| <b>(1)</b> To this plan.....                                                  | <b>2l(1)</b> |  | 28392587  |
| <b>(2)</b> From this plan .....                                               | <b>2l(2)</b> |  |           |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: DELOITTE & TOUCHE LLP

(2) EIN: 13-3891517

**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   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |          |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 15000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |          |

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

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

**5b(1)** Name of plan(s)

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

|                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| A Name of plan<br>ITT SALARIED INVESTMENT AND SAVINGS PLAN                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 | B Three-digit plan number (PN) 100                                                              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ITT CORPORATION                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 | D Employer Identification Number (EIN)<br>13-5158950                                            |
| 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):<br><br>EIN(s): 41-6257133                                                                                                  |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 | 3                                                                                               |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                   |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                             |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Schedule R (Form 5500) 2010 v.092308.1                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                 |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_



\*\*\*\*\*  
\* BOWNE EDGAR CONTROL SHEET \*  
\*\*\*\*\*

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<NOTIFY-INTERNET>Luanne.Czesak@itt.com

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SECURITIES AND EXCHANGE COMMISSION  
WASHINGTON, D.C. 20549

FORM 11-K

(Mark One)

☒ Annual Report pursuant to Section 15(d) of the Securities Exchange Act of 1934  
for the fiscal year ended December 31, 2010

OR

☐ Transition Report pursuant to Section 15(d) of the Securities Exchange Act of 1934  
for the transition period from \_\_\_\_\_ to \_\_\_\_\_

Commission File Number 1-5627

A. Full title of the plan and the address of the plan, if different from that of the issuer named below:

ITT SALARIED INVESTMENT AND SAVINGS PLAN

B. Name of issuer of the securities held pursuant to the plan and the address of its principal executive office:

ITT CORPORATION

1133 WESTCHESTER AVENUE, WHITE PLAINS, NY 10604

ITT SALARIED INVESTMENT AND SAVINGS PLAN

|                                                                                                                            | Page    |
|----------------------------------------------------------------------------------------------------------------------------|---------|
| <a href="#">REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM</a>                                                    | 1       |
| FINANCIAL STATEMENTS:                                                                                                      |         |
| <a href="#">Statements of Net Assets Available for Benefits as of December 31, 2010 and 2009</a>                           | 2       |
| <a href="#">Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2010</a>             | 3       |
| <a href="#">Notes to Financial Statements as of December 31, 2010 and 2009, and for the Year Ended December 31, 2010</a>   | 4 - 16  |
| SUPPLEMENTAL SCHEDULE-                                                                                                     |         |
| <a href="#">Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2010</a> | 17 - 44 |
| Exhibit 23 – Consent of Independent Registered Public Accounting Firm                                                      | 45      |
| <a href="#">EX-23</a>                                                                                                      |         |

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

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These financial statements have been prepared from the ITT Salaried Investment and Savings Plan’s books and records after making all necessary adjustments thereto, and they represent the final statements for the period ended December 31, 2010.

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the Investment and Savings Plan Committee has duly caused this annual report to be signed on its behalf by the undersigned hereunto duly authorized.

ITT SALARIED INVESTMENT AND SAVINGS PLAN

BY: /s/ Geovanna Chan  
Geovanna Chan  
Plan Administrator  
Director, Benefits Administration and Financial Reporting

June 15, 2011  
(Date)

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REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

To the Trustees and Members of the  
ITT Salaried Investment and Savings Plan  
New York, NY

We have audited the accompanying statements of net assets available for benefits of the ITT Salaried Investment and Savings Plan (the “Plan”) as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010. These financial statements are the responsibility of the Plan’s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with standards of the Public Company Accounting Oversight Board (United States). Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. The Plan is not required to have, nor were we engaged to perform, an audit of its internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan’s internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, such financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2010 and 2009, and the changes in net assets available for benefits for the year ended December 31, 2010 in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic 2010 financial statements taken as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2010 is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule is the responsibility of the Plan’s management. Such supplemental schedule has been subjected to the auditing procedures applied in our audits of the basic 2010 financial statements and, in our opinion, is fairly stated in all material respects when considered in relation to the basic 2010 financial statements taken as a whole.

/s/ Deloitte & Touche LLP

Stamford, CT

June 15, 2011

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ITT SALARIED INVESTMENT AND SAVINGS PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
(\$ IN THOUSANDS)

|                                                                                                | December 31, |             |
|------------------------------------------------------------------------------------------------|--------------|-------------|
|                                                                                                | 2010         | 2009        |
| Assets:                                                                                        |              |             |
| Investments:                                                                                   |              |             |
| Cash and cash equivalents                                                                      | \$ 27,058    | \$ 30,736   |
| Equities                                                                                       | 769,544      | 745,664     |
| Mutual funds                                                                                   | 239,896      | 193,790     |
| U.S. government securities                                                                     | 27,280       | 18,341      |
| Corporate bonds                                                                                | 18,012       | 26,690      |
| Guaranteed investment contracts                                                                | 728,199      | 697,382     |
| Common collective trusts                                                                       | 473,429      | 353,765     |
| Brokerage account                                                                              | 10,983       | 8,383       |
| Total investments                                                                              | 2,294,401    | 2,074,751   |
| Receivables:                                                                                   |              |             |
| Dividends                                                                                      | 2,377        | 2,265       |
| Interest                                                                                       | 401          | 515         |
| Unsettled security sales                                                                       | 588          | 293         |
| Member loans                                                                                   | 30,022       | 27,961      |
| Total receivables                                                                              | 33,388       | 31,034      |
| Non-member directed investments                                                                | 5,664        | 12,601      |
| Total assets                                                                                   | 2,333,453    | 2,118,386   |
| Liabilities:                                                                                   |              |             |
| Liability to plan sponsor                                                                      | 10,814       | 19,440      |
| Accrued financial services expense                                                             | 754          | 817         |
| Accrued administrative expense                                                                 | 189          | 220         |
| Unsettled security purchases                                                                   | 696          | 1,294       |
| Total liabilities                                                                              | 12,453       | 21,771      |
| NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE                                                | 2,321,000    | 2,096,615   |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | (26,930)     | (4,727)     |
| NET ASSETS AVAILABLE FOR BENEFITS                                                              | \$2,294,070  | \$2,091,888 |

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

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| ITT SALARIED INVESTMENT AND SAVINGS PLAN<br>STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS<br>(\$ IN THOUSANDS) |    | Year ended<br>December 31, 2010 |
|----------------------------------------------------------------------------------------------------------------------------|----|---------------------------------|
| Investment income:                                                                                                         |    |                                 |
| Net appreciation in fair value of investments                                                                              | \$ | 147,770                         |
| Interest                                                                                                                   |    | 25,762                          |
| Dividends                                                                                                                  |    | <u>15,518</u>                   |
| Total investment income                                                                                                    |    | <u>189,050</u>                  |
| Member loans:                                                                                                              |    |                                 |
| Interest                                                                                                                   |    | <u>1,409</u>                    |
| Contributions:                                                                                                             |    |                                 |
| Members                                                                                                                    |    | 105,798                         |
| Employer                                                                                                                   |    | <u>34,822</u>                   |
| Total contributions                                                                                                        |    | <u>140,620</u>                  |
| Rollovers:                                                                                                                 |    |                                 |
| Impact Science & Technology, Inc. 401K Plan transfer                                                                       |    | 28,389                          |
| Asset rollovers                                                                                                            |    | <u>6,134</u>                    |
|                                                                                                                            |    | <u>34,523</u>                   |
| DEDUCTIONS:                                                                                                                |    |                                 |
| Withdrawals and distributions                                                                                              |    | (157,259)                       |
| Investment management and administrative expenses                                                                          |    | <u>(6,161)</u>                  |
| Total deductions                                                                                                           |    | <u>(163,420)</u>                |
| INCREASE IN NET ASSETS                                                                                                     |    | 202,182                         |
| NET ASSETS AVAILABLE FOR BENEFITS:                                                                                         |    |                                 |
| Beginning of year                                                                                                          |    | <u>2,091,888</u>                |
| End of year                                                                                                                | \$ | <u><u>2,294,070</u></u>         |

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

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ITT SALARIED INVESTMENT AND SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS AS OF DECEMBER 31, 2010 AND 2009, AND  
FOR THE YEAR ENDED DECEMBER 31, 2010  
(\$ IN THOUSANDS)

1. DESCRIPTION OF THE PLAN

The following description of the ITT Salaried Investment and Savings Plan (the “Plan”) is provided for general information purposes only. Eligible employees, referred to herein as Members (“Members”), should refer to the Plan document for more complete information about the Plan.

**General**— The Plan is a defined contribution plan generally covering all regular salaried U.S. employees of ITT Corporation (the “Company” or the “Plan Sponsor”). Employees are eligible to join the Plan on the first day of the calendar month following completion of one month of service. Part-time /temporary employees are eligible as of the first of the month following the completion of at least 1,000 hours of service in an anniversary year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

**Contributions**—

**Employee**— A Member may generally elect to contribute 2% to 25% of base salary. A Member may designate their contributions as Before-Tax Contributions, After-Tax Contributions, or any combination of the two. A Member who is considered a Highly Compensated Employee (“HCE”) under the Plan may elect Plan contributions up to a maximum of 18% of base salary as either Before-Tax Contributions, After-Tax Contributions, or any combination. Member contributions are subject to the dollar limitation contained in Section 402(g) of the Internal Revenue Code (“IRC”). All salaried employees who first satisfy the eligibility requirements for participation in the Plan on or after January 1, 2006 and who have not elected a contribution rate, shall be deemed to have elected a 2% before-tax employee contribution rate, provided however, that at any time, such employee may elect to contribute at a different rate, including 0%, in accordance with the terms of the Plan.

**Employer**— An amount equal to 50% of a Member’s first 6% of base salary saved is matched by the Company. In addition, the Company contributes 1/2 of 1% of base salary to the Floor Company Contribution Account, as defined by the Plan, to each eligible Member. All Members have the ability to invest their Company contributions in any of the Plan’s investment options subject to the same limitations as the employee’s contributions.

Any contributions (employee and/or Company) directed by Members into the ITT Stock Fund, including future contributions to the Plan, are deposited into the Employee Stock Ownership account (“ESOP”). All dividends associated with the contributions held in the ESOP in the Plan are immediately 100% vested. In addition, Members can make an election regarding the payment of their ESOP dividends. Members can elect to have their ESOP dividends either reinvested in the ITT Stock Fund or paid to them in cash on a quarterly basis.

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The Plan limits the amount that may be held in the ITT Stock Fund to 20% of a Member’s total account balance. Members who hold 20% or more of their total account balance in the ITT Stock Fund at the end of any calendar quarter, will not be permitted to designate any future contributions (employee and Company) to the ITT Stock Fund, or transfer balances into that Fund, for the following calendar quarter. Members who hold less than 20% of their total account balance in the ITT Stock Fund may designate up to 20% of their future contributions (employee and Company) to the ITT Stock Fund, and may transfer balances into that Fund, provided that the balance in the ITT Stock Fund does not exceed 20% of the Member’s total account balance after the transfer.

The Plan also limits the amount that may be held in the Schwab Personal Choice Retirement Account to 20% of a Member’s total account balance.

**Investment Direction**— Members may direct employee contributions and Company contributions, in any whole percentage, among any of the Plan’s twenty-three investment options, and the Members can change their future contributions and reallocate accumulated investments in 1% increments on a daily basis among the twenty-three funds, however, limited to a maximum of four fund reallocations or transfers in any calendar month A reallocation or a transfer shall be defined as a single reallocation or a single transfer, or as a series of reallocations and/or transfers taking place on a single business day. The twenty-three funds are as follows:

- Stable Value Fund
- Long-Term Bond Fund
- JPMCB SmartRetirement Income Fund
- JPMCB SmartRetirement Fund 2010
- JPMCB SmartRetirement Fund 2015
- JPMCB SmartRetirement Fund 2020
- JPMCB SmartRetirement Fund 2025
- JPMCB SmartRetirement Fund 2030
- JPMCB SmartRetirement Fund 2035
- JPMCB SmartRetirement Fund 2040
- JPMCB SmartRetirement Fund 2045
- JPMCB SmartRetirement Fund 2050
- Balanced Fund
- Enhanced Equity Index Fund\*
- Large Cap Core Plus Fund\*
- Large Cap Value Fund\*
- Large Cap Growth Fund
- Global Equity Fund\*
- International Equity Fund
- Small Cap Value Fund
- Small Cap Growth Fund
- ITT Stock Fund
- Schwab Personal Choice Retirement Account (“PCRA”)

\* These options contain mutual fund investments.

Investment Manager Changes – On September 1, 2010, the Plan’s Large Cap Value Manager, Alliance Bernstein, was replaced with Eaton Vance Investment Managers.

Effective, September 1, 2010, the Small Cap Core Fund was eliminated . Any Member balance remaining in the Small Cap Core Fund at the end of trading on September 1, 2010, was transferred 50% to the Small Cap Value Fund and 50% to the Small Cap Growth Fund.

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**Member Accounts**— Each Member’s account is credited with the Member’s contributions, Company contributions, plan earnings or losses, and withdrawals, net of administrative expenses and investment management fees. Allocations are based on Member account balances, as defined in the Plan document. The benefit to which a Member is entitled is the benefit that can be provided from the Member’s vested account.

Plan accounts are valued and reconciled between the trustee and record keeper daily. Members can initiate transactions by using the Plan’s web site or by speaking to a Plan representative at the ITT Benefits Center (“Benefits Center”). A deferred Member is a Member who has terminated employment with the Company and has (i) elected to defer their account in the Plan, or (ii) not made any election prior to termination and, therefore, their account was automatically deferred in the Plan. A deferred Member is also the beneficiary of a deceased Member or deferred Member, or an alternate payee designated as such pursuant to a domestic relations order as qualified by the Plan.

**Vesting**— Members are immediately vested in their contributions and the Company floor contributions plus actual earnings thereon. Member’s interests in matching Company contributions vest according to the following schedule, except as noted previously with respect to dividends on ESOP shares which are 100% vested:

| Years of Service        | Non-forfeitable Percentage |
|-------------------------|----------------------------|
| Less than 1 year        | 0%                         |
| 1 but less than 2 years | 20%                        |
| 2 but less than 3 years | 40%                        |
| 3 but less than 4 years | 60%                        |
| 4 but less than 5 years | 80%                        |
| 5 or more years         | 100%                       |

**Forfeited Accounts**— At December 31, 2010 and 2009, forfeited nonvested accounts totaled \$1,078 and \$798, respectively. During the year ended December 31, 2010, forfeitures of \$1,078 were used to reduce employer contributions to the Plan.

**Member Loans**— A Member may request a loan in any specified whole dollar amount which must be at least one thousand dollars but which may not exceed the lesser of 50% of the vested account balance or fifty thousand dollars, reduced by the Member’s highest outstanding loan balance under all plans of the Company, if any, during the prior one-year period. The interest rate charged by the Plan is based on the prime rate plus 1%, as published in the Wall Street Journal on the first business day of the month in which the loan is originated, and remains the same throughout the term of the loan. General purpose loan terms range from one to sixty months. If the loan is used in the purchase of a primary residence, the loan term can be for a period of up to one hundred-eighty months. Members may have up to two loans outstanding at the same time. Loans to Members at December 31, 2010 and 2009 were \$30,022 and \$27,961, respectively. The loans are secured by the balance in the Member’s account. The loan amount is reduced by \$50 to cover the Plan’s loan origination fee.

A terminated Member may continue to make periodic repayment on their loans after separation by contacting the Benefits Center. However, no new loans can be requested after termination of employment.

**Payment of Benefits**— On termination of employment (including death, disability, or retirement), a Member or their surviving spouse beneficiary may elect to receive a lump-sum amount equal to the value of the Member’s vested interest in their account paid in cash or as a rollover to another qualified plan or an Individual Retirement Account (“IRA”), or periodic payments under one of two alternative

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installment options, as defined in the Plan document. In any case, a Member or their surviving spouse beneficiary whose vested account balance is more than five thousand dollars may elect to keep their account balance in the Plan until the year in which the Member reaches/would have reached age 70 1/2. During the calendar year in which the Member attains age 70 1/2, distribution from the Plan will commence in accordance with Section 401 (a) (9) of the IRC. Upon the death of a Member, with a non-spouse beneficiary, the distribution must be made within five years from the Member’s date of death in the form of a lump sum payment or annual fixed period installments, provided that the number of installments does not extend beyond five years from the date of the Member’s death. A non-spouse beneficiary who elects payment in the form of a lump sum, may elect that the payment be made as a rollover to a “special” IRA in accordance with the provisions of Section 402 (c)(11) of the IRC.

**Direct Rollover of Certain Distributions** — If a Member leaves the Company for any reason, the Member is entitled to receive a distribution of the total vested value of their account. The distribution can be in the form of a rollover as follows:

- (1) Elective Rollover — A Member may elect a rollover distribution paid directly to not more than two eligible retirement plans as specified by the Member.
- (2) Mandatory Rollover —

(A) If a Member’s account balance is greater than \$1,000 but less than \$5,001 and the Member fails to make an affirmative election to either receive the lump sum payment or have it directly rolled over to another qualified plan or an IRA within the election period, the account balance will be automatically rolled over to an IRA established in the Member’s name.

(B) If a Member’s account balance is \$1,000 or less and the Member fails to make an affirmative election to either receive the lump sum payment or have it directly rolled over to another qualified plan or an IRA within the election period, the account balance will be automatically paid out to the Member.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting**— The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“GAAP”). Certain amounts have been reclassified to conform to current year presentation.

**Use of Estimates** — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Risks and Uncertainties** — The Plan utilizes various investment instruments, including common stock, mutual funds, and a guaranteed investment contract. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. These risks could cause values realized on sale to differ from reported amounts in these financial statements.

**Investment Valuation and Income Recognition** — The Plan’s investments are measured at fair value except for its benefit-responsive investment contracts which are stated at fair value and then adjusted to contract value (Note 8). Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market members at the measurement date (i.e. an exit price). A more detailed description of the individual types of securities can be found in Note 3.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

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**Expenses**— The Plan pays for the administrative expenses of the Plan up to 0.25% of the market value of trust assets. In 2010, the Plan accrued .1167% of trust assets. These expenses are limited to services provided by unrelated vendors. The Company pays Plan administrative expenses which are not paid by the Plan. In addition to the administrative expense charge, an investment management fee is charged to each investment fund except for the ITT Stock Fund and the Schwab Personal Choice Retirement Account. In 2010 these investment management fees totaled \$3,109 and are reflected as a component of Investment Management and Administrative expense on the Statement of Changes in Net Assets Available For Benefits.

**Payment of Benefits**— Benefit payments to Members are recorded upon distribution. Amounts allocated to accounts of Members who have elected to withdraw from the Plan but have not yet been paid were \$61 and \$5 at December 31, 2010 and 2009, respectively.

**Member Loans** —Member loans are recorded at their unpaid principal balance plus any accrued but unpaid interest. In the event that a Member fails to make repayment for three consecutive months, the loan is considered to be in default. In the event default is declared, the outstanding loan balance and any accrued interest may be treated as a withdrawal prior to Termination of Employment subject to the withdrawal provisions outlined in the Plan document.

**Recent Accounting Pronouncements** — In September 2010, the Financial Accounting Standards Board (“FASB”) issued guidance specifying that member loans in defined contribution benefit plans should be classified as notes receivable from members, which are segregated from plan investments, and are measured at their unpaid principal balance plus any accrued but unpaid interest. Accordingly, member loans for all periods presented have been reclassified as receivables from members for all periods presented. These changes did not have a material effect on the Statement of Changes in Assets Available for Benefits.

In May 2011, the FASB issued guidance intended to achieve common fair value measurements and related disclosures between U.S. GAAP and international accounting standards. The amendments primarily clarify existing fair value guidance and therefore the amendments are not intended to change the application of existing fair value measurement guidance. However, the amendments include certain instances where a particular principle or requirement for measuring fair value or disclosing information about fair value measurements has changed. This guidance is effective for the periods beginning after December 15, 2011 and early application is prohibited. The requirements are not expected to have a material effect on the Plan’s fair value measurements.

3. FAIR VALUE MEASUREMENTS

The following is a description of the valuation methodologies and inputs used to measure fair value for major categories of investments.

- Cash equivalents and mutual funds —Fair value is measured at net asset value (“NAV”). Investments in cash equivalents and mutual funds are classified in Level 1 of the fair value hierarchy.
- Equities — Common and preferred stock is valued at the closing price reported on the major market on which the individual securities are traded at the measurement date. ITT Stock Fund invests primarily in ITT Corporation common stock, which is traded on the New York Stock Exchange (NYSE) under the ticker symbol (ITT) and is valued at its NAV. The NAV of the ITT Stock Fund is computed

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based on the closing price of ITT common stock reported by the NYSE at the measurement date, plus the NAV of the short-term money market included in the ITT Stock Fund, divided by the number of units outstanding. The money market portion of the ITT Stock Fund provides liquidity, which enables the Plan Members to transfer money daily among all investment choices. As all equity securities held by the Plan are publicly traded in active markets, the securities are classified within Level 1 of the fair value hierarchy.

- U.S. government securities and corporate bonds — U.S. government securities are generally valued using matrix pricing or fair value is estimated using quoted prices of securities with similar characteristics. Corporate bonds are generally valued by using pricing models (e.g., discounted cash flows), quoted prices of securities with similar characteristics or broker quotes. Investments in fixed income securities are classified in Level 2 of the fair value hierarchy.
- Guaranteed investment contracts — The Stable Value Fund includes traditional and synthetic guaranteed investment contracts (“GICs”). For a traditional GIC, the issuer of the GIC takes a deposit from the Plan and purchases investments that are held in the issuer’s general accounts. In return, the issuer of the GIC is obligated to repay the principal and specified interest guaranteed to the Plan. The fair value of a traditional GIC is generally estimated by discounting the related cash flows based on current yields of similar instruments with comparable durations. In a synthetic GIC structure, there are two components, an underlying investment and a wrapper contract. The underlying investments remain owned by the Plan and are measured at fair value based on the nature of the individual security. The fair value of wrapper contracts is generally estimated using a discounted replacement cost approach which incorporates the difference between current market rates for the identical wrapper contract (See Note 8) and wrap fees currently being charged by market members. Traditional GICs are classified in Level 2 of the fair value hierarchy. Investments held underlying a synthetic GIC are classified in the fair value hierarchy based on the nature of the underlying security, which is Level 2, and the wrapper contracts are classified in Level 3.
- Common collective trust (“CCTs”) — Common Collective Trusts are arrangements in which the funds of individual trusts are pooled to avail themselves of professional investment management and achieve greater diversification of investment, stability of income or other investment objectives. CCTs invest in debt and equity securities, the mix of which varies by Fund, and each CCT reports the NAV as of the measurement date. Fair value is estimated based on the NAV practical expedient described below. There are no unfunded commitments related to the CCTs and investments in CCTs can be redeemed on a daily basis. CCTs are classified in Level 2 of the fair value hierarchy.
- Brokerage Account — Securities held in the PCRA Brokerage account are valued at the closing price reported on the major market on which the individual securities are traded at the measurement date. These securities are classified in Level 1 of the fair value hierarchy.

In measuring plan assets at fair value, a fair value hierarchy is applied which categorizes and prioritizes the inputs used to estimate fair value into three levels. The fair value hierarchy is based on maximizing the use of observable inputs and minimizing the use of unobservable inputs when measuring fair value. Classification within the fair value hierarchy is based on the lowest level input that is significant to the fair value measurement. The three levels of the fair value hierarchy are defined as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2 inputs are other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs include quoted prices (in non-active markets or in active markets for similar assets or liabilities), inputs other than quoted prices that are observable, and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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- Level 3 inputs are unobservable inputs for the assets or liabilities.

In certain instances, fair value is estimated using quoted market prices obtained from an external pricing service. In obtaining such data from the pricing service, the Plan has evaluated the methodologies used to develop the estimate of fair value in order to assess whether such valuations are representative of fair value, including NAV. Additionally, in certain circumstances, the Plan may adjust NAV reported by an asset manager when sufficient evidence indicates NAV is not representative of fair value.

In September 2009, the Financial Accounting Standards Board provided investors with a practical expedient for measuring the fair value of investments in certain entities that calculate NAV. The practical expedient enables an entity holding investments in certain entities that calculate net asset value per share or its equivalent for which the fair value is not readily determinable, to measure the fair value of such investments on the basis of that net asset value per share or its equivalent without adjustment. The Plan adopted this guidance for the year ended December 31, 2009; however, application of the practical expedient did not have a material effect on the Plan’s fair value measurements. No adjustments to reported NAV reported by an asset manager have been recorded.

The following table sets forth by level within the fair value hierarchy a summary of the Plan’s investments measured at fair value on a recurring basis at December 31, 2010.

Fair Value Measurements at December 31, 2010

|                                 | Quoted Prices in<br>Active Markets<br>for Identical<br>Assets (Level 1) | Significant Other<br>Observable<br>Inputs (Level 2) | Significant<br>Unobservable<br>Inputs (Level 3) | Total       |
|---------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|-------------|
| Cash and cash equivalents       | \$ 27,058                                                               |                                                     |                                                 | \$ 27,058   |
| Equities and brokerage account  | 780,527                                                                 |                                                     |                                                 | 780,527     |
| Mutual funds                    | 239,896                                                                 |                                                     |                                                 | 239,896     |
| U.S. government securities      |                                                                         | \$ 27,280                                           |                                                 | 27,280      |
| Corporate bonds                 |                                                                         | 18,012                                              |                                                 | 18,012      |
| Guaranteed investment contracts | 21,787                                                                  | 704,860                                             | \$ 1,552                                        | 728,199     |
| Common collective trusts        |                                                                         | 473,429                                             |                                                 | 473,429     |
| Member directed investments     | 1,069,268                                                               | 1,223,581                                           | 1,552                                           | 2,294,401   |
| Non-Member directed investments | 26                                                                      | 5,638                                               |                                                 | 5,664       |
| Total                           | \$ 1,069,294                                                            | \$ 1,229,219                                        | \$ 1,552                                        | \$2,300,065 |

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Fair Value Measurements at December 31, 2009

|                                 | Quoted Prices in<br>Active Markets<br>for Identical<br>Assets (Level 1) | Significant Other<br>Observable<br>Inputs (Level 2) | Significant<br>Unobservable<br>Inputs (Level 3) | Total       |
|---------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|-------------|
| Cash and cash equivalents       | \$ 30,736                                                               |                                                     |                                                 | \$ 30,736   |
| Equities and brokerage account  | 754,047                                                                 |                                                     |                                                 | 754,047     |
| Mutual funds                    | 193,790                                                                 |                                                     |                                                 | 193,790     |
| U.S. government securities      |                                                                         | \$ 18,341                                           |                                                 | 18,341      |
| Corporate bonds                 |                                                                         | 26,690                                              |                                                 | 26,690      |
| Guaranteed investment contracts | 17,370                                                                  | 678,893                                             | \$ 1,119                                        | 697,382     |
| Common collective trusts        |                                                                         | 353,765                                             |                                                 | 353,765     |
| Member directed investments     | 995,943                                                                 | 1,077,689                                           | 1,119                                           | 2,074,751   |
| Non-Member directed investments | 1,100                                                                   | 11,501                                              |                                                 | 12,601      |
| Total                           | \$ 997,043                                                              | \$ 1,089,190                                        | \$ 1,119                                        | \$2,087,352 |

The following table presents a reconciliation of the beginning and ending balances of the fair value measurements using significant unobservable inputs (Level 3):

|                                     | Guaranteed<br>Investment<br>Contracts |
|-------------------------------------|---------------------------------------|
| Beginning balance — January 1, 2009 | \$ 27,151                             |
| Unrealized (losses)                 | (481)                                 |
| Transfers in and/or out of Level 3  | (25,551)                              |
| Beginning balance — January 1, 2010 | \$ 1,119                              |
| Unrealized gain                     | 433                                   |
| Ending balance — December 31, 2010  | \$ 1,552                              |

The Plan reports transfers within the fair value hierarchy as of the beginning of the period. The 2009 transfers primarily reflect adoption of the NAV practical expedient described above.

4. INVESTMENTS

The following presents investments that represent 5 percent or more of the Plan’s net assets available for benefits:

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|                                                                                                                        | 2010      | 2009      |
|------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| ITT Corporation Common Stock, 8,289,354 and 9,208,369 shares, respectively, at fair value                              | \$431,958 | \$458,024 |
| Pyramid Enhanced Intermediate Fixed Income Fund*                                                                       | \$336,557 | \$308,210 |
| American Global New Perspective Fund (Global Equity Fund), 5,409,023 and 5,497,803 shares, respectively, at fair value | \$154,806 | \$140,964 |
| JPMCB Smart Index Fund, 4,331,381 shares                                                                               | \$121,755 | **        |
| Pyramid Intermediate Managed Maturing Fund*                                                                            | \$119,058 | \$115,088 |
| Pyramid Short Managed Maturing Fund*                                                                                   | **        | \$117,026 |

- \* These investment contracts are part of the Stable Value fund investment option
- \*\* These investments did not represent 5% or more of the plan assets in the respective years.

During the year ended December 31, 2010, the Plan’s investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$147,770, as follows:

|                                               |                  |
|-----------------------------------------------|------------------|
| Equities                                      | \$ 59,855        |
| Mutual Funds                                  | 27,619           |
| U.S. Government Securities                    | 3,513            |
| Corporate Bonds                               | 310              |
| Common Collective Trusts                      | 56,466           |
| Other                                         | 7                |
| Net Appreciation in Fair Value of Investments | <u>\$147,770</u> |

5. SECURITIES LENDING

Through July 28, 2009, the Plan participated in a securities lending program through the trustee. Under this program, the Plan’s investment securities were loaned to investment bankers for a fee. On July 28, 2009, the Plan entered into a loan agreement with the Company for the purpose of unwinding the securities lending program and purchasing the collateral securities. The Plan repaid the collateral it held in return for the securities it had lent. As the value of the collateral held was less than the Plan’s obligation to return the collateral, the loan agreement described above was used to fund this collateral deficiency. As of July 28, 2009, the Plan no longer participates in the securities lending program. No plan member has realized a loss as a result of the collateral deficiency.

6. PLAN TRUSTEE

Fees paid by the Plan for trustee services provided by Wells Fargo Bank, NA amounted to \$373 for the year ended December 31, 2010.

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7. FEDERAL INCOME TAX STATUS

The IRS has determined and informed the Company by letter dated February 12, 2004 that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and the Plan and the related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan’s financial statements. The Plan was amended and restated in 2010 and an application for a determination letter was filed on January 31, 2011 under Filing Cycle E.

8. INVESTMENT CONTRACTS WITH INSURANCE AND OTHER FINANCIAL INSTITUTIONS

The Plan provides a self-managed stable value investment option to Members that includes synthetic GICs which simulate the performance of a GIC through an issuer’s guarantee of a specific interest rate (the wrapper contract) and a portfolio of financial instruments that are owned by the Plan. The synthetic GIC includes underlying assets which are held in trust owned by the Plan and utilizes benefit-responsive wrapper contracts issued by Bank of America, N.A., JP Morgan Chase Bank and Monumental Life Insurance Co. The contracts provide that the Members execute plan transactions at contract value. Contract value represents contributions made to the fund, plus earnings, less Member withdrawals.

The following investments are the underlying categories in the guaranteed investment contracts as of December 31, 2010 and 2009:

|                            | 2010             | 2009             |
|----------------------------|------------------|------------------|
| Cash and cash equivalents  | \$ 21,787        | \$ 17,370        |
| U.S. government securities | 93,230           | 83,919           |
| Corporate bonds            | 30,001           | 40,249           |
| Investment contracts       | 5,122            | 5,572            |
| Common collective trusts   | 566,371          | 540,324          |
| Other                      | 11,688           | 9,948            |
| Total                      | <u>\$728,199</u> | <u>\$697,382</u> |

The interest rates are reset quarterly based on market rates of other similar investments, the current yield of the underlying investments and the spread between the market value and contract value. The rate cannot be less than 0%. Certain events such as plan termination or a Plan merger initiated by the Company may limit the ability of the Plan to transact at contract value or may allow for the termination of the wrapper contract at less than current value. The Company does not believe that any events that may limit the ability of the Plan to transact at contract value are probable.

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|                                                   |       |       |
|---------------------------------------------------|-------|-------|
| Average yields:                                   |       |       |
| Based on year-end average yield of investment (1) | 2.53% | 3.29% |
| Based on average yield credited to Members (2)    | 3.42% | 3.44% |

- (1) Computed by market value sum of the funds holding times their respective yields, divided by the sum of the holdings as of the stated reporting date.
- (2) Computed by the sum of the book value holdings times the crediting rate for the fund divided by the market value of the fund.

The Statement of Net Assets Available for Benefits presents investment contracts at fair value, as well as providing an additional line item showing an adjustment from fair value to contract value for fully benefit-responsive investment contracts. The Statement of Changes in Net Assets Available for Benefits is presented on a contract value basis.

9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

At December 31, 2010 and 2009, the Plan held 8,289,354 and 9,208,369 shares outstanding, respectively, of common stock of the Company, with a cost basis of \$198,847 and \$219,964, respectively. During the year ended December 31, 2010, the Plan recorded related dividend income of \$8,530 and net appreciation of \$19,085.

Certain administrative functions are performed by the officers and employees of the Company (who may also be Members in the Plan) at no cost to the Plan.

At December 31, 2010 and 2009, Wells Fargo Bank, NA maintained short-term investments of \$46,169 and \$44,888, respectively.

Fees paid by the Plan for the investment management services were \$3,109 for the year-ended December 31, 2010.

In July of 2009, the Company entered into a loan agreement with the Plan for the purpose of unwinding the securities lending program and purchasing the collateral securities. The original loan amount was \$30.4 million of which \$10.8 million was outstanding at December 31, 2010.

These transactions are not deemed prohibited party-in-interest transactions, because they are covered by statutory or administrative exemptions from the IRC and ERISA’s rules on prohibited transactions.

10. PLAN TERMINATION

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

11. ASSET TRANSFERS/ROLLOVERS

During 2010, the assets of the Impact Science & Technology, Inc. 401 (K) Retirement Plan totaling \$28,389 were transferred into the Plan. In addition, \$6,134 was rolled over into the Plan.

12. SUBSEQUENT EVENTS

The JPMCB SmartRetirement Fund 2010 matured on December 31, 2010 and as a result was removed as an investment choice under the Plan on March 15, 2011. Any account balances remaining in this Fund on that date were automatically transferred to the JPMCB SmartRetirement Income Fund.

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On January 12, 2011, the Company announced plans to separate its businesses into three distinct, publicly traded companies. We expect this separation to have minimal to no impact on the members.

On March 15, 2011, the Pension Fund Trust and Investment Committee of the Company directed Wells Fargo to liquidate the remaining non-member directed investments and use the proceeds to pay down the liability to the Company. The liquidation is expected to be completed by June 30, 2011.

13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation of net assets available for benefits per the financial statements to the total net assets per the Form 5500 as of December 31, 2010 and 2009, and the increase (decrease) in net assets per the financial statements to the net income per the Form 5500 for the year ended December 31, 2010, is as follows:

|                                                                                                | As of<br>December 31,<br>2010 | 2009               |
|------------------------------------------------------------------------------------------------|-------------------------------|--------------------|
| Net assets available for benefits per the financial statements                                 | \$2,294,070                   | \$2,091,888        |
| Amounts allocated to withdrawing Members                                                       | (61)                          | (5)                |
| Adjustment from fair value to contract value for fully benefit responsive investment contracts | 26,930                        | 4,727              |
| Net assets available for benefits per the Form 5500                                            | <u>\$2,320,939</u>            | <u>\$2,096,610</u> |
|                                                                                                |                               |                    |
|                                                                                                | As of<br>December 31, 2010    |                    |
| Increase in net assets per financial statements                                                | \$ 202,182                    |                    |
| Adjustment from fair value to contract value for fully benefit responsive investment contracts | 22,203                        |                    |
| Add: Amounts allocated to withdrawing Members at December 31, 2009                             |                               | 5                  |
| Less: Amounts allocated to withdrawing Members at December 31, 2010                            |                               | (61)               |
| Net income per Form 5500                                                                       | <u>\$ 224,329</u>             |                    |

The following is a reconciliation of withdrawals and distributions to Members according to the financial statements to the Form 5500:

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|                                                                     | Year Ended<br>December 31, 2010 |
|---------------------------------------------------------------------|---------------------------------|
| Withdrawals and distributions per the financial statements          | \$ 157,259                      |
| Add: Amounts allocated to withdrawing Members at December 31, 2010  | 61                              |
| Less: Amounts allocated to withdrawing Members at December 31, 2009 | (5)                             |
| Less: Amounts deemed distributed for tax purposes in 2010           | (1,322)                         |
| Withdrawals and distributions per the Form 5500                     | <u>\$ 155,993</u>               |

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SCHEDULE H, PART IV, LEVEL 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2010

EIN: 13-5158950  
PN: 100

| (a) (b) Identity of Issuer, Borrower, Lesser or Similar Party | (c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value | (d) Cost | (e) Current Value |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------|-------------------|
| * Wells Fargo Short Term Investment Fund                      | Money Market                                                                                                    | **       | 26,242,895        |
| JP Morgan Liquidity Fund                                      | Money Market                                                                                                    | **       | 651,660           |
| * Wells Fargo Advantage Government                            | Money Market                                                                                                    | **       | 19,926,541        |
| Broker — New Zealand Dollar                                   | Cash — Invested in New Zealand Dollar                                                                           | **       | 12                |
| Broker — Euro                                                 | Cash — Invested in Euro                                                                                         | **       | 144               |
| Broker — Japanese Yen                                         | Cash — Invested in Japanese Yen                                                                                 | **       | 322               |
| Broker — Pound Sterling                                       | Cash — Invested in Pound Sterling                                                                               | **       | 739               |
| United States Dollars                                         | Cash — US Dollars                                                                                               | **       | 162,565           |
| ARMT 2005-1 5A2                                               | Collateralized Mortgage Obligation — Floater 0.59<br>January 25, 2011                                           | **       | 15,022            |
| BOAMS 2005—5 3A2                                              | Whole Loan 15 Year — 4.75 June 25, 2019                                                                         | **       | 201,936           |
| CSFB 2004-AR8 2A1                                             | Comm Pty — Securities 2.86 September 25, 2034                                                                   | **       | 152,078           |
| FG A29420                                                     | Federal Home Loan Mortgage Corporation 15 year 6.0<br>November 1, 2033                                          | **       | 127,648           |
| FG J10982                                                     | Federal Home Loan Mortgage Corporation 15 year 4.5<br>May 1, 2024                                               | **       | 711,251           |
| FGLMC 5 1/11                                                  | Federal Home Loan Mortgage Corporation Gold 30 year 5.0<br>February 1, 2040                                     | **       | 1,185,088         |
| FGLMC 5.5 1/11                                                | Federal Home Loan Mortgage Corporation Gold 30 year 5.5<br>June 1, 2040                                         | **       | 1,811,571         |
| FGLMC 6 1/11                                                  | Federal Home Loan Mortgage Corporation 30 year 6.0<br>July 1, 2040                                              | **       | 1,104,793         |
| FH 1B3170                                                     | Federal Home Loan Mortgage Corporation 7 year hybrid<br>5.61 December 1, 2011                                   | **       | 423,389           |
| FH 1G1999                                                     | Federal Home Loan Mortgage Corporation 7 year hybrid<br>5.37 July 1, 2014                                       | **       | 27,669            |
| FH 1G2061                                                     | Federal Home Loan Mortgage Corporation 7 year hybrid<br>5.43 July 1, 2014                                       | **       | 41,591            |
| FH 1J0453                                                     | Federal Home Loan Mortgage Corporation 7 year hybrid<br>5.49 June 1, 2014                                       | **       | 28,059            |
| FH 1J1749                                                     | Federal Home Loan Mortgage Corporation 7 year hybrid<br>5.45 June 1, 2014                                       | **       | 194,787           |
| FH 782758                                                     | Federal Home Loan Mortgage Corporation 7 year hybrid<br>5.74 November 1, 2013                                   | **       | 268,979           |
| FHR 2475F                                                     | Collateralized Mortgage Obligation — Floater 1.26<br>January 15, 2011                                           | **       | 287,694           |
| FHR 2766 SW                                                   | Collateralized Mortgage Obligation — INV IO 6.94<br>January 15, 2011                                            | **       | 1,743             |
| FRH 2931 GA                                                   | Collateralized Morgtgage Obligation — PAC 5.0<br>November 15, 2028                                              | **       | 143,306           |
| FHR 3036 NS                                                   | Collateralized Mortgage Obligation — INV IO 6.94<br>January 5, 2011                                             | **       | 26,389            |
| FHR 3349 MY                                                   | Collateralized Mortgage Obligation — Sequential 5.5<br>July 15, 2037                                            | **       | 1,301,322         |

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|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------|-------------------|
| FHS 237 S22                                                   | Collateralized Mortgage Obligation — INV IO 6.89 January 15, 2011                                               | **       | 157,672           |
| FHS 237 S23                                                   | Collateralized Mortgage Obligation — INV IO 6.84 January 15, 2011                                               | **       | 55,716            |
| FHS 240 S22                                                   | Collateralized Mortgage Obligation — INV IO 6.89 January 15, 2011                                               | **       | 171,113           |
| FN 254766                                                     | Federal National Mortgage Association 30 year 5.0 May 1, 2032                                                   | **       | 188,221           |
| FN 709705                                                     | Federal National Mortgage Association 30 year 5.0 February 1, 2032                                              | **       | 145,736           |
| FN 713985                                                     | Federal National Mortgage Association 30 year 5.0 October 1, 2032                                               | **       | 291,394           |
| FN 745327                                                     | Federal National Mortgage Association 30 year 6.0 March 1, 2035                                                 | **       | 745,481           |
| FN 831679                                                     | Federal National Mortgage Association 30 year 6.5 January 1, 2036                                               | **       | 146,138           |
| FN 888890                                                     | Federal National Mortgage Association 30 year 6.5 February 1. 2036                                              | **       | 123,980           |
| FN 889072                                                     | Federal National Mortgage Association 30 year 6.5 September 1, 2036                                             | **       | 1,103,503         |
| FN 889307                                                     | Federal National Mortgage Association 30 year 5.0 October 1, 2032                                               | **       | 575,496           |
| FN 889568                                                     | Federal National Mortgage Association 15 year 5.5 September 1, 2017                                             | **       | 1,248,282         |
| FN 908854                                                     | Federal National Mortgage Association 30 year 6.5 May 1, 2036                                                   | **       | 122,072           |
| FN 930796                                                     | Federal National Mortgage Association 30 year 5.0 March 1, 2033                                                 | **       | 406,009           |
| FN AC6082                                                     | Federal National Mortgage Association 15 year 4.5 July 1, 2024                                                  | **       | 461,810           |
| FN AD0249                                                     | Federal National Mortgage Association 30 year 5.5 March 1, 2032                                                 | **       | 1,187,270         |
| FNCI 3.5 1/11                                                 | Federal National Mortgage Association 15 year 3.5 July 1, 2025                                                  | **       | 956,536           |
| FNCI 4 1/11                                                   | Federal National Mortgage Association 15 year 4.0 July 1, 2024                                                  | **       | 1,513,865         |
| FNCL 4 1/11                                                   | Federal National Mortgage Association 30 year 4.0 September 1, 2039                                             | **       | 21,355,994        |
| FNCL 5 1/11                                                   | Federal National Mortgage Association 30 year 5.0 February 1, 2040                                              | **       | 431,013           |
| FNCL 5.5 1/11                                                 | Federal National Mortgage Association 30 year 5.5 June 1, 2040                                                  | **       | 2,695,997         |
| FNCL 6 1/11                                                   | Federal National Mortgage Association 30 year 6.0 July 1, 2040                                                  | **       | 1,048,839         |
| FNR 2002-81 SJ                                                | Collateralized Mortgage Obligation — INV IO 7.24 January 25, 2011                                               | **       | 23,171            |
| FNR 2006-43 G                                                 | Collateralized Mortgage Obligation — Sequential 6.5 September 25, 2033                                          | **       | 74,049            |
| FNR 2006-63 AB                                                | Collateralized Mortgage Obligation — Sequential 6.5 October 25, 2033                                            | **       | 44,718            |
| FNR 2006-63 AE                                                | Collateralized Mortgage Obligation — Sequential 6.5 October 25, 2033                                            | **       | 45,531            |
| FNR 2006-78-BC                                                | Collateralized Mortgage Obligation — Sequential 6.5 January 25, 2034                                            | **       | 74,124            |
| FNR 2010-116 BI                                               | Collateralized Mortgage Obligation — IO 5.0 August 25, 2020                                                     | **       | 192,030           |
| FNW 2003-W6 1A41                                              | Collateralized Mortgage Obligation — Sequential 5.4 October 25, 2042                                            | **       | 267,814           |
| G2 4679                                                       | Government National Mortgage Association II 30 year 5.0 April 1, 2040                                           | **       | 708,404           |

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EIN: 13-5158950  
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| (a) (b) Identity of Issuer, Borrower, Lesser or Similar Party | (c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value | (d) Cost | (e) Current Value |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------|-------------------|
| GN 713334                                                     | Government National Mortgage Association 30 year 4.5 April 1, 2039                                              | **       | 281,066           |
| GNSF 4 1/11                                                   | Government National Mortgage Association 30 year 4.0 February 1, 2040                                           | **       | 4,585,610         |
| GNSF 4.5 1/11                                                 | Governement National Mortgage Association 30 year 4.5 February 1, 2039                                          | **       | 1,951,684         |
| GNSF 5 1/11                                                   | Government National Mortgage Association 30 year 5.0 February 1, 2040                                           | **       | 1,307,650         |
| GNSF 6 1/11                                                   | Government National Mortgage Association 30 year 6.0 July 1, 2040                                               | **       | 648,723           |
| WAMU 2005-AR1 A2A1                                            | Collateralized Mortgage Obligation — Floater .60 January 25, 2011                                               | **       | 74,686            |
| WAMU 2005-AR15 A1A1                                           | Collateralized Mortgage Obligation — Floater .52 January 25, 2011                                               | **       | 145,139           |
| WAMU 2005-AR2 2A21                                            | Collateralized Mortgage Obligation — Floater .59 January 25, 2011                                               | **       | 51,837            |
| BANK OF SCOTLAND PLC                                          | Covered Bond 5.25 February 21, 2017                                                                             | **       | 332,643           |
| BSCMS 2004-PWR6 A4                                            | Commercial Mortgage Backed Security 4.52 December 11, 2011                                                      | **       | 308,440           |
| COMM 2007-FL14 A1                                             | Commercial Mortgage Backed Security .35 January 15, 2011                                                        | **       | 356,612           |
| GCCFC 2005-GG3 A4                                             | Commercial Mortgage Backed Security 4.8 December 10, 2014                                                       | **       | 349,675           |
| GECMC 2002-1A A3                                              | Commercial Mortgage Backed Security 6.27 April 10, 2012                                                         | **       | 761,435           |
| LBUBS 2006-C4 A4                                              | Commercial Mortgage Backed Security 5.88 May 15, 2016                                                           | **       | 287,630           |
| MSDWC 2002-TOP7 A2                                            | Commercial Mortgage Backed Security 5.98 May 15, 2012                                                           | **       | 1,346,636         |
| MSDWC 2003-HQ2 A2                                             | Commercial Mortgage Backed Security 4.92 February 12, 2013                                                      | **       | 317,712           |
| Credit Suisse USA, Inc.                                       | Cash Equivalent — 5.5 August 16, 2011                                                                           | **       | 126,229           |
| FANNIE MAE                                                    | Cash Equivalent — 6.25 February 1, 2011                                                                         | **       | 1,689,662         |
| FEDERAL HOME LOAN BANK                                        | Cash Equivalent — .16 January 11, 2011                                                                          | **       | 579,800           |
| FEDERAL HOME LOAN BANK                                        | Cash Equivalent — .23 January 26, 2011                                                                          | **       | 650,073           |
| FREDDIE MAC                                                   | Cash Equivalent — .25 January 21, 2011                                                                          | **       | 1,315,153         |
| General Electric Capital Corp.                                | Cash Equivalent — .36 February 15, 2011                                                                         | **       | 580,500           |
| ALLYA 2010-1 A2                                               | Asset Backed Security — Auto Prime Qual — .75 April 15, 2012                                                    | **       | 186,773           |
| COMET 2006-A4 A4                                              | Asset Backed Security — Card — .30 January 18, 2011                                                             | **       | 1,014,923         |
| COMNI 2099-A8 A8                                              | Asset Backed Security — Card — 2.36 January 18, 2011                                                            | **       | 1,413,843         |
| CWL-2003-5 MF1                                                | Asset Backed Security — Home Equity — 5.41 January 25, 2034                                                     | **       | 134,200           |
| CWL-2004-1 3A                                                 | Asset Backed Security — Home Equity — .54 January 25, 2011                                                      | **       | 933               |
| CWL 2004-13 MV1                                               | Asset Backed Security — Home Equity — .76 January 25, 2011                                                      | **       | 3,766             |
| FORDO 2009-A-A3B                                              | Asset Backed Security — Auto Prime Qual — 2.76 January 18, 2011                                                 | **       | 458,144           |
| MBART 2010-1 A2                                               | Asset Backed Security — Auto Prime Qual — .70 August 15, 2012                                                   | **       | 375,420           |

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|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------|-------------------|
| MEDL 2005-2G A                                                | Asset Backed Security — Global — .32 February 22, 2011                                                          | **       | 129,707           |
| OOMLT 2003-4 A2                                               | Asset Backed Security — Home Equity — .9 January 25, 2011                                                       | **       | 31,773            |
| OOMLT 2005-4 A3                                               | Asset Backed Security — Home Equity — .52 January 25, 2011                                                      | **       | 61,459            |
| OOMLT 2007-4 2A1                                              | Asset Backed Security — Home Equity — .35 January 25, 2011                                                      | **       | 31,260            |
| RAMP 2006-EFC1 A2                                             | Asset Backed Security — Home Equity — .46 January 25, 2011                                                      | **       | 94,984            |
| RASC 2004-KS12 M1                                             | Asset Backed Security — Home Equity — .79 January 25, 2011                                                      | **       | 105,908           |
| WAOT-2008-A A3A                                               | Asset Backed Security — Auto Prime Qual — 4.81 September 20, 2012                                               | **       | 89,526            |
| WFHET 2004-2 A16                                              | Asset Backed Security — Home Equity — 5.0 May 25, 2034                                                          | **       | 319,606           |
| US Treasury Bill                                              | Short Term US Treasury — January 13, 2011                                                                       | **       | 124,995           |
| US Dollar                                                     | Cash January 5, 2011                                                                                            | **       | (3,400,679)       |
| Verizon Communications                                        | Cash Equivalent — 5.35 February 15, 2011                                                                        | **       | 194,874           |
| US Treasury Bond                                              | US Government Security, Maturity — November 30, 2015                                                            | **       | 491,368           |
| US 10YR NOTE FUT Mar11                                        | US Treasury Note Futures 0 March 22, 2011                                                                       | **       | 20,390            |
| US 2YR NOTE (CBT) Mar11                                       | US Treasury Note Futures 0 March 31, 2011                                                                       | **       | (3,453)           |
| US 5YR NOTE (CBT) Mar11                                       | US Treasury Note Futures 0 March 31, 2011                                                                       | **       | (43,750)          |
| US LONG BOND(CBT) Mar11                                       | US Treasury Note Futures 0 March 22, 2011                                                                       | **       | (3,375)           |
| US TREASURY N/B                                               | US Treasury 2.25 November 30, 2017                                                                              | **       | 1,177,075         |
| US TREASURY N/B                                               | US Treasury 1.25 October 31, 2015                                                                               | **       | 4,316,290         |
| US TREASURY N/B                                               | US Treasury 1.25 September 30, 2015                                                                             | **       | 978,295           |
| US TREASURY N/B                                               | US Treasury .75 September 15, 2013                                                                              | **       | 9,329,113         |
| US TREASURY N/B                                               | US Treasury 2.5 June 30, 2017                                                                                   | **       | 1,122,852         |
| US TREASURY N/B                                               | US Treasury 1.88 June 30, 2015                                                                                  | **       | 8,749,168         |
| US TREASURY N/B                                               | US Treasury 2.12 May 31, 2015                                                                                   | **       | 778,623           |
| US TREASURY N/B                                               | US Treasury 2.38 February 28, 2015                                                                              | **       | 5,388,774         |
| US TREASURY N/B                                               | US Treasury 2.25 January 31, 2015                                                                               | **       | 331,513           |
| US TREASURY N/B                                               | US Treasury 8.75 May 15, 2017                                                                                   | **       | 1,514,456         |
| US TREASURY N/B                                               | US Treasury 8.00 November 15, 2021                                                                              | **       | 1,079,969         |
| US Treasury Bond                                              | US Government Security, Par — 3,000,000 Maturity 2/15/2019, Interest 8.875%                                     | **       | 4,315,314         |
| US Treasury Inflation-Index Bond                              | US Government Security, Par — 6,436,979.40 Maturity 1/15/2015, Interest 1.625%                                  | **       | 6,863,931         |

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|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------|-------------------|
| US Treasury Bond                                              | US Government Security, Par — 1,735,000 Maturity 11/15/2021, Interest 8.0%                                      | **       | 2,453,941         |
| US Treasury Note                                              | US Government Security, Par — 2,495,000 Maturity 1/31/2011, Interest .875%                                      | **       | 2,496,267         |
| US Treaasury Note                                             | US Government Security, Par — 2,965,000 Maturity 1/31/2012, Interest .875%                                      | **       | 2,981,562         |
| US Treasury Note                                              | US Government Security, Par — 5,150,000 Maturity 4/30/2012, Interest 1.0%                                       | **       | 5,191,664         |
| US Treasury Note                                              | US Government Security, Par — 2,520,000 Maturity 8/15/2012, Interest 1.75%                                      | **       | 2,571,778         |
| US Treasury Note                                              | US Government Security, Par — 385,000 Maturity 11/30/2012, Interest 3.375%                                      | **       | 405,784           |
| FANNIE MAE                                                    | Federal National Mortgage Association 2.38 July 28, 2015                                                        | **       | 2,944,661         |
| FANNIE MAE                                                    | Federal National Mortgage Association 4.88 December 15, 2016                                                    | **       | 584,075           |
| FANNIE MAE                                                    | Federal National Mortgage Association 4.62 May 1, 2013                                                          | **       | 969,042           |
| FANNIE MAE                                                    | Federal National Mortgage Association 5.25 August 1, 2012                                                       | **       | 1,117,429         |
| FARMER MAC GTD TR 07-1                                        | Federal Agricultural Mortgage Corporation 5.12 April 19, 2017                                                   | **       | 1,317,798         |
| FREDDIE MAC                                                   | Federal Home Loan Corporation 3.75 March 27, 2019                                                               | **       | 104,496           |
| FREDDIE MAC                                                   | Federal Home Loan Corporation 5.12 October 18, 2016                                                             | **       | 503,617           |
| Tennessee Valley Authority                                    | Tennessee Valley Authority 5.25 September 15, 2039                                                              | **       | 305,712           |
| Eurasina Development Bank                                     | Supranational 7.38 September 29, 2014                                                                           | **       | 109,760           |
| Federal Republic of Brazil                                    | Sovereign 6.0 January 17, 2017                                                                                  | **       | 492,504           |
| Republic of South Africa                                      | Sovereign 5.5 March 9, 2020                                                                                     | **       | 194,555           |
| Russian Foreign Bond                                          | Sovereign 3.62 April 29, 2015                                                                                   |          | 302,263           |
| Axis Capital Holdings                                         | Corporate Bond, Par — 3,000,000 Maturity 12/01/2014, Interest 5.750%                                            | **       | 3,190,086         |
| Bank of America Corp.                                         | Corporate Bond, Par — 2,120,000.000 Maturity 12/01/2015, Interest 5.250%                                        | **       | 2,155,724         |
| Comcast Corp.                                                 | Corporate Bond, Par — 2,200,000, Maturity 11/15/2017, Interest 6.3%                                             | **       | 2,518,886         |
| EOG Resources, Inc.                                           | Corporate Bond, Par — 2,180,000, Maturity 9/15/2017, Interest 5.875%                                            | **       | 2,472,159         |
| Home Depot                                                    | Corporate Bond, Par 2,390,000, Maturity 3/1/2016, Interest 5.4%                                                 | **       | 2,678,246         |
| Time Warner                                                   | Corporate Bond, Par — 2,340,000, Maturity 11/15/2016, Interest 5.875%                                           | **       | 2,641,198         |
| Wal-Mart Stores, Inc.                                         | Corporate Bond, Par — 2,050,000, Maturity 2/15/2018, Interest 5.8%                                              | **       | 2,355,522         |
| ALTRIA GROUP INC                                              | Corporate Bond 9.7 November 10, 2018                                                                            | **       | 353,236           |
| AMERICAN MOVIL SAB DE CV                                      | Corporate Bond 5.0 March 30, 2020                                                                               | **       | 599,690           |

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|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------|-------------------|
| ANGLOGOLD HOLDINGS PLC                                        | Corporate Bond 5.38 April 15, 2020                                                                              | **       | 367,972           |
| ANHEUSER-BUSCH INBEV WOR                                      | Corporate Bond 5.38 January 15, 2020                                                                            | **       | 105,295           |
| ANHEUSER-BUSCH INBEV WOR                                      | Corporate Bond 6.88 November 15, 2019                                                                           | **       | 186,125           |
| ANHEUSER-BUSCH INBEV WOR                                      | Corporate Bond 7.75 January 15, 2019                                                                            | **       | 115,208           |
| ANHEUSER-BUSCH INBEV WOR                                      | Corporate Bond 7.2 January 15, 2014                                                                             | **       | 229,475           |
| AT&T INC                                                      | Corporate Bond 6.7 November 15, 2013                                                                            | **       | 417,827           |
| BANK OF AMERICA CORP                                          | Corporate Bond 6.5 August 1, 2016                                                                               | **       | 472,675           |
| BANK OF AMERICA CORP                                          | Corporate Bond 4.5 April 1, 2015                                                                                | **       | 282,586           |
| BANK OF AMERICA CORP                                          | Corporate Bond 5.65 May 1, 2018                                                                                 | **       | 164,990           |
| BERKSHIRE HATHAWAY FIN                                        | Corporate Bond 4.5 January 15, 2013                                                                             | **       | 608,020           |
| BRITISH TELECOM PLC                                           | Corporate Bond 5.95 January 15, 2018                                                                            | **       | 252,440           |
| CANADIAN PACIFIC RR CO                                        | Corporate Bond 7.25 May 15, 2019                                                                                | **       | 221,783           |
| CAPITAL ONE BANK USA NA                                       | Corporate Bond 8.8 July 15, 2019                                                                                | **       | 317,654           |
| CENOVUS ENERGY INC                                            | Corporate Bond 4.5 September 15, 2014                                                                           | **       | 629,186           |
| CITIGROUP INC                                                 | Corporate Bond 5.38 August 9, 2020                                                                              | **       | 164,332           |
| CITIGROUP INC                                                 | Corporate Bond 5.5 October 15, 2014                                                                             | **       | 59,898            |
| CITIGROUP INC                                                 | Corporate Bond 8.5 May 22, 2019                                                                                 | **       | 31,266            |
| CITIGROUP INC                                                 | Corporate Bond 5.5 April 11, 2013                                                                               | **       | 420,050           |
| CITIGROUP INC                                                 | Corporate Bond 6.0 August 15, 2017                                                                              | **       | 44,295            |
| COMCAST CORP                                                  | Corporate Bond 6.3 November 15, 2017                                                                            | **       | 172,950           |
| CREDIT SUISSE NEW YORK                                        | Corporate Bond 5.5 May 1, 2014                                                                                  | **       | 403,624           |
| CREDIT SUISSE NEW YORK                                        | Corporate Bond 5.0 May 15, 2013                                                                                 | **       | 335,628           |
| CREDIT SUISSE USA INC                                         | Corporate Bond 6.0 February 15, 2018                                                                            | **       | 262,791           |
| DCP MIDSTREAM LLC                                             | Corporate Bond 5.35 March 15, 2020                                                                              | **       | 189,394           |
| DCP MIDSTREAM LLC                                             | Corporate Bond 9.75 March 15, 2019                                                                              | **       | 211,365           |
| DIAGEO CAPITAL PLC                                            | Corporate Bond 5.2 January 30, 2013                                                                             | **       | 253,050           |
| DISCOVERY COMMUNICATIONS                                      | Corporate Bond 3.7 June 1, 2015                                                                                 | **       | 623,052           |
| ENTERGY ARKANSAS INC.                                         | Corporate Bond 3.75 February 15, 2021                                                                           | **       | 183,933           |
| ENTERPRISE PRODUCTS OPER                                      | Corporate Bond 3.7 June 1, 2015                                                                                 | **       | 429,380           |
| GENERAL ELECTRIC CO                                           | Corporate Bond 5.25 December 6, 2017                                                                            |          | 715,268           |

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| GOLD FIELDS OROGEN HOLD                                       | Corporate Bond 4.88 October 7, 2020                                                                             | **       | 193,602           |
| GOLDMAN SACHS GROUP INC                                       | Corporate Bond 3.7 August 1, 2015                                                                               | **       | 36,212            |
| GOLDMAN SACHS GROUP INC                                       | Corporate Bond 6.15 April 1, 2018                                                                               | **       | 217,731           |
| GOLDMAN SACHS GROUP INC                                       | Corporate Bond 5.95 January 18, 2018                                                                            | **       | 261,278           |
| GRUPO BIMBO SAB DE CV                                         | Corporate Bond 4.88 June 30, 2020                                                                               | **       | 180,729           |
| HEALTH CARE REIT INC                                          | Corporate Bond 4.7 September 15, 2017                                                                           | **       | 232,483           |
| HSBC FINANCE CORP                                             | Corporate Bond 5.0 June 30, 2015                                                                                | **       | 154,039           |
| HUTCHISON WHAM INT 09/16                                      | Corporate Bond 4.62 September 11, 2015                                                                          | **       | 212,803           |
| IBM CORP                                                      | Corporate Bond 7.62 October 15, 2018                                                                            | **       | 328,709           |
| INTERNATIONAL PAPER CO                                        | Corporate Bond 7.95 June 15, 2018                                                                               | **       | 286,439           |
| JOHN DEERE CAPITAL CORP                                       | Corporate Bond 4.5 April 3, 2013                                                                                | **       | 345,791           |
| KINDER MORGAN ENER PART                                       | Corporate Bond 5.85 September 15, 2012                                                                          | **       | 386,764           |
| KRAFT FOODS INC                                               | Corporate Bond 5.38 February 10, 2020                                                                           | **       | 137,165           |
| KRAFT FOODS INC                                               | Corporate Bond 6.0 February 11, 2013                                                                            | **       | 1,241,412         |
| KROGER CO/THE                                                 | Corporate Bond 6.15 January 15, 2020                                                                            | **       | 203,266           |
| LG&E & KU ENERGY LLC                                          | Corporate Bond 3.75 November 15, 2020                                                                           | **       | 157,927           |
| MET LIFE GLOB FUNDING I                                       | Corporate Bond 5.12 April 10, 2013                                                                              | **       | 337,357           |
| MET LIFE INC                                                  | Corporate Bond 6.75 June 1, 2016                                                                                | **       | 227,290           |
| MIDAMERICAN ENERGY CO                                         | Corporate Bond 5.95 July 15, 2017                                                                               | **       | 140,293           |
| MORGAN STANLEY                                                | Corporate Bond 3.45 November 2, 2015                                                                            | **       | 308,892           |
| MORGAN STANLEY                                                | Corporate Bond 5.5 January 26, 2020                                                                             | **       | 15,476            |
| MORGAN STANLEY                                                | Corporate Bond 6.0 May 13, 2014                                                                                 | **       | 576,894           |
| MORGAN STANLEY                                                | Corporate Bond 5.45 January 9, 2017                                                                             | **       | 85,044            |
| MORGAN STANLEY                                                | Corporate Bond 5.3 March 1, 2013                                                                                | **       | 324,985           |
| NATIONWIDE BUILDING SOCIETY                                   | Corporate Bond 4.65 February 25, 2015                                                                           | **       | 312,449           |
| NBC UNIVERSAL                                                 | Corporate Bond 4.38 April 1, 2021                                                                               | **       | 372,848           |
| NEVADA POWER CO                                               | Corporate Bond 7.12 March 15, 2019                                                                              | **       | 203,814           |
| NEW CINGULAR WIRELESS SV                                      | Corporate Bond 8.12 May 1, 2012                                                                                 | **       | 331,778           |
| NISOURCE FINANCE CORP                                         | Corporate Bond 6.8 January 15, 2019                                                                             | **       | 261,438           |
| NORTHERN TRUST COMPANY                                        | Corporate Bond 6.5 August 15, 2018                                                                              | **       | 364,102           |

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| ONEOK PARTNERS LP                                             | Corporate Bond 5.9 April 1, 2012                                                                                | **       | 176,690           |
| ORACLE CORP                                                   | Corporate Bond 5.0 July 8, 2019                                                                                 | **       | 443,613           |
| PACIFIC GAS AND ELECTRIC                                      | Corporate Bond 3.5 October 1, 2020                                                                              | **       | 384,900           |
| PACIFICORP                                                    | Corporate Bond 5.65 July 15, 2018                                                                               | **       | 93,647            |
| PHILIP MORRIS INTL INC                                        | Corporate Bond 5.65 May 16, 2018                                                                                | **       | 289,294           |
| PLAINS ALL AMER PIPELINE                                      | Corporate Bond 3.95 September 15, 2015                                                                          | **       | 303,023           |
| PLAINS ALL AMER PIPELINE                                      | Corporate Bond 5.75 January 15, 2020                                                                            | **       | 109,165           |
| PLAINS ALL AMER PIPELINE                                      | Corporate Bond 6.5 May 1, 2018                                                                                  | **       | 146,979           |
| PRICOA GLOBAL FUNDING 1                                       | Corporate Bond 5.4 October 18, 2012                                                                             | **       | 524,586           |
| PROGRESS ENERGY INC                                           | Corporate Bond 4.88 December 1, 2019                                                                            | **       | 237,041           |
| PRUDENTIAL FINANCIAL INC                                      | Corporate Bond 7.38 June 15, 2019                                                                               | **       | 266,021           |
| ROCHE HLDGS INC                                               | Corporate Bond 6.0 March 1, 2019                                                                                | **       | 201,083           |
| SHELL INTERNATIONAL FIN                                       | Corporate Bond 3.1 June 28, 2015                                                                                | **       | 205,441           |
| STANDARD CHARTERED PLC                                        | Corporate Bond 5.5 November 18, 2014                                                                            | **       | 566,973           |
| SUNCOR ENERGY INC                                             | Corporate Bond 6.1 June 1, 2018                                                                                 | **       | 479,270           |
| SVENSKA HANDELSBANKEN AB                                      | Corporate Bond 4.88 June 10, 2014                                                                               | **       | 612,853           |
| TECO FINANCE INC                                              | Corporate Bond 5.15 March 15, 2020                                                                              | **       | 199,867           |
| TELECOM ITALIA CAPITAL                                        | Corporate Bond 6.18 June 18, 2014                                                                               | **       | 117,227           |
| TELEFONICA EMISIONES SAU                                      | Corporate Bond 5.13 April 27, 2020                                                                              | **       | 102,046           |
| TELEFONICA EMISIONES SAU                                      | Corporate Bond 5.86 February 4, 2013                                                                            | **       | 523,966           |
| TIME WARNER CABLE INC                                         | Corporate Bond 7.5 Aprul 1, 2014                                                                                | **       | 716,818           |
| TYCO/TYCO INTL FIN SA                                         | Corporate Bond 7.0 December 15, 2019                                                                            | **       | 208,698           |
| UBS AG STAMFORD CT                                            | Corporate Bond 5.75 April 25, 2018                                                                              | **       | 213,968           |
| UBS AG STAMFORD CT                                            | Corporate Bond 5.88 December 20, 2017                                                                           | **       | 137,703           |
| UNITED HEALTHCARE GROUP INC                                   | Corporate Bond 3.88 October 15, 2020                                                                            | **       | 206,641           |
| VERIZON COMMUNICATIONS                                        | Corporate Bond 6.35 April 1, 2019                                                                               | **       | 210,605           |
| VERIZON COMMUNICATIONS                                        | Corporate Bond 5.25 April 15, 2013                                                                              | **       | 444,840           |
| VIRGINIA ELEC & POWER CO                                      | Corporate Bond 5.1 November 30, 2012                                                                            | **       | 307,556           |
| WAL-MART STORES INC                                           | Corporate Bond 5.8 February 15, 2018                                                                            | **       | 105,386           |
| WATSON PHARMACEUTICALS                                        | Corporate Bond 6.12 August 15, 2019                                                                             | **       | 209,138           |

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| WESTPAC BANKING CORP                                          | Corporate Bond 4.2 February 27, 2015                                                                            | **       | 281,965           |
| WILLIAMS PARTNERS LP/WIL                                      | Corporate Bond 7.25 February 1, 2017                                                                            | **       | 578,473           |
| XCEL ENERGY INC                                               | Corporate Bond 4.7 May 15, 2020                                                                                 | **       | 243,344           |
| XTO ENERGY, INC.                                              | Corporate Bond 4.625 June 15, 2013                                                                              | **       | 72                |
| XSTRATA FINANCE CANADA                                        | Corporate Bond 5.8 November 15, 2016                                                                            | **       | 160,131           |
| DISCOVER BANK                                                 | Corporate High Yield 8.7 November 18, 2019                                                                      | **       | 296,876           |
| LEHMAN BROS CAP TR VII                                        | Corporate High Yield 5.86 May 31, 2012                                                                          | **       | 33                |
| 1st Pacific Co.                                               | Common Stock                                                                                                    | **       | 39,000            |
| 3M Company                                                    | Common Stock                                                                                                    | **       | 964,834           |
| 99 Cents Only Stores                                          | Common Stock                                                                                                    | **       | 757,581           |
| Abbott Laboratories                                           | Common Stock                                                                                                    | **       | 1,068,728         |
| Accenture PLC                                                 | Common Stock                                                                                                    | **       | 518,843           |
| Acxiom Corp.                                                  | Common Stock                                                                                                    | **       | 661,939           |
| Adobe Sys. Inc.                                               | Common Stock                                                                                                    | **       | 446,310           |
| Adtran Inc                                                    | Common Stock                                                                                                    | **       | 1,328,002         |
| Advanced Micro Devices, Inc.                                  | Common Stock                                                                                                    | **       | 164,418           |
| Advantest Corporation JPY50                                   | Common Stock                                                                                                    | **       | 218,592           |
| AES Corporation                                               | Common Stock                                                                                                    | **       | 459,186           |
| AFLAC                                                         | Common Stock                                                                                                    | **       | 124,146           |
| Agilent Technologies Inc                                      | Common Stock                                                                                                    | **       | 812,028           |
| Agnico Eagle Mines Ltd                                        | Common Stock                                                                                                    | **       | 161,070           |
| Air Products and Chemicals Inc.                               | Common Stock                                                                                                    | **       | 45,475            |
| Akami Technologies                                            | Common Stock                                                                                                    | **       | 65,870            |
| Akzo Nobel Eur 2.0                                            | Common Stock                                                                                                    | **       | 371,675           |
| Align Technology, Inc.                                        | Common Stock                                                                                                    | **       | 1,393,202         |
| Allegheny Energy                                              | Common Stock                                                                                                    | **       | 215,736           |
| Allergan Inc                                                  | Common Stock                                                                                                    | **       | 645,498           |
| Allstate Corp.                                                | Common Stock                                                                                                    | **       | 427,192           |
| Alpha Natural Resources, Inc.                                 | Common Stock                                                                                                    | **       | 102,051           |
| Altria Group Inc                                              | Common Stock                                                                                                    | **       | 334,832           |

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| Amazon.com Inc                                                | Common Stock                                                                                                    | **       | 2,113,020         |
| American Electric Power Inc                                   | Common Stock                                                                                                    | **       | 111,538           |
| American Express Company                                      | Common Stock                                                                                                    | **       | 1,334,812         |
| American Medical Systems Holdings Inc                         | Common Stock                                                                                                    | **       | 809,094           |
| American States Water Company                                 | Common Stock                                                                                                    | **       | 513,810           |
| American Tower Systems Corporation Class A                    | Common Stock                                                                                                    | **       | 289,184           |
| Amerisourcebergen Corp.                                       | Common Stock                                                                                                    | **       | 146,716           |
| Ameristar Casinos Inc                                         | Common Stock                                                                                                    | **       | 720,934           |
| Amgen Inc                                                     | Common Stock                                                                                                    | **       | 2,711,456         |
| Amylin Pharmaceuticals Inc.                                   | Common Stock                                                                                                    | **       | 913,123           |
| Anadarko Petroleum Corp.                                      | Common Stock                                                                                                    | **       | 106,624           |
| Anglo American PLC                                            | Common Stock                                                                                                    | **       | 447,024           |
| Anheuser Busch Inbev SA, Bruxell NPV                          | Common Stock                                                                                                    | **       | 202,112           |
| Anheuser Busch Inbev SA, Strip VVPR                           | Common Stock                                                                                                    | **       | 7                 |
| Aon Corporation                                               | Common Stock                                                                                                    | **       | 455,499           |
| Apache Corp.                                                  | Common Stock                                                                                                    | **       | 2,082,471         |
| Apollo Group Inc                                              | Common Stock                                                                                                    | **       | 446,198           |
| Apple Inc                                                     | Common Stock                                                                                                    | **       | 4,997,100         |
| Applied Industrial Technologies, Inc.                         | Common Stock                                                                                                    | **       | 710,533           |
| Applied Material Inc                                          | Common Stock                                                                                                    | **       | 786,800           |
| Arch Capital Group, Ltd.                                      | Common Stock                                                                                                    | **       | 187,547           |
| Arch Coal, Inc.                                               | Common Stock                                                                                                    | **       | 1,612,795         |
| Archer Daniels Midland Co.                                    | Common Stock                                                                                                    | **       | 117,312           |
| Assisted Living Concepts, Inc.                                | Common Stock                                                                                                    | **       | 31,392            |
| AT&T                                                          | Common Stock                                                                                                    | **       | 2,519,923         |
| Athenahealth, Inc.                                            | Common Stock                                                                                                    | **       | 1,322,630         |
| Autodesk Inc.                                                 | Common Stock                                                                                                    | **       | 202,460           |
| Automatic Data Processing Inc                                 | Common Stock                                                                                                    | **       | 286,473           |
| Autozone, Inc.                                                | Common Stock                                                                                                    | **       | 381,626           |
| Avalon Bay Communities, Inc.                                  | Common Stock                                                                                                    | **       | 56,275            |

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| Avon Products, Inc.                                           | Common Stock                                                                                                    | **       | 367,028           |
| AXA Europe 2.29                                               | Common Stock                                                                                                    | **       | 171,632           |
| Axis Capital Holdings Ltd.                                    | Common Stock                                                                                                    | **       | 1,336,530         |
| Baker Hughes Inc                                              | Common Stock                                                                                                    | **       | 511,214           |
| Banco Santander SA Europe 0.5                                 | Common Stock                                                                                                    | **       | 257,768           |
| Bank of New York Mellon Corp                                  | Common Stock                                                                                                    | **       | 295,960           |
| Bank of America Corp                                          | Common Stock                                                                                                    | **       | 1,213,633         |
| Barclays                                                      | Common Stock                                                                                                    | **       | 169,445           |
| Bard C R Inc                                                  | Common Stock                                                                                                    | **       | 183,540           |
| Barrick Gold Corp                                             | Common Stock                                                                                                    | **       | 164,858           |
| BASF SE NPV                                                   | Common Stock                                                                                                    | **       | 115,929           |
| Baxter International Inc                                      | Common Stock                                                                                                    | **       | 328,018           |
| Bed Bath & Beyond Inc                                         | Common Stock                                                                                                    | **       | 1,209,090         |
| Bendigo and Adelaide Bank Ltd NPV                             | Common Stock                                                                                                    | **       | 78,534            |
| Berkshire Hathaway, Inc.                                      | Common Stock                                                                                                    | **       | 1,129,551         |
| Bezeq Israeli Telecommunica ILS                               | Common Stock                                                                                                    | **       | 231,523           |
| BG Group GBP                                                  | Common Stock                                                                                                    | **       | 296,856           |
| Biogen Idec Inc.                                              | Common Stock                                                                                                    | **       | 147,510           |
| H&R Block, Inc                                                | Common Stock                                                                                                    | **       | 107,190           |
| BNP Paribas Eur 2.0                                           | Common Stock                                                                                                    | **       | 347,458           |
| Boeing Co                                                     | Common Stock                                                                                                    | **       | 728,954           |
| Borg Warner, Inc.                                             | Common Stock                                                                                                    | **       | 1,404,146         |
| Boston Scientific Corp.                                       | Common Stock                                                                                                    | **       | 124,905           |
| Bridgestone Co. JPY                                           | Common Stock                                                                                                    | **       | 203,145           |
| Bristol Myers Squibb Co                                       | Common Stock                                                                                                    | **       | 847,360           |
| Broadcom Corporation                                          | Common Stock                                                                                                    | **       | 1,262,950         |
| Brookline Bancorp, Inc.                                       | Common Stock                                                                                                    | **       | 514,431           |
| Bunge Limited                                                 | Common Stock                                                                                                    | **       | 1,620,048         |
| CH Robinson Worldwide Inc                                     | Common Stock                                                                                                    | **       | 152,361           |
| C&C Group PLC Eur                                             | Common Stock                                                                                                    | **       | 186,386           |

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| CA, Inc.                                                      | Common Stock                                                                                                    | **       | 596,092           |
| Cablevision NY Group                                          | Common Stock                                                                                                    | **       | 175,968           |
| Cabot Microelectronics Corp                                   | Common Stock                                                                                                    | **       | 820,420           |
| Cabot Oil & Gas Corp.                                         | Common Stock                                                                                                    | **       | 1,224,145         |
| Calpine Corporation                                           | Common Stock                                                                                                    | **       | 158,746           |
| Cameron International Corporation                             | Common Stock                                                                                                    | **       | 1,578,870         |
| Campbell Soup Co.                                             | Common Stock                                                                                                    | **       | 159,850           |
| Capella Education Co.                                         | Common Stock                                                                                                    | **       | 396,151           |
| Career Education Corporation                                  | Common Stock                                                                                                    | **       | 1,152,070         |
| Carmax Inc.                                                   | Common Stock                                                                                                    | **       | 47,820            |
| Carnival PLC                                                  | Common Stock                                                                                                    | **       | 299,715           |
| Caterpillar Inc                                               | Common Stock                                                                                                    | **       | 1,517,292         |
| Cathay Bancorp Inc.                                           | Common Stock                                                                                                    | **       | 708,314           |
| CB Richard Ellis Group, Inc.                                  | Common Stock                                                                                                    | **       | 63,488            |
| CDN Natural Resources                                         | Common Stock                                                                                                    | **       | 279,852           |
| Celanese Corp                                                 | Common Stock                                                                                                    | **       | 1,109,079         |
| Celgene Corp                                                  | Common Stock                                                                                                    | **       | 1,328,876         |
| Centerpoint Energy Inc                                        | Common Stock                                                                                                    | **       | 341,124           |
| Cephalon Inc                                                  | Common Stock                                                                                                    | **       | 74,064            |
| Charles River Laboratories                                    | Common Stock                                                                                                    | **       | 590,853           |
| Check Point Software Tech                                     | Common Stock                                                                                                    | **       | 41,634            |
| Chevron Corp                                                  | Common Stock                                                                                                    | **       | 2,160,800         |
| Children’s Place Retail Stores, Inc.                          | Common Stock                                                                                                    | **       | 803,920           |
| Christopher & Banks Corp                                      | Common Stock                                                                                                    | **       | 262,605           |
| Chubb Corp                                                    | Common Stock                                                                                                    | **       | 381,696           |
| Cielo SA                                                      | Common Stock                                                                                                    | **       | 258,872           |
| Ciena Corp                                                    | Common Stock                                                                                                    | **       | 833,580           |
| Cigna Corp                                                    | Common Stock                                                                                                    | **       | 161,304           |
| Cintas Corp.                                                  | Common Stock                                                                                                    | **       | 83,880            |
| Circor International Inc.                                     | Common Stock                                                                                                    | **       | 538,098           |

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| Cisco Systems Inc.                                            | Common Stock                                                                                                    | **       | 1,725,437         |
| CIT Group, Inc.                                               | Common Stock                                                                                                    | **       | 61,230            |
| Citigroup Inc                                                 | Common Stock                                                                                                    | **       | 2,125,279         |
| Cliffs Natural Resources, Inc.                                | Common Stock                                                                                                    | **       | 132,617           |
| CME Group, Inc                                                | Common Stock                                                                                                    | **       | 289,575           |
| Coach Inc                                                     | Common Stock                                                                                                    | **       | 470,688           |
| Coca Cola Co.                                                 | Common Stock                                                                                                    | **       | 2,351,935         |
| Cognizant Tech Solutions CRP                                  | Common Stock                                                                                                    | **       | 926,825           |
| Coldwater Creek Inc                                           | Common Stock                                                                                                    | **       | 361,222           |
| Colgate Palmolive Co                                          | Common Stock                                                                                                    | **       | 429,980           |
| Comcast Corporation Class A                                   | Common Stock                                                                                                    | **       | 573,417           |
| Comcast Corporation — Special Class A                         | Common Stock                                                                                                    | **       | 1,772,450         |
| Commercial International B EGP                                | Common Stock                                                                                                    | **       | 146,977           |
| Computer Sciences Corp                                        | Common Stock                                                                                                    | **       | 128,960           |
| Conagra Foods Inc.                                            | Common Stock                                                                                                    | **       | 922,980           |
| ConocoPhillips                                                | Common Stock                                                                                                    | **       | 722,541           |
| Consol Energy Inc                                             | Common Stock                                                                                                    | **       | 1,684,796         |
| Constellation Energy Group, Inc.                              | Common Stock                                                                                                    | **       | 297,111           |
| Cooper Industries PLC New Ireland                             | Common Stock                                                                                                    | **       | 268,134           |
| Corinthian Colleges Inc                                       | Common Stock                                                                                                    | **       | 509,017           |
| Corning Inc.                                                  | Common Stock                                                                                                    | **       | 434,700           |
| Corporate Executive Board Co.                                 | Common Stock                                                                                                    | **       | 1,411,880         |
| Costar Group, Inc.                                            | Common Stock                                                                                                    | **       | 951,179           |
| Covidien PLC                                                  | Common Stock                                                                                                    | **       | 153,646           |
| CPFL Energia SA                                               | Common Stock                                                                                                    | **       | 271,908           |
| Crown Castle Intl Corp                                        | Common Stock                                                                                                    | **       | 363,789           |
| CSX                                                           | Common Stock                                                                                                    | **       | 2,215,412         |
| Cummins, Inc.                                                 | Common Stock                                                                                                    | **       | 319,029           |
| CVS/Caremark Corporation                                      | Common Stock                                                                                                    | **       | 562,927           |
| Daimler AG                                                    | Common Stock                                                                                                    | **       | 287,879           |

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| Daiwa Secs Group JPY                                          | Common Stock                                                                                                    | **       | 155,284           |
| Danaher Corp.                                                 | Common Stock                                                                                                    | **       | 637,739           |
| Davita Inc.                                                   | Common Stock                                                                                                    | **       | 187,623           |
| DBS Group Holdings                                            | Common Stock                                                                                                    | **       | 294,370           |
| Dealtertrack Holdings Inc.                                    | Common Stock                                                                                                    | **       | 976,406           |
| Deckers Outdoor Corporation                                   | Common Stock                                                                                                    | **       | 491,837           |
| Deere & Co                                                    | Common Stock                                                                                                    | **       | 944,362           |
| Dell Inc                                                      | Common Stock                                                                                                    | **       | 1,724,509         |
| Denso Corpnpy                                                 | Common Stock                                                                                                    | **       | 344,234           |
| Dentsply Intl Inc. Com                                        | Common Stock                                                                                                    | **       | 95,676            |
| Devon Energy Corporation                                      | Common Stock                                                                                                    | **       | 240,241           |
| DeVry Inc                                                     | Common Stock                                                                                                    | **       | 358,651           |
| Diamond Offshore Drilling Inc.                                | Common Stock                                                                                                    | **       | 46,809            |
| Dice Holdings Incorporated                                    | Common Stock                                                                                                    | **       | 132,020           |
| Diebold Inc.                                                  | Common Stock                                                                                                    | **       | 589,720           |
| Discover Financial Services                                   | Common Stock                                                                                                    | **       | 146,387           |
| Discovery Communications Inc.                                 | Common Stock                                                                                                    | **       | 227,478           |
| Dolby Laboratories Inc                                        | Common Stock                                                                                                    | **       | 443,555           |
| Dominion Resources, Inc. VA                                   | Common Stock                                                                                                    | **       | 59,808            |
| Dover Corp                                                    | Common Stock                                                                                                    | **       | 1,476,272         |
| Dow Chemical                                                  | Common Stock                                                                                                    | **       | 233,518           |
| DPS China Mobile Limited ADR                                  | Common Stock                                                                                                    | **       | 214,359           |
| Du Pont EI De Nemours & Co                                    | Common Stock                                                                                                    | **       | 224,460           |
| Ducommun Inc.                                                 | Common Stock                                                                                                    | **       | 301,065           |
| EMC Corporation Mass                                          | Common Stock                                                                                                    | **       | 523,036           |
| Eastman Chemical Co.                                          | Common Stock                                                                                                    | **       | 210,200           |
| Ebay, Inc.                                                    | Common Stock                                                                                                    | **       | 100,188           |
| El Paso Corporation                                           | Common Stock                                                                                                    | **       | 290,336           |
| Electronic Arts Inc                                           | Common Stock                                                                                                    | **       | 63,227            |
| Eli Lilly & Co                                                | Common Stock                                                                                                    | **       | 301,344           |

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ITT CORPORATION SALARIED INVESTMENT AND SAVINGS PLAN  
SCHEDULE H, PART IV, LEVEL 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2010

EIN: 13-5158950  
PN: 100

| (a) (b) Identity of Issuer, Borrower, Lesser or Similar Party | (c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value | (d) Cost | (e) Current Value |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------|-------------------|
| Emcor Group, Inc.                                             | Common Stock                                                                                                    | **       | 571,022           |
| Emerson Electric Co                                           | Common Stock                                                                                                    | **       | 983,324           |
| Energizer Holdings, Inc.                                      | Common Stock                                                                                                    | **       | 102,060           |
| Entergy Corp New                                              | Common Stock                                                                                                    | **       | 361,233           |
| EOG Resources, Inc                                            | Common Stock                                                                                                    | **       | 268,746           |
| EQT Corporation                                               | Common Stock                                                                                                    | **       | 134,520           |
| Estee Lauder Companies, Inc.                                  | Common Stock                                                                                                    | **       | 768,587           |
| Exelon Corporation                                            | Common Stock                                                                                                    | **       | 491,352           |
| Expeditors International of Washington Inc                    | Common Stock                                                                                                    | **       | 131,040           |
| Experian PLC                                                  | Common Stock                                                                                                    | **       | 301,479           |
| Exponent, Inc.                                                | Common Stock                                                                                                    | **       | 358,562           |
| Express Scripts Inc                                           | Common Stock                                                                                                    | **       | 383,755           |
| Exxon Mobil Corp                                              | Common Stock                                                                                                    | **       | 4,156,141         |
| EZ Corp, Inc.                                                 | Common Stock                                                                                                    | **       | 1,139,542         |
| F5 Networks Inc.                                              | Common Stock                                                                                                    | **       | 793,976           |
| Fairchild Semiconductor International                         | Common Stock                                                                                                    | **       | 739,524           |
| Fanuc Co.                                                     | Common Stock                                                                                                    | **       | 154,981           |
| Fastenal Co.                                                  | Common Stock                                                                                                    | **       | 119,820           |
| Fedex Corporation                                             | Common Stock                                                                                                    | **       | 892,896           |
| Fidelity National Information Services, Inc.                  | Common Stock                                                                                                    | **       | 76,692            |
| Fifth Third Bancorp                                           | Common stock                                                                                                    | **       | 808,868           |
| First Horizon National Corp                                   | Common Stock                                                                                                    | **       | 95,418            |
| First Republic Bank                                           | Common Stock                                                                                                    | **       | 93,388            |
| First Solar Inc                                               | Common Stock                                                                                                    | **       | 52,056            |
| Firstenergy Corp                                              | Common Stock                                                                                                    | **       | 177,696           |
| FirstMerit Corporation                                        | Common Stock                                                                                                    | **       | 738,702           |
| Firstservice Corp                                             | Common Stock                                                                                                    | **       | 582,890           |
| Firstservice Corporation                                      | Common Stock                                                                                                    | **       | 370               |
| Fiserv Inc                                                    | Common Stock                                                                                                    | **       | 134,688           |
| Fletcher Building Ltd                                         | Common Stock                                                                                                    |          | 141,324           |

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AS OF DECEMBER 31, 2010

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|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------|-------------------|
| Flextronics International Ltd                                 | Common Stock                                                                                                    | **       | 640,333           |
| Fluor Corp New                                                | Common Stock                                                                                                    | **       | 212,032           |
| FMC Technologies Inc                                          | Common Stock                                                                                                    | **       | 426,768           |
| Ford Motor Company                                            | Common Stock                                                                                                    | **       | 1,770,741         |
| Formfactor Inc.                                               | Common Stock                                                                                                    | **       | 415,584           |
| Fortune Brands, Inc.                                          | Common Stock                                                                                                    | **       | 222,925           |
| Foster Wheeler AG                                             | Common Stock                                                                                                    | **       | 69,040            |
| Franklin Resources                                            | Common Stock                                                                                                    | **       | 233,541           |
| Freeport-McMoran Copper & Gold Inc                            | Common Stock                                                                                                    | **       | 756,567           |
| FTI Consulting, Inc.                                          | Common Stock                                                                                                    | **       | 616,984           |
| Gamestop Corp. NEW                                            | Common Stock                                                                                                    | **       | 1,599,335         |
| Gap, Inc.                                                     | Common Stock                                                                                                    | **       | 263,466           |
| Gazprom OAO USD ADR                                           | Common Stock                                                                                                    | **       | 89,890            |
| General Dynamics Corp                                         | Common Stock                                                                                                    | **       | 212,880           |
| General Electric Co                                           | Common Stock                                                                                                    | **       | 1,923,925         |
| General Mills Inc.                                            | Common Stock                                                                                                    | **       | 501,819           |
| General Motors Co                                             | Common Stock                                                                                                    | **       | 711,398           |
| Gentex Corp                                                   | Common Stock                                                                                                    | **       | 1,076,723         |
| Genuine Parts Co.`                                            | Common Stock                                                                                                    | **       | 51,340            |
| Gilead Science Inc                                            | Common Stock                                                                                                    | **       | 1,766,555         |
| GlaxoSmithKline                                               | Common Stock                                                                                                    | **       | 364,500           |
| Gold Fields Limited                                           | American Depository Receipt                                                                                     | **       | 276,483           |
| Goldcorp Inc. New                                             | Common Stock                                                                                                    | **       | 1,661,947         |
| Goldman Sachs Group Inc                                       | Common Stock                                                                                                    | **       | 3,899,630         |
| Goodrich Corporation                                          | Common Stock                                                                                                    | **       | 26,421            |
| Google Inc                                                    | Common Stock                                                                                                    | **       | 2,845,116         |
| GreatBatch, Inc.                                              | Common Stock                                                                                                    | **       | 542,965           |
| Group 1 Automotive, Inc.                                      | Common Stock                                                                                                    | **       | 746,418           |
| H. Lundbeck A/S DKK 5.0 RFD                                   | Common Stock                                                                                                    | **       | 70,414            |
| Haemonetics Corp.                                             | Common Stock                                                                                                    | **       | 567,041           |

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ITT CORPORATION SALARIED INVESTMENT AND SAVINGS PLAN  
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|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------|-------------------|
| Halliburton Co.                                               | Common Stock                                                                                                    | **       | 163,320           |
| Hanover Insurance Group, Inc.                                 | Common Stock                                                                                                    | **       | 687,205           |
| Harley Davidson Inc.                                          | Common Stock                                                                                                    | **       | 204,553           |
| Harman International Industries, Inc. NEW                     | Common Stock                                                                                                    | **       | 180,570           |
| Hartford Financial Services Group                             | Common Stock                                                                                                    | **       | 76,821            |
| Health Management Associates, Inc. NEW Class A                | Common Stock                                                                                                    | **       | 794,425           |
| Heathcare Realty Trust                                        | Common Stock                                                                                                    | **       | 452,255           |
| Heliz Energy Solutions, Inc.                                  | Common Stock                                                                                                    | **       | 522,979           |
| Hess Corp.                                                    | Common Stock                                                                                                    | **       | 321,468           |
| Hewlett Packard Co                                            | Common Stock                                                                                                    | **       | 1,193,114         |
| Hexcel Corp New Com                                           | Common Stock                                                                                                    | **       | 921,233           |
| Hill (William)                                                | Common Stock                                                                                                    | **       | 119,197           |
| Hologic, Inc.                                                 | Common Stock                                                                                                    | **       | 361,777           |
| Home Depot                                                    | Common Stock                                                                                                    | **       | 1,340,694         |
| Honeywell International Inc.                                  | Common Stock                                                                                                    | **       | 601,240           |
| Hospira Inc.                                                  | Common Stock                                                                                                    | **       | 83,535            |
| HSBC Holdings                                                 | Common Stock                                                                                                    | **       | 420,859           |
| HUB Group, Inc.                                               | Common Stock                                                                                                    | **       | 529,033           |
| Humana Inc                                                    | Common Stock                                                                                                    | **       | 43,792            |
| IAC InterActiveCorp                                           | Common Stock                                                                                                    | **       | 1,005,648         |
| IberiaBank Corporation                                        | Common Stock                                                                                                    | **       | 830,244           |
| ICON PLC — ADR                                                | Sponsored ADR                                                                                                   | **       | 499,320           |
| Illinois Tool Works Inc                                       | Common Stock                                                                                                    | **       | 133,500           |
| Illumina, Inc.                                                | Common Stock                                                                                                    | **       | 469,983           |
| Incitec Pivot Ltd. NEW                                        | Common Stock                                                                                                    | **       | 157,992           |
| Indra Sistemas SA EUR 0.2                                     | Common Stock                                                                                                    | **       | 142,873           |
| Ingersoll-Rand PLC                                            | Common Stock                                                                                                    | **       | 1,956,637         |
| Intel Corp                                                    | Common Stock                                                                                                    | **       | 1,818,843         |
| Intercontinental Exchange Inc                                 | Common Stock                                                                                                    | **       | 95,320            |
| Internap Network Services                                     | Common Stock                                                                                                    | **       | 317,680           |

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|---------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------|-------------------|
|                                                               | International Business Machines Corp        | Common Stock                                                                                                    | **       | 1,907,880         |
|                                                               | International Game Technology               | Common Stock                                                                                                    | **       | 1,505,755         |
|                                                               | International Paper Co                      | Common Stock                                                                                                    | **       | 231,540           |
|                                                               | Intuit                                      | Common Stock                                                                                                    | **       | 379,610           |
|                                                               | Intuitive Surgical Inc                      | Common Stock                                                                                                    | **       | 51,550            |
|                                                               | Invesco Limited                             | Common Stock                                                                                                    | **       | 252,630           |
| *                                                             | ITT Corporation                             | Common Stock                                                                                                    | **       | 431,958,237       |
|                                                               | Japan Tobacco, Inc.                         | Common Stock                                                                                                    | **       | 214,894           |
|                                                               | JDS Uniphase Corp                           | Common Stock                                                                                                    | **       | 154,936           |
|                                                               | Jetblue Airways Corp                        | Common Stock                                                                                                    | **       | 1,292,731         |
|                                                               | Jo-Ann Stores, Inc.                         | Common Stock                                                                                                    | **       | 813,151           |
|                                                               | Johnson & Johnson                           | Common Stock                                                                                                    | **       | 1,626,037         |
|                                                               | Johnson Controls Inc                        | Common Stock                                                                                                    | **       | 297,960           |
|                                                               | Jos. A. Bank Clothiers, Inc.                | Common Stock                                                                                                    | **       | 455,576           |
|                                                               | Joy Global, Inc.                            | Common Stock                                                                                                    | **       | 121,450           |
| *                                                             | JP Morgan Chase & Co                        | Common Stock                                                                                                    | **       | 3,737,457         |
|                                                               | Juniper Networks Inc                        | Common Stock                                                                                                    | **       | 809,286           |
|                                                               | Kaken Pharmaceutical Co. Lt JPY             | Common Stock                                                                                                    | **       | 39,024            |
|                                                               | Kao Corporation Y50 ORDS                    | Common Stock                                                                                                    | **       | 152,314           |
|                                                               | Kellogg Co.                                 | Common Stock                                                                                                    | **       | 418,856           |
|                                                               | Kimberley Clark Corporation                 | Common Stock                                                                                                    | **       | 592,576           |
|                                                               | Kimco Realty Corp.                          | Common Stock                                                                                                    | **       | 207,460           |
|                                                               | Kirin Holdings Company, Ltd.                | Common Stock                                                                                                    | **       | 157,231           |
|                                                               | Knot Inc                                    | Common Stock                                                                                                    | **       | 293,189           |
|                                                               | KOC Holdings AS TRY 1.00                    | Common Stock                                                                                                    | **       | 145,758           |
|                                                               | Kohls Corp                                  | Common Stock                                                                                                    | **       | 605,891           |
|                                                               | Korn Ferry International                    | Common Stock                                                                                                    | **       | 724,499           |
|                                                               | Kraft Foods Inc                             | Common Stock                                                                                                    | **       | 2,146,052         |
|                                                               | Kroger Co                                   | Common Stock                                                                                                    | **       | 275,028           |
|                                                               | Laboratory Corporation of American Holdings | Common Stock                                                                                                    | **       | 79,128            |

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| Lamar Advertising Co Class A                                  | Common Stock                                                                                                    | **       | 67,728            |
| Las Vegas Sands Corp.                                         | Common Stock                                                                                                    | **       | 1,180,915         |
| Lazard Ltd                                                    | Common Stock                                                                                                    | **       | 1,429,143         |
| Lear Corp.                                                    | Common Stock                                                                                                    | **       | 1,952,089         |
| Legg Mason, Inc.                                              | Common Stock                                                                                                    | **       | 141,453           |
| Lennar Corporation Class A                                    | Common Stock                                                                                                    | **       | 60,000            |
| Libbey, Inc.                                                  | Common Stock                                                                                                    | **       | 446,898           |
| Liberty Global Inc                                            | Common Stock                                                                                                    | **       | 843,658           |
| Liberty Media — Interactive                                   | Common Stock                                                                                                    | **       | 197,125           |
| Life Technologies Corp.                                       | Common Stock                                                                                                    | **       | 105,450           |
| Life Time Fitness Inc                                         | Common Stock                                                                                                    | **       | 1,613,981         |
| Lincoln National Corp                                         | Common Stock                                                                                                    | **       | 61,182            |
| Lockheed Martin Corp.                                         | Common Stock                                                                                                    | **       | 167,784           |
| Loews Corp                                                    | Common Stock                                                                                                    | **       | 171,204           |
| Lonza Group AG, Zuerich                                       | Common Stock                                                                                                    | **       | 178,510           |
| Lowes Cos Inc.                                                | Common Stock                                                                                                    | **       | 807,827           |
| Lyondellbasell Industries, NV                                 | Common Stock                                                                                                    | **       | 89,440            |
| Macy’s Inc                                                    | Common Stock                                                                                                    | **       | 313,720           |
| Manhattan Associates Inc                                      | Common Stock                                                                                                    | **       | 823,817           |
| Marketaxess Holdings Inc.                                     | Common Stock                                                                                                    | **       | 525,973           |
| Marriott International Inc Class A                            | Common Stock                                                                                                    | **       | 187,304           |
| Marsh & McLennan Cos Inc                                      | Common Stock                                                                                                    | **       | 1,845,013         |
| Marvell Technology Group                                      | Common Stock                                                                                                    | **       | 1,408,205         |
| Masco Corp                                                    | Common Stock                                                                                                    | **       | 68,364            |
| MasterCard Inc Class A                                        | Common Stock                                                                                                    | **       | 1,037,181         |
| Mattel, Inc.                                                  | Common Stock                                                                                                    | **       | 195,811           |
| Mcafee, Inc.                                                  | Common Stock                                                                                                    | **       | 287,122           |
| McDermott International Inc                                   | Common Stock                                                                                                    | **       | 130,347           |
| McDonalds Corp                                                | Common Stock                                                                                                    | **       | 921,120           |
| McGraw-Hill Companies Inc                                     | Common Stock                                                                                                    | **       | 123,794           |

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ITT CORPORATION SALARIED INVESTMENT AND SAVINGS PLAN  
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| McKesson Corp                                                 | Common Stock                                                                                                    | **       | 344,862           |
| Medco Health Solutions Inc                                    | Common Stock                                                                                                    | **       | 276,941           |
| Medtronic Inc                                                 | Common Stock                                                                                                    | **       | 311,556           |
| Memc Electronic Materials Inc                                 | Common Stock                                                                                                    | **       | 24,772            |
| Merck & Co Inc                                                | Common Stock                                                                                                    | **       | 2,652,580         |
| Merit Medical Systems, Inc.                                   | Common Stock                                                                                                    | **       | 254,816           |
| MetLife Inc                                                   | Common Stock                                                                                                    | **       | 549,279           |
| Micron Technology Inc.                                        | Common Stock                                                                                                    | **       | 716,186           |
| Microsoft Corp                                                | Common Stock                                                                                                    | **       | 2,985,486         |
| Mitsubishi Corporation                                        | Common Stock                                                                                                    | **       | 232,171           |
| MKS Instruments Inc                                           | Common Stock                                                                                                    | **       | 1,345,726         |
| Monsanto Co                                                   | Common Stock                                                                                                    | **       | 1,079,420         |
| Monster Worldwide Inc                                         | Common Stock                                                                                                    | **       | 1,200,404         |
| Moodys Corp                                                   | Common Stock                                                                                                    | **       | 1,848,697         |
| Morgan Stanley                                                | Common Stock                                                                                                    | **       | 484,066           |
| Morningstar, Inc.                                             | Common Stock                                                                                                    | **       | 659,519           |
| Motorola Inc                                                  | Common Stock                                                                                                    | **       | 253,053           |
| MTS Systems Corporation                                       | Common Stock                                                                                                    | **       | 554,071           |
| Munchener Ruckvers NPV                                        | Common Stock                                                                                                    | **       | 322,489           |
| Murata Manufacturing Co. JPY ORDS                             | Common Stock                                                                                                    | **       | 414,481           |
| Murphy Oil Corp.                                              | Common Stock                                                                                                    | **       | 506,940           |
| Myer Holdings Ltd.                                            | Common Stock                                                                                                    | **       | 259,674           |
| National Fuel Gas Company                                     | Common Stock                                                                                                    | **       | 344,833           |
| National Instruments Corp                                     | Common Stock                                                                                                    | **       | 693,517           |
| National Oilwell Varco, Inc.                                  | Common Stock                                                                                                    | **       | 591,800           |
| National Retail PPTYS, Inc.                                   | Common Stock                                                                                                    | **       | 564,265           |
| National Semiconductor Corp                                   | Common Stock                                                                                                    | **       | 507,744           |
| Netapp, Inc.                                                  | Common Stock                                                                                                    | **       | 786,533           |
| Netflix.com, Inc.                                             | Common Stock                                                                                                    | **       | 140,560           |
| Neustar Inc.                                                  | Common Stock                                                                                                    | **       | 918,263           |

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| Newfield Exploration Company                                  | Common Stock                                                                                                    | **       | 1,521,377         |
| Newmarket Corporation                                         | Common Stock                                                                                                    | **       | 666,322           |
| Newmont Mining                                                | Common Stock                                                                                                    | **       | 1,830,061         |
| News Corp                                                     | Common Stock                                                                                                    | **       | 1,112,137         |
| Nextera Energy, Inc.                                          | Common Stock                                                                                                    | **       | 213,159           |
| NII Holdings                                                  | Common Stock                                                                                                    | **       | 75,922            |
| Nike Inc Class B                                              | Common Stock                                                                                                    | **       | 673,964           |
| Nisource Inc                                                  | Common Stock                                                                                                    | **       | 44,050            |
| Northern Trust Corp                                           | Common Stock                                                                                                    | **       | 254,886           |
| Northrop Grumman Corp                                         | Common Stock                                                                                                    | **       | 110,126           |
| Novartis AG                                                   | Sponsored ADR                                                                                                   | **       | 455,706           |
| NSK Ltd.                                                      | Common Stock                                                                                                    | **       | 252,287           |
| Nucor Corp                                                    | Common Stock                                                                                                    | **       | 192,808           |
| Nvidia Corp                                                   | Common Stock                                                                                                    | **       | 201,740           |
| NYSE Euronext, Inc.                                           | Common Stock                                                                                                    | **       | 155,896           |
| Occidental Petroleum Corp                                     | Common Stock                                                                                                    | **       | 2,431,507         |
| Oil States International, Inc.                                | Common Stock                                                                                                    | **       | 862,588           |
| Omnicom Group                                                 | Common Stock                                                                                                    | **       | 224,420           |
| Omnivision Technologies                                       | Common Stock                                                                                                    | **       | 1,037,594         |
| Oracle Corporation                                            | Common Stock                                                                                                    | **       | 1,020,380         |
| Osaka Securities Exchnage Co., Ltd.                           | Common Stock                                                                                                    | **       | 207,009           |
| Oshkosh Corporation                                           | Common Stock                                                                                                    | **       | 578,676           |
| Oxford Industries Inc                                         | Common Stock                                                                                                    | **       | 478,267           |
| PF Chang’s China Bistro Inc                                   | Common Stock                                                                                                    | **       | 2,495,884         |
| Paccar, Inc.                                                  | Common Stock                                                                                                    | **       | 97,614            |
| Panera Bread Company Class A                                  | Common Stock                                                                                                    | **       | 1,171,506         |
| Patterson-UTI Energy, Inc.                                    | Common Stock                                                                                                    | **       | 358,829           |
| Paychex Inc.                                                  | Common Stock                                                                                                    | **       | 49,456            |
| Peabody Energy Corporation                                    | Common Stock                                                                                                    | **       | 300,706           |
| Penn Virginia Corporation                                     | Common Stock                                                                                                    | **       | 350,613           |

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| PepsiCo Inc.                                                  | Common Stock                                                                                                    | **       | 1,904,696         |
| Petroleo Brasileiro S.A. - A.D.R.                             | Common Stock                                                                                                    | **       | 117,887           |
| Pfizer Inc                                                    | Common Stock                                                                                                    | **       | 3,575,419         |
| Pharmaceutical Product Development, Inc.                      | Common Stock                                                                                                    | **       | 666,287           |
| Philip Morris International In                                | Common Stock                                                                                                    | **       | 894,339           |
| Pinnacle Entertainment Co.                                    | Common Stock                                                                                                    | **       | 2,465,459         |
| Pioneer Drilling Co.                                          | Common Stock                                                                                                    | **       | 751,467           |
| PNC Financial Services Group                                  | Common Stock                                                                                                    | **       | 473,616           |
| Potash Corp of Saskatchewan                                   | Common Stock                                                                                                    | **       | 696,735           |
| PPL Corporation                                               | Common Stock                                                                                                    | **       | 239,512           |
| Praxair Inc                                                   | Common Stock                                                                                                    | **       | 359,922           |
| Precision Castparts Corp                                      | Common Stock                                                                                                    | **       | 417,630           |
| Priceline.Com, Inc.                                           | Common Stock                                                                                                    | **       | 1,318,515         |
| Principal Financial Group                                     | Common Stock                                                                                                    | **       | 192,104           |
| Procter & Gamble Co                                           | Common Stock                                                                                                    | **       | 3,310,293         |
| Prologis SHS of Beneficial Interest                           | Common Stock                                                                                                    | **       | 99,636            |
| Prudential Financial Inc                                      | Common Stock                                                                                                    | **       | 140,904           |
| PSS World Medical Inc                                         | Common Stock                                                                                                    | **       | 519,235           |
| Public Storage, Inc.                                          | Common Stock                                                                                                    | **       | 202,840           |
| Public Service Enterprise Group Inc                           | Common Stock                                                                                                    | **       | 73,163            |
| Publicis Groupe SA, Paris Act.                                | Common Stock                                                                                                    | **       | 398,157           |
| Qualcomm Inc                                                  | Common Stock                                                                                                    | **       | 1,741,058         |
| Quanta Services Inc                                           | Common Stock                                                                                                    | **       | 29,880            |
| Questar Market Resources, Inc.                                | Common Stock                                                                                                    | **       | 47,203            |
| Randgold Resources Lt. - ADR                                  | Sponsored ADR                                                                                                   | **       | 664,074           |
| Range Res Corp                                                | Common Stock                                                                                                    | **       | 188,916           |
| Rayonier, Inc.                                                | Common Stock                                                                                                    | **       | 642,320           |
| Raytheon Co                                                   | Common Stock                                                                                                    | **       | 25,024            |
| Red Hat Inc                                                   | Common Stock                                                                                                    | **       | 707,575           |
| Regions Financial Corp.                                       | Common Stock                                                                                                    | **       | 154,000           |

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ITT CORPORATION SALARIED INVESTMENT AND SAVINGS PLAN  
SCHEDULE H, PART IV, LEVEL 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2010

EIN: 13-5158950  
PN: 100

| (a) (b) Identity of Issuer, Borrower, Lesser or Similar Party | (c ) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value | (d) Cost | (e) Current Value |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|-------------------|
| Republic Services Inc Class A                                 | Common Stock                                                                                                     | **       | 1,441,073         |
| Rexam PLC GBP                                                 | Common Stock                                                                                                     | **       | 148,924           |
| Rhoen Klinikum AG                                             | Common Stock                                                                                                     | **       | 153,588           |
| RLI Corporation                                               | Common Stock                                                                                                     | **       | 559,450           |
| Robert Half International Inc                                 | Common Stock                                                                                                     | **       | 73,440            |
| Rockwell Automation, Inc.                                     | Common Stock                                                                                                     | **       | 387,234           |
| Ross Stores                                                   | Common Stock                                                                                                     | **       | 246,675           |
| Royal Dutch Shell PLC Eur A SHS                               | Common Stock                                                                                                     | **       | 368,652           |
| RSC Holdings Inc.                                             | Common Stock                                                                                                     | **       | 1,602,824         |
| RTI International Metals                                      | Common Stock                                                                                                     | **       | 578,910           |
| Ryder Systems, Inc.                                           | Common Stock                                                                                                     | **       | 121,072           |
| Ryland Group Inc                                              | Common Stock                                                                                                     | **       | 1,096,834         |
| SAIC, Inc.                                                    | Common Stock                                                                                                     | **       | 925,399           |
| Salesforce Com., Inc.                                         | Common Stock                                                                                                     | **       | 369,600           |
| Sandisk Corp. Com                                             | Common Stock                                                                                                     | **       | 528,516           |
| Schlumberger Ltd                                              | Common Stock                                                                                                     | **       | 3,774,952         |
| Schwab Charles Corp                                           | Common Stock                                                                                                     | **       | 1,982,844         |
| Sempra Energy                                                 | Common Stock                                                                                                     | **       | 183,680           |
| Semtech Corp                                                  | Common Stock                                                                                                     | **       | 1,227,450         |
| Sherwin Williams Co                                           | Common Stock                                                                                                     | **       | 201,000           |
| Shimamura JPY                                                 | Common Stock                                                                                                     | **       | 136,107           |
| Siemens AG                                                    | Common Stock                                                                                                     | **       | 411,222           |
| Silgan Holdings, Inc.                                         | Common Stock                                                                                                     | **       | 820,407           |
| Simon Property Group Inc                                      | Common Stock                                                                                                     | **       | 483,820           |
| SLM Corp                                                      | Common Stock                                                                                                     | **       | 139,749           |
| Southwest Airlines Co                                         | Common Stock                                                                                                     | **       | 160,952           |
| Southwestern Energy Co.                                       | Common Stock                                                                                                     | **       | 1,462,240         |
| Spectra Energy Corp.                                          | Common Stock                                                                                                     | **       | 359,856           |
| Sprint Nextel Corp                                            | Common Stock                                                                                                     | **       | 329,094           |
| St Jude Medical Inc                                           | Common Stock                                                                                                     | **       | 218,025           |

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ITT CORPORATION SALARIED INVESTMENT AND SAVINGS PLAN  
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AS OF DECEMBER 31, 2010

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|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|-------------------|
| Stanley Black & Decker, Inc.                                  | Common Stock                                                                                                     | **       | 93,618            |
| Starbucks Corp                                                | Common Stock                                                                                                     | **       | 1,262,709         |
| Starwood Hotels and Resorts Worldwide                         | Common Stock                                                                                                     | **       | 607,800           |
| State Street Corp                                             | Common Stock                                                                                                     | **       | 463,864           |
| Stryker Corp                                                  | Common Stock                                                                                                     | **       | 359,790           |
| Suncor Energy, Inc.                                           | Common Stock                                                                                                     | **       | 260,372           |
| SunTrust Banks                                                | Common Stock                                                                                                     | **       | 73,775            |
| Swift Energy Company                                          | Common Stock                                                                                                     | **       | 367,932           |
| Swisscom AG CHF                                               | Common Stock                                                                                                     | **       | 149,956           |
| Symantec Corp                                                 | Common Stock                                                                                                     | **       | 913,368           |
| Symetra Financial Corporation                                 | Common Stock                                                                                                     | **       | 1,242,179         |
| Sysco Corp                                                    | Common Stock                                                                                                     | **       | 179,634           |
| Taiyo Nippon Sanso Corporation JPY                            | Common Stock                                                                                                     | **       | 163,017           |
| Target Corporation                                            | Common Stock                                                                                                     | **       | 444,962           |
| Techne Corporation                                            | Common Stock                                                                                                     | **       | 632,074           |
| Teco Energy Inc                                               | Common Stock                                                                                                     | **       | 128,160           |
| Teledyne Technologies, Inc.                                   | Common Stock                                                                                                     | **       | 932,736           |
| Telefonica SA EUR                                             | Common Stock                                                                                                     | **       | 92,858            |
| Telestra Corporation Ltd                                      | Common Stock                                                                                                     | **       | 246,492           |
| Teva Pharmaceutical Industries                                | Sponsored ADR                                                                                                    | **       | 154,305           |
| Textron, Inc.                                                 | Common Stock                                                                                                     | **       | 191,484           |
| The DirectTV Group                                            | Common Stock                                                                                                     | **       | 199,650           |
| Thermo Fisher Scientific Inc.                                 | Common Stock                                                                                                     | **       | 2,355,402         |
| Time Warner Cable Inc.                                        | Common Stock                                                                                                     | **       | 416,187           |
| Time Warner, Inc.                                             | Common Stock                                                                                                     | **       | 591,574           |
| Tokyo Gas Co.                                                 | Common Stock                                                                                                     | **       | 141,417           |
| Travelers Companies, Inc.                                     | Common Stock                                                                                                     | **       | 1,565,340         |
| Tyco Electronics Ltd.                                         | Common Stock                                                                                                     | **       | 274,881           |
| Tyson Foods Inc. CL A DEL                                     | Common Stock                                                                                                     | **       | 683,445           |
| UIL Holdings                                                  | Common Stock                                                                                                     | **       | 512,376           |

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ITT CORPORATION SALARIED INVESTMENT AND SAVINGS PLAN  
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AS OF DECEMBER 31, 2010

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|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|-------------------|
| UMPQUA Holdings Corporation                                   | Common Stock                                                                                                     | **       | 652,873           |
| Unilever NV Eur                                               | Common Stock                                                                                                     | **       | 94,086            |
| Unilvever NV Eur                                              | Common Stock                                                                                                     | **       | 223,088           |
| Union Pacific Corp.                                           | Common Stock                                                                                                     | **       | 674,565           |
| United Parcel Service                                         | Common Stock                                                                                                     | **       | 733,058           |
| United STS Stl Corp                                           | Common Stock                                                                                                     | **       | 192,786           |
| United Technologies Corp.                                     | Common Stock                                                                                                     | **       | 1,032,019         |
| UnitedHealth Group Inc                                        | Common Stock                                                                                                     | **       | 561,872           |
| Universal Technical Institute, Inc.                           | Common Stock                                                                                                     | **       | 397,461           |
| US Bancorp Del                                                | Common Stock                                                                                                     | **       | 709,311           |
| Valero Energy Corp.                                           | Common Stock                                                                                                     | **       | 172,244           |
| Validus Holdings, Ltd.                                        | Common Stock                                                                                                     | **       | 1,141,661         |
| Vallourec EUR                                                 | Common Stock                                                                                                     | **       | 136,024           |
| Valmont Industries, Inc.                                      | Common Stock                                                                                                     | **       | 714,277           |
| VCA Antech, Inc.                                              | Common Stock                                                                                                     | **       | 593,313           |
| Viacom Inc                                                    | Common Stock                                                                                                     | **       | 2,005,890         |
| Visa Inc. Class A Shrs                                        | Common Stock                                                                                                     | **       | 962,447           |
| Vivendi                                                       | Common Stock                                                                                                     | **       | 1,271,424         |
| Vivendi SA EUR                                                | Common Stock                                                                                                     | **       | 210,561           |
| Vornado Realty Trust                                          | Common Stock                                                                                                     | **       | 224,991           |
| Vulcan Materials Co.                                          | Common Stock                                                                                                     | **       | 221,800           |
| Wabtec Corporation                                            | Common Stock                                                                                                     | **       | 690,955           |
| Waddell & Reed Financial Inc.                                 | Common Stock                                                                                                     | **       | 1,185,744         |
| Wal Mart Stores Inc                                           | Common Stock                                                                                                     | **       | 2,084,772         |
| Walgreen Co.                                                  | Common Stock                                                                                                     | **       | 351,030           |
| Walt Disney Co.                                               | Common Stock                                                                                                     | **       | 819,219           |
| Warner Music Group Corp.                                      | Common Stock                                                                                                     | **       | 628,978           |
| Washington Federal, Inc.                                      | Common Stock                                                                                                     | **       | 566,110           |
| Waters Corp                                                   | Common Stock                                                                                                     | **       | 124,336           |
| Watson Pharmaceuticals Inc                                    | Common Stock                                                                                                     | **       | 1,905,472         |

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ITT CORPORATION SALARIED INVESTMENT AND SAVINGS PLAN  
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| Watts Water Technologies, Inc.                                | Common Stock                                                                                                     | **       | 762,865           |
| Weatherford International Ltd.                                | Common Stock                                                                                                     | **       | 1,817,958         |
| Wellpoint, Inc.                                               | Common Stock                                                                                                     | **       | 374,708           |
| * Wells Fargo & Co.                                           | Common Stock                                                                                                     | **       | 4,118,385         |
| Western Union                                                 | Common Stock                                                                                                     | **       | 198,699           |
| Weyerhaeuser Co.                                              | Common Stock                                                                                                     | **       | 186,385           |
| Wharf (Holdings) HKD                                          | Common Stock                                                                                                     | **       | 228,164           |
| Whole Foods Mkt. Inc.                                         | Common Stock                                                                                                     | **       | 991,564           |
| Williams Cos Inc.                                             | Common Stock                                                                                                     | **       | 316,416           |
| Willis Group Holdings, Inc.                                   | Common Stock                                                                                                     | **       | 159,298           |
| WMS Inds. Inc.                                                | Common Stock                                                                                                     | **       | 1,791,504         |
| World Fuel Services Corporation                               | Common Stock                                                                                                     | **       | 677,205           |
| WPP Group                                                     | Common Stock                                                                                                     | **       | 94,684            |
| Wright Medical Group Inc.                                     | Common Stock                                                                                                     | **       | 442,605           |
| Wynn Resorts Ltd                                              | Common Stock                                                                                                     | **       | 51,920            |
| Xerox Corporation                                             | Common Stock                                                                                                     | **       | 118,656           |
| Xilinx, Inc.                                                  | Common Stock                                                                                                     | **       | 741,425           |
| Yue Yuen Industrial                                           | Common Stock                                                                                                     | **       | 204,834           |
| Yum Brands                                                    | Common Stock                                                                                                     | **       | 1,302,964         |
| Zagg, Inc.                                                    | Common Stock                                                                                                     | **       | 318,966           |
| Zimmer Holdings, Inc.                                         | Common Stock                                                                                                     | **       | 257,664           |
| Zions Bancorp                                                 | Common Stock                                                                                                     | **       | 140,534           |
| Intech Institutional Large Cap                                | Common Collective Trust                                                                                          | **       | 38,605,890        |
| JPMCB Long-Term Bond Fund                                     | Common Collective Trust                                                                                          | **       | 73,183,402        |
| JPMCB Smart Index Fund                                        | Common Collective Trust                                                                                          | **       | 121,755,123       |
| JPMCB Smart Retirement 2010 Fund                              | Common Collective Trust                                                                                          | **       | 19,887,383        |
| JPMCB Smart Retirement 2015 Fund                              | Common Collective Trust                                                                                          | **       | 37,589,608        |
| JPMCB Smart Retirement 2020 Fund                              | Common Collective Trust                                                                                          | **       | 61,465,793        |
| JPMCB Smart Retirement 2025 Fund                              | Common Collective Trust                                                                                          | **       | 17,877,069        |
| JPMCB Smart Retirement 2030 Fund                              | Common Collective Trust                                                                                          | **       | 43,716,096        |

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ITT CORPORATION SALARIED INVESTMENT AND SAVINGS PLAN  
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|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|-----------------------------|
| JPMCB Smart Retirement 2035 Fund                              | Common Collective Trust                                                                                          | **       | 11,641,039                  |
| JPMCB Smart Retirement 2040 Fund                              | Common Collective Trust                                                                                          | **       | 7,265,454                   |
| JPMCB Smart Retirement 2045 Fund                              | Common Collective Trust                                                                                          | **       | 7,125,187                   |
| JPMCB Smart Retirement 2050 Fund                              | Common Collective Trust                                                                                          | **       | 3,838,504                   |
| JPMCB Smart Retirement Income Fund                            | Common Collective Trust                                                                                          | **       | 14,164,955                  |
| State Street Global Advisors                                  | Common Collective Trust                                                                                          | **       | 15,313,319                  |
| Pyramid Short Managed Maturing Fund                           | Common Collective Trust                                                                                          | **       | 110,756,179                 |
| Pyramid Intermediate Managed Maturing Fund                    | Common Collective Trust                                                                                          | **       | 119,057,651                 |
| Pyramid Enhanced Intermediate Fixed Income Fund               | Common Collective Trust                                                                                          | **       | 336,557,199                 |
| American New Perspective Fund                                 | Registered Investment Company                                                                                    | **       | 154,806,232                 |
| Eaton Vance Large Cap Value Fund                              | Registered Investment Company                                                                                    | **       | 71,393,422                  |
| Ishares Russell 2000 Value Index                              | Registered Investment Company                                                                                    | **       | 1,678,151                   |
| JP Morgan U. S. Large Cap Core Plus-S                         | Registered Investment Company                                                                                    | **       | 12,017,746                  |
| Bank of America                                               | Bank Investment Contract<br>Interest 4.03%                                                                       | **       | 972,622                     |
| Natixis Financial Products Inc.                               | Guaranteed Investment Contract<br>Insurance Company General Account<br>Interest 4.10%                            | **       | —                           |
| Jackson National Life Insurance Co.                           | Guaranteed Investment Contract<br>Insurance Company General Account<br>Interest 5.16% Traditional                | **       | 3,570,406                   |
| Monumental Life Insurance Co.                                 | Guaranteed Investment Contract<br>Insurance Company General Account<br>Interest 2.78% Traditional                | **       | 316,471                     |
| JP Morgan Chase Bank                                          | Guaranteed Investment Contract<br>Bank Investment Contract<br>Interest 2.82%                                     | **       | 262,571                     |
| ITT Brokerage Window                                          | Other                                                                                                            | **       | 10,983,117                  |
| TOTAL                                                         |                                                                                                                  |          | <u><u>2,294,400,656</u></u> |

\* Party-in-interest to the Plan

\*\* Cost information is not required for member directed investments and, therefore, is not included.

<DOCUMENT>

<TYPE>EX-23

<FILENAME>y91652exv23.htm

<DESCRIPTION>EX-23

<TEXT>

EXHIBIT 23

CONSENT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

We consent to the incorporation by reference in Post-Effective Amendment No. 7 to Registration Statement No. 033-06004 on Form S-8, and Registration Statement Nos. 333-41808 and 333-64161 on Form S-8, of our report dated June 15, 2011, relating to the financial statements and supplemental schedule appearing on Form 11-K of ITT Salaried Investment and Savings Plan for the year ended December 31, 2010.

/s/ Deloitte & Touche LLP  
Stamford, CT  
XXXX XX, XXXX

|                         |                                                 |
|-------------------------|-------------------------------------------------|
| <b>Plan Name</b>        | <b>ITT Salaried Investment and Savings Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>13-5158950</b>                               |
| <b>ERISA Plan #</b>     | <b>100</b>                                      |
| <b>Plan Year Ending</b> | <b>12/31/2010</b>                               |

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).**

| <b>Form/Schedule</b> | <b>Line #</b> | <b>Description</b>                                          | <b>Attachment</b> |
|----------------------|---------------|-------------------------------------------------------------|-------------------|
| 5500 Sch. H          | Line 3        | Financial statements used in formulating the IQPA's opinion | x                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    | x                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         |                   |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |

|                         |                                                 |
|-------------------------|-------------------------------------------------|
| <b>Plan Name</b>        | <b>ITT Salaried Investment and Savings Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>13-5158950</b>                               |
| <b>ERISA Plan #</b>     | <b>100</b>                                      |
| <b>Plan Year Ending</b> | <b>12/31/2010</b>                               |

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).**

| <b>Form/Schedule</b> | <b>Line #</b> | <b>Description</b>                                          | <b>Attachment</b> |
|----------------------|---------------|-------------------------------------------------------------|-------------------|
| 5500 Sch. H          | Line 3        | Financial statements used in formulating the IQPA's opinion | x                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    | x                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         |                   |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2010</b><br><br>This Form is Open to Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                        |                                                                                                                                      |                                            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                        |                                                                                                                                      |                                            |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> |                                                                                                                        |                                                                                                                                      |                                            |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan;<br><input checked="" type="checkbox"/> a single-employer plan;          | <input type="checkbox"/> a multiple-employer plan; or<br><input type="checkbox"/> a DFE (specify) ____                               |                                            |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report;<br><input type="checkbox"/> an amended return/report;                | <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| C If the plan is a collectively-bargained plan, check here. ....                                         | <input type="checkbox"/><br><input checked="" type="checkbox"/>                                                        |                                                                                                                                      |                                            |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558;<br><input type="checkbox"/> special extension (enter description) _____ | <input type="checkbox"/> automatic extension;                                                                                        | <input type="checkbox"/> the DFVC program; |

|                                                                                                                                                                                                                                                                              |                                                               |                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                               | <b>Basic Plan Information—enter all requested information</b> |                       |  |
| 1a Name of plan <u>ITT Salaried Investment and Savings Plan</u>                                                                                                                                                                                                              | 1b Three-digit plan number (PN) ▶                             | <u>100</u>            |  |
|                                                                                                                                                                                                                                                                              | 1c Effective date of plan                                     | <u>04/01/1974</u>     |  |
| 2a Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><u>ITT Corporation</u><br><br><br><u>1133 Westchester Avenue</u><br><br><u>White Plains</u> <span style="float: right;"><u>NY 10604</u></span> | 2b Employer Identification Number (EIN)                       | <u>13-5158950</u>     |  |
|                                                                                                                                                                                                                                                                              | 2c Sponsor's telephone number                                 | <u>(914) 641-2000</u> |  |
|                                                                                                                                                                                                                                                                              | 2d Business code (see instructions)                           | <u>333200</u>         |  |
|                                                                                                                                                                                                                                                                              |                                                               |                       |  |

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

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

|              |                                    |                 |                                                              |
|--------------|------------------------------------|-----------------|--------------------------------------------------------------|
| SIGN<br>HERE | Signature of plan administrator    | Date            | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | <u>Janice Klettner</u>             | <u>10/24/11</u> | <u>Janice Klettner</u>                                       |
| SIGN<br>HERE | Signature of employer/plan sponsor | Date            | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE | Signature of DFE                   | Date            | Enter name of individual signing as DFE                      |

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

Form 5500 (2010)  
v.092307.1