

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

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan LAFAYETTE LIFE INSURANCE COMPANY PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 01/01/1997
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) THE LAFAYETTE LIFE INSURANCE COMPANY 1905 TEAL ROAD LAFAYETTE, IN 47905	2b Employer Identification Number (EIN) 35-0457540 2c Sponsor's telephone number 765-477-7411 2d Business code (see instructions) 524140

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/19/2011	CHERYL JORGENSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE LAFAYETTE LIFE INSURANCE COMPANY 1905 TEAL ROAD LAFAYETTE, IN 47905	3b Administrator's EIN 35-0457540 3c Administrator's telephone number 765-477-7411
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	261
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	261
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	4
d Subtotal. Add lines 6a , 6b , and 6c	6d	265
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	265
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	257
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2G 2J 2K 2F 2T 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan LAFAYETTE LIFE INSURANCE COMPANY PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. THE LAFAYETTE LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 35-0457540	

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

(a) Name of insurance carrier

(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
35-0472300	65676	GP73284	257	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	3279

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

JAMES JULIAN
13295 MERIDAN CORNERS BLVD #310
CARMEL, IN 46032

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3279	MARKETING ALLOWANCE	

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

LAFAYETTE LIFE INSURANCE CO.
1905 TEAL ROAD
LAFAYETTE, IN 47909

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 3785802**5** Current value of plan's interest under this contract in separate accounts at year end **5** 9569039**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 3071090**c** Additions: (1) Contributions deposited during the year **7c(1)** 826936(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 139104(4) Transferred from separate account **7c(4)** 140688(5) Other (specify below) **7c(5)** 1464

▶

(6) Total additions **7c(6)** 1108192**d** Total of balance and additions (add **b** and **c(6)**). **7d** 4179282**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 252032(2) Administration charge made by carrier **7e(2)** 4235(3) Transferred to separate account **7e(3)** 5197(4) Other (specify below) **7e(4)** 132016

▶

(5) Total deductions **7e(5)** 393480**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 3785802

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	
Specify nature of costs ▶		

Part IV Provision of Information

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

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

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan LAFAYETTE LIFE INSURANCE COMPANY PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE LAFAYETTE LIFE INSURANCE COMPANY		D Employer Identification Number (EIN) 35-0457540
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA87 DELAWARE VIP CAPITAL RESER		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 150185
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA11 CORE EQUITY ACCOUNT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 262406
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA12 GOVERNMENT/CORP BOND ACCT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 607333
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA14 SHORT TERM ACCOUNT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 701168
a Name of MTIA, CCT, PSA, or 103-12 IE: AF GROWTH - INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 299945
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACK ROCK LARGE CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94891
a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE VALUE ACCOUNT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22351

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA20 HIGH YIELD BOND ACCOUNT			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-120	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA21 BALANCED ACCOUNT			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-121	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA22 INTERNATIONAL EQUITY ACCT			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-122	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA23 LARGE CAP EQUITY ACCOUNT			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-123	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL6 LVIP SSGA BOND INDEX			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-709	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58094

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATG 401K TOOLBOX MGD GROWTH			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-707	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL1 LVIP WILSHIRE 2010 PROFILE			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-701	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL2 LVIP WILSHIRE 2020 PROFILE			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-702	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL5 LVIP SSGA INTERNATIONAL			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-708	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL4 LVIP WILSHIRE 2040 PROFIL			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-704	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA17 MEDIUM CAP EQUITY ACCOUNT			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-117	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 262524

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA19 ALLIANCE VPS GROWTH & INCO			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-119	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36772

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA20 HIGH YIELD BOND ACCOUNT			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-120	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 559483

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA21 BALANCED ACCOUNT			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-121	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190874

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA22 INTERNATIONAL EQUITY ACCT			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-122	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130554

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA23 LARGE CAP EQUITY ACCOUNT			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-123	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 224349

a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE EQUITY ACCOUNT			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75800

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS INTERNATIONAL ACCT.			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 246665

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH ACCT.			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172312

a Name of MTIA, CCT, PSA, or 103-12 IE: ALLIANCE BERNSTEIN SMALL MD CAP VAL			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142854

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACK ROCK LEGACY ACCOUNT			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8508

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL LVIP DELAWARE SPECIAL OPP			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-710	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15411

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALA SSGA S & P MIDCAP INDEX			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-713	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	37620

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL9 SSGA RUSSELL 1000 GROWTH			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-712	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8202

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL8 SSGA RUSSELL 1000 VALUE			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-711	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	37336

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALB SSGA RUSSELL SMALL CAP GRO			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-715	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8521

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA38 NEUBERG BERMAN AMT REGENCY			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25955

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACK ROCK MID CAP VALUE			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	99755

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REIT ACCOUNT			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	156782

a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERGMAN AMT REGENCY ACCOU			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	37877

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA54 AFIS INTERNATIONAL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-154	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43633

a Name of MTIA, CCT, PSA, or 103-12 IE: LNLSA63 FRANKLIN SMALL CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85372

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA65 MFS EMERGING GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20049

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA67 MFS VIT UTILITIES SERIES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 170396

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA70 JANUS ASPEN SERIES GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-170	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162664

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA56 DELAWARE PREMIUM SMALL CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-156	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 224988

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA58 FIDELITY VIP GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-158	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38347

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA59 FIDELITY VIP OVERSEAS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-159	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24178

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA61 GROWTH & INCOME ACCOUNT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-161	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA33 SOCIAL AWARENESS ACCOUNT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-133	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113570

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA34 JANUS ASPEN SERIES WW GROW		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-134	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72414
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA35 FIDELITY VIP CONTRAFUND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-135	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 470415
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA 84 FIDELITY VIP MID CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-184	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111415
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA92 AC VP INFLATION PROTECTION		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-192	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106468
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA 93 DEL DIVERSIFIED INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-193	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 258502
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA94 DELAWARE VIP EMERG MKTS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-194	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 215662
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S & P 500 INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-127	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 427971
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA86 TEMPLETON GLOBAL SECURITIE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-186	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164752
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA24 SMALL CAP EQUITY ACCOUNT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-124	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 262436
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA SMALL CAP INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94591

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA29 ALLIANCE VPS PREMIER GROTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-129	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24602
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA30 CONSERVATIVE BALANCED ACCT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 166666
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA31 ALLIANCE VPS TECHNOLOGY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-131	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49569
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA32 AGGRESSIVE BALANCED ACCOUN		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 250166
a Name of MTIA, CCT, PSA, or 103-12 IE: MGD MODERATE ACCOUNT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 163456
a Name of MTIA, CCT, PSA, or 103-12 IE: AF AMERICAN HIGH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3326
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL5 LVIP SSGA INTERNATIONAL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-708	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49862
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GLOBAL SMALL CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 176673
a Name of MTIA, CCT, PSA, or 103-12 IE: AF BOND AMERICA		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27037
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACK ROCK GLOBAL RESOURCES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 563313

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACK ROCK SMALL/MID-CAP GROWTH ACC**b** Name of sponsor of entity listed in (a): LINCLON NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	918
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA57 FIDELITY VIP EQUITY INCOME**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	84878
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA97 LVIP WILSHIRE MOD AGRESS P**b** Name of sponsor of entity listed in (a): LINOCLN NATIONAL LIFE INSURANCE CO,

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	109879
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA96 LVIP WILSHIRE MODERATE PRO**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2055
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA62 LVIP TEMPLETON GROWTH**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	62497
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a Name of MTIA, CCT, PSA, or 103-12 IE: MANAGED GROWTH ACCOUNT**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	91791
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan LAFAYETTE LIFE INSURANCE COMPANY PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE LAFAYETTE LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 35-0457540	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13752	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	23813	71034
(9) Value of interest in common/collective trusts.....	1c(9)	0	
(10) Value of interest in pooled separate accounts.....	1c(10)	8641152	9569039
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3071090	3785802
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11749807	13425875

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11749807	13425875
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	650382	
(B) Participants	2a(1)(B)	1044283	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1694665

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	139104	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3164	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		142268

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

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	1117553	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1117553
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2954486

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1259124	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1259124
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	19294	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		19294
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1278418

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1676068
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>		
A Name of plan <u>LAFAYETTE LIFE INSURANCE COMPANY PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE LAFAYETTE LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>35-0457540</u>	

Part I	Distributions
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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	
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 35-0472300

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

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

3	
----------	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

6a	
b Enter the amount contributed by the employer to the plan for this plan year	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	
6c	

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

The Lafayette Life Insurance Company Profit Sharing Plan
December 31, 2010 and 2009
and Year Ended December 31, 2010
With Report of Independent Auditors

Ernst & Young LLP

The Lafayette Life Insurance Company Profit Sharing Plan

Financial Statements and Supplemental Schedule

December 31, 2010 and 2009 and Year Ended December 31, 2010

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Report of Independent Auditors

The Benefit Plans Committee
The Lafayette Life Insurance Company Profit Sharing Plan

We were engaged to audit the accompanying statements of net assets available for benefits of The Lafayette Life Insurance Company Profit Sharing 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, and the supplemental schedule of assets (held at end of year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Notes 3 and 4 which was certified by The Lincoln National Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

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

Ernst & Young LLP

October 17, 2011

The Lafayette Life Insurance Company Profit Sharing Plan

Statements of Net Assets Available for Benefits

	December 31	
	2010	2009
Assets		
Investments, at fair value	\$ 13,520,659	\$ 11,716,775
Receivables:		
Employer contribution receivable	—	13,752
Notes receivable from participants	71,034	23,813
Total receivables	71,034	37,565
Net assets reflecting investments at fair value	13,591,693	11,754,340
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(165,818)	(4,533)
Net assets available for plan benefits	\$ 13,425,875	\$ 11,749,807

See accompanying notes.

The Lafayette Life Insurance Company Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2010

Additions

Contributions:

Participant	\$ 762,474
Rollovers	281,809
Employer	650,382
Interest and dividends	142,268
Net appreciation in fair value of pooled separate accounts	<u>1,117,553</u>
Total additions	<u>2,954,486</u>

Deductions

Distributions to participants	1,259,124
Investment fees	<u>19,294</u>
Total deductions	<u>1,278,418</u>

Net increase	1,676,068
--------------	-----------

Net assets available for benefits at beginning of year	<u>11,749,807</u>
Net assets available for benefits at end of year	<u><u>\$ 13,425,875</u></u>

See accompanying notes.

The Lafayette Life Insurance Company Profit Sharing Plan

Notes to Financial Statements

December 31, 2010

1. Description of Plan

General

The Lafayette Life Insurance Company Profit Sharing Plan (the Plan) is a defined-contribution plan established to provide retirement income and other benefits to eligible employees of The Lafayette Life Insurance Company (the Company, Employer, or Plan Sponsor). An employee must have reached age 21 to be eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). A more complete description of the Plan's provisions is contained in the Summary Plan Description, copies of which are available from the Company.

The Plan is administered by the Benefit Plans Committee comprised of members of the management of the Company. The ultimate parent of the Company and its subsidiaries is Western & Southern Financial Group, Inc. (Western & Southern).

Contributions

Each year, participants may contribute an elected percentage of pretax annual compensation, as defined, limited to a maximum as established by the Internal Revenue Service. Participants may also contribute amounts representing qualified rollovers from other qualified plans.

The Company may make Employer-matching contributions at its discretion. During 2010, Employer contributions were calculated at 50% of the first 6% of the participant's compensation contributed to the Plan. The Company may also make Employer discretionary profit-sharing contributions. For 2010, the Company made an elective contribution of 4% of compensation for all participants that were not covered in the original Lafayette Life Insurance Company Retirement Plan and Trust. Periodically, Western & Southern has made elective contributions for participants in Job Level 12 and below; no such contribution was made in 2010.

The Lafayette Life Insurance Company Profit Sharing Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Participant Accounts

Each participant's account is credited with the participant's contributions and the Employer's contributions and allocations of the Plan's earnings. Allocations are based on participant earnings or account balances, as defined. Forfeited balances of terminated participants' non-vested accounts are used to reduce future employer matching contributions. Forfeitures of \$10,313 and \$12,162 were used to reduce the employer match for 2010 and 2009, respectively. The benefit to which a participant is entitled is the balance of the participant's vested account. All amounts in participant accounts are participant-directed.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in Employer contributions plus actual earnings thereon is based on years of continuous service. For those contributions made by Western & Southern on behalf of the Company, participants vest at a rate of 20% per year after two years of credited service and are 100% vested after six years of credited service. For those contributions that the Company makes for those participants that are not covered by the original Lafayette Life Insurance Company Retirement Plan and Trust, participants vest at 0% for 3 years and 100% thereafter.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 and a maximum of the lesser of one-half of the amount of the participant's vested account or \$50,000 (both of which are reduced by any unpaid loan balance). The loans are collateralized by the participant's vested account and bear interest at rates equal to prime plus 2%. Should the participant terminate as an employee, the balance of the outstanding loan becomes due and payable or the participant's vested account will be used to pay the outstanding loan.

Payment of Benefits

Upon termination of service, death, disability, or retirement, a participant may receive a lump-sum amount equal to the vested value of his or her account, as defined. Normal retirement age under the Plan is 65 years.

The Lafayette Life Insurance Company Profit Sharing Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Administrative Expenses

Administrative expenses for accounting, record-keeping, and other services are paid by the Plan Sponsor.

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 the Plan terminates, participants will become 100 percent vested in their accounts.

2. Summary of Significant Accounting Policies

The following describes the significant accounting policies followed in the preparation of these financial statements, which have been prepared on the accrual basis of accounting.

Reclassifications

Certain prior year amounts in the notes to the financial statements have been reclassified to conform to the current year presentation.

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2009 or 2010. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

The Lafayette Life Insurance Company Profit Sharing Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan investments consist of units in pooled separate accounts and a guaranteed investment contract underwritten by The Lincoln National Life Insurance Company (Lincoln). Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 for further discussion and disclosures related to fair value measurements.

Fully Benefit-Responsive Guaranteed Investment Contract

The Plan invests in a fully benefit-responsive guaranteed investment contract (GIC) with Lincoln for which Lincoln guarantees a fixed rate of interest. This investment contract is initially measured at fair value (see Note 4); however, since this contract is fully benefit-responsive, an adjustment is reflected in the statements of net assets available for benefits to present the investment at contract value. Contract value is the relevant measurement attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under terms of the Plan. The contract value of the fully benefit-responsive investment contract represents contribution plus earnings, less participant withdrawals. There is no reserve against the contract value for credit risk of Lincoln, the contract issuer.

The Lafayette Life Insurance Company Profit Sharing Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

New Accounting Pronouncements

In January 2010, the FASB issued Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements*, (ASU 2010-06). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each “class” of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2 and 3 of the fair value hierarchy and present information regarding the purchases, sales, issuances and settlements of Level 3 assets and liabilities on a gross basis.

With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 is effective for reporting periods beginning after December 15, 2009. Since ASU 2010-06 only affects fair value measurement disclosures, adoption of ASU 2010-06 did not affect on the Plan’s net assets available for benefits or its changes in net assets available for benefits.

In September 2010, the FASB issued Accounting Standards Update 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*, (ASU 2010-25). ASU 2010-25 requires participant loans to be measured at their unpaid principal balance plus any accrued but unpaid interest and classified as notes receivable from participants. Previously loans were measured at fair value and classified as investments. ASU 2010-25 is effective for fiscal years ending after December 15, 2010 and is required to be applied retrospectively. Adoption of ASU 2010-25 did not change the value of participant loans from the amount previously reported as of December 31, 2009. Participant loans have been reclassified to notes receivable from participants as of December 31, 2009.

The Lafayette Life Insurance Company Profit Sharing Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

In May 2011, the FASB issued Accounting Standards Update 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs*, (ASU 2011-04). ASU 2011-04 amended ASC 820, *Fair Value Measurements and Disclosures*, to converge the fair value measurement guidance in US generally accepted accounting principles (GAAP) and International Financial Reporting Standards (IFRSs). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures [although certain of these new disclosures will not be required for nonpublic entities]. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

Subsequent Events

Management evaluated subsequent events for the Plan through October 17, 2011 the date the financial statements were available to be issued.

3. Investments

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

	December 31	
	2010	2009
The Lincoln National Life Insurance Company pooled separate accounts:*		
Government/Corporate Bond Account	\$ (a)	\$ 732,180
Short-Term Account	701,168	1,021,733
Black Rock Global Resources Account	(a)	609,887
The Lincoln National Life Insurance Company guaranteed investment contract:*		
Guaranteed Account (at fair value)	3,951,620	3,075,623
Guaranteed Account (at contract value)	3,785,802	3,071,090

*Represents a party in interest to the Plan.

The Lafayette Life Insurance Company Profit Sharing Plan

Notes to Financial Statements (continued)

3. Investments (continued)

- (a) Investment is less than 5% of the Plan's net assets available for benefits at applicable reporting date.

Other than the fair value of the GIC and the adjustment from fair value to contract value for the fully benefit-responsive investment contract, all investment information disclosed in the accompanying financial statements and supplemental schedule including investments held and notes receivable from participants at December 31, 2010 and 2009, and net appreciation in fair value of pooled separate accounts, interest and dividends for the year ended December 31, 2010, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by Lincoln, the custodian of the Plan. The contract value of the GIC was certified as complete and accurate by the custodian.

	December 31	
	2010	2009
The Lincoln National Life Insurance Company guaranteed investment contract:		
Guaranteed Account, at fair value	\$ 3,951,620	\$ 3,075,623
Guaranteed Account, at contract value	\$ 3,785,802	\$ 3,071,090

For the GIC with Lincoln, the crediting interest rate at December 31, 2010 and 2009 was 4%, and the average yield during 2010 was 4%. The crediting interest rate is calculated quarterly by Lincoln, but cannot be less than 4%. Contributions received in any quarter will earn interest at the declared (portfolio) rate for that quarter and the next three quarters. When contributions are beyond the initial four-quarter period, they will earn interest at the portfolio rate. The portfolio rate is declared for the coming quarter and is in effect only for that quarter.

Lincoln has the ability to terminate the guaranteed investment contract and settle at an amount different from contract value if one or more of the following occurs: the Plan breaches the contract in some way, the Plan ceases to meet the requirements of the appropriate Internal Revenue Code sections, or if after a reasonable amount of time, the account has not grown sufficiently.

The Lafayette Life Insurance Company Profit Sharing Plan

Notes to Financial Statements (continued)

3. Investments (continued)

Certain events limit the ability of the Plan to transact at contract value with the insurance company and the financial institution issuer. Such events include Plan termination, layoff, Company shutdown, sale, merger, consolidation, reorganization, spinoff or any other program instituted by the Plan Sponsor. The plan administrator does not believe that the occurrence of any such events that would limit the Plan's ability to transact at contract value with participants is probable.

4. Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on the following hierarchy that prioritizes inputs to valuation techniques used to measure fair value into three levels.

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The Lafayette Life Insurance Company Profit Sharing Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation techniques and inputs used for each major class of assets measured at fair value. There have been no changes in the methodologies used to estimate fair values in 2010 or 2009.

Pooled separate accounts: The fair value of the participation units in the pooled separate accounts are estimated by Lincoln and are based on the quoted redemption values of the underlying investments on the last business day of the Plan year. The Plan presents the net appreciation or depreciation in the fair value of its investments in pooled separate accounts in the statement of changes in net assets available for benefits, which consists of realized gains or losses and the unrealized appreciation or depreciation of the underlying investments of the pooled separate accounts.

Guaranteed investment contract: The fair value of the GIC is determined by Lincoln and is based upon the GIC's underlying investment in the general assets of Lincoln. These general assets are comprised of government and corporate bonds, mortgage-backed securities, preferred and equity securities valued on the last day of the year. The ratio of fair market value to amortized cost for Lincoln's general assets is then applied to the GIC's contract value determined as of year-end to determine the GIC's fair value.

The following tables present the Plan's assets that are measured at fair value on a recurring basis:

	As of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Guaranteed Investment Contract	\$ —	\$ —	\$ 3,951,620	\$ 3,951,620
Pooled Separate Accounts:				
Domestic Equity ⁽¹⁾	—	3,938,470	—	3,938,470
Fixed Income ⁽²⁾	—	2,636,394	—	2,636,394
International/Global Equity ⁽³⁾	—	2,019,333	—	2,019,333
Other ⁽⁴⁾	—	974,842	—	974,842
Total assets at fair value	\$ —	\$ 9,569,039	\$ 3,951,620	\$ 13,520,659

The Lafayette Life Insurance Company Profit Sharing Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

	As of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Guaranteed Investment Contract	\$ —	\$ —	\$ 3,075,623	\$ 3,075,623
Pooled Separate Accounts:				
Domestic Equity ⁽¹⁾	—	3,164,850	—	3,164,850
Fixed Income ⁽²⁾	—	2,650,121	—	2,650,121
International/Global Equity ⁽³⁾	—	2,093,128	—	2,093,128
Other ⁽⁴⁾	—	733,053	—	733,053
Total assets at fair value	\$ —	\$ 8,641,152	\$ 3,075,623	\$ 11,716,775

⁽¹⁾ These pooled funds seek long-term growth of capital, investing either directly or through underlying funds, in primarily U.S. equity investments.

⁽²⁾ These pooled funds seek current income while maintaining stability of principal, investing either directly or indirectly through underlying funds in primarily fixed-income investments such as bonds.

⁽³⁾ These pooled funds seek long-term growth of capital, investing either directly or through underlying funds, in primarily the stocks of multinational or global companies with a focus on emerging markets.

⁽⁴⁾ These pooled funds seek both growth and income, with stability of principal, investing either directly or indirectly through underlying funds that include stocks, bonds, and cash instruments.

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

	Guaranteed Investment Contract
Balance, beginning of year	\$ 3,075,623
Issuances, interest and settlements (net)	875,997
Balance, end of year	<u>\$ 3,951,620</u>

The Lafayette Life Insurance Company Profit Sharing Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

	Guaranteed Investment Contract
Balance, beginning of year	\$ 2,054,686
Issuances, interest and settlements (net)	<u>1,020,937</u>
Balance, end of year	<u><u>\$ 3,075,623</u></u>

The Plan did not have any significant assets measured at fair value on a nonrecurring basis as of December 31, 2010.

5. Risks and Uncertainties

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

6. Related Party Transactions

The Plan holds units of The Lincoln National Life Insurance Company guaranteed investment contract (GIC) managed by Lincoln National Life Insurance Company, the custodian of the Plan. Transactions relating to the GIC qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

The Lafayette Life Insurance Company Profit Sharing Plan

Notes to Financial Statements (continued)

7. Tax Status

The underlying non-standardized prototype plan has received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2008, stating that the form of the plan is qualified under Section 401(a) of the Internal Revenue Code, and therefore, the related trust is tax exempt. In accordance with Revenue Procedures 2010-6 and 2005-16, the Plan Sponsor has determined that it is eligible to and has chosen to rely on the current IRS prototype plan opinion letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Supplemental Schedule

The Lafayette Life Insurance Company Profit Sharing Plan

EIN #35-0457540 Plan #002

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

December 31, 2010

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value
The Lincoln National Life Insurance Company pooled separate accounts:*		
Short-Term Account	166,350 units	\$ 701,168
American Century VP Inflation Protection Acct	7,920 units	106,468
Delaware VIP Capital Reserves Account	12,023 units	150,185
Delaware VIP Diversified Income Account	15,880 units	258,502
Government/Corporate Bond Account	49,729 units	607,333
High Yield Bond Account	101,554 units	559,483
SSGA Bond Index Account	4,981 units	58,094
Templeton Global Inc. Sec. Account	9,307 units	164,752
Aggressive Balanced Account	91,445 units	250,166
Alliance VPS Growth and Income Account	3,197 units	36,772
American Funds Growth-Income Account	22,603 units	299,945
Balanced Account	20,074 units	190,874
BlackRock Large Cap Value Account	56,743 units	94,891
Conservative Balanced Account	60,918 units	166,666
Delaware Value Account	11,972 units	22,351
Fidelity VIP Equity-Income Account	6,833 units	84,878
Wilshire Mod Ag Prfl Account	10,300 units	109,879
Wilshire Mod Prfl Account	177 units	2,055
SSGA Russell 1000 Val Index Account	2,638 units	37,336
Value Equity Account	28,102 units	75,800
American Funds International Account	12,160 units	246,665
American Funds Growth Account	12,438 units	172,312
AFIS Global Growth	30,540 units	43,633
Alliance Bernstein Small Md Cap Value Acct	6,023 units	142,854
BlackRock Legacy Account	4,356 units	8,508
BlackRock Mid-Cap Value Account	42,454 units	99,755
Global REIT Account	7,699 units	156,782
Core Equity Account	16,860 units	262,406
Delaware VIP Small Cap Value Account	9,440 units	224,988

The Lafayette Life Insurance Company Profit Sharing Plan

EIN #35-0457540

Plan #002

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

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The Lincoln National Life Insurance Company pooled separate accounts (continued):*		
Fidelity VIP Contrafund Account	271,869 units	\$ 470,415
Fidelity VIP Growth Account	3,515 units	38,347
Fidelity VIP Overseas Account	1,541 units	24,178
International Equity Account	11,963 units	130,554
Janus Aspen Large Cap Growth Account	6,296 units	72,414
Large Cap Equity Account	22,743 units	224,349
Social Awareness Account	88,409 units	113,570
Deleware Special Opportunities Account	1,416 units	15,411
Neuberger Bergman AMT Regency Account	18,206 units	37,877
SSGA International Account	5,829 units	49,862
SSGA S&P 500 Index Account	375,281 units	427,971
Alliance VPS Premier Growth Account	2,186 units	24,602
Templeton Growth Account	4,346 units	62,497
MFS VIT Utilities Series Account	7,612 units	170,396
SSGA Russell Small Val Index Account	1,820 units	25,955
SSGA Russell 1000 Gr Index Account	613 units	8,202
SSGA S&P MidCap Index Account	2,367 units	37,620
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BlackRock Global Resources Account	104,877 units	563,313
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Delaware VIP Emerging Markets Account	6,975 units	215,662
Fidelity VIP Mid Cap Account	6,901 units	111,415
Franklin Small-Mid Cap Account	5,703 units	85,372
Janus Aspen Mid Cap Growth Account	9,621 units	162,664
SSGA Small Cap Index Account	48,665 units	94,591
Medium Cap Equity Account	15,090 units	262,524
MFS VIT Emerging Growth Series Account	1,487 units	20,049

The Lafayette Life Insurance Company Profit Sharing Plan

EIN #35-0457540 Plan #002

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

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The Lincoln National Life Insurance Company pooled separate accounts (continued):*		
Small Cap Equity Account	25,260 units	\$ 262,436
SSGA Russell Small Gr Index Account	613 units	8,521
Mgd Growth Account	79,078 units	91,792
Mgd Mod Account	14,336 units	163,456
AF Amer High	244 units	3,326
		<u>9,569,039</u>
The Lincoln National Life Insurance Company guaranteed investment contract:*		
Guaranteed Account	#GSA-73284, 4.00%	3,785,802
Participant loans*	5.11% to 10.25%	71,034
		<u><u>\$13,425,875</u></u>

*Indicates party in interest to the Plan.

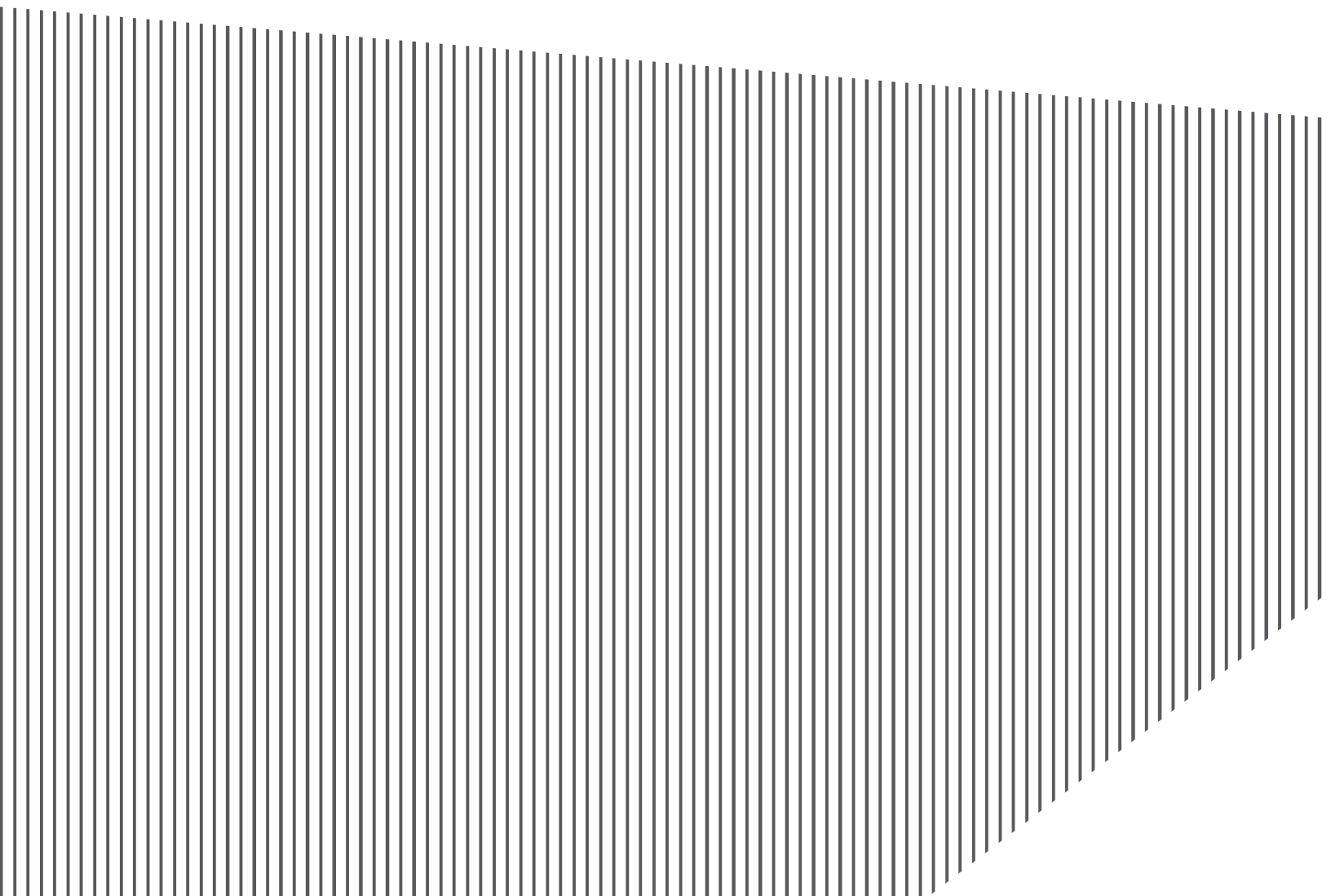
Note: Cost information has not been disclosed as all investments are participant-directed.

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The Lafayette Life Insurance Company Profit Sharing Plan

EIN #35-0457540 Plan #002

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PRELIMINARY AND TENTATIVE FOR DISCUSSION ONLY

The Lafayette Life Insurance Company Profit Sharing Plan

EIN #35-0457540

Plan #002

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

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PRELIMINARY AND TENTATIVE FOR DISCUSSION ONLY

The Lafayette Life Insurance Company Profit Sharing Plan

EIN #35-0457540 Plan #002

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

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*Indicates party in interest to the Plan.

Note: Cost information has not been disclosed as all investments are participant-directed.

PRELIMINARY AND TENTATIVE FOR DISCUSSION ONLY

The Lafayette Life Insurance Company Profit Sharing Plan
Statement of Changes in Net Assets Available for Plan Benefits

Year Ended December 31, 2010

Additions

Contributions:

Participant	\$ 1,135,739
Employer	732,995
Investment income	140,568
Total additions	<u>2,009,302</u>

Deductions

Distributions to participants	1,356,316
Investment fees	19,294
Total deductions	<u>1,375,610</u>

Net appreciation in fair value of pooled separate accounts	<u>1,256,656</u>
Net increase	1,890,348

Net assets available for plan benefits at beginning of year	<u>11,749,807</u>
Net assets available for plan benefits at end of year	<u><u>\$ 13,640,155</u></u>

See accompanying notes.

The Lafayette Life Insurance Company Profit Sharing Plan

Statements of Net Assets Available for Plan Benefits

	December 31	
	2010	2009
Assets		
Investments, at fair value	\$ 13,614,415	\$ 11,740,588
Employer contribution receivable	5,923	13,752
Employee contribution receivable	16,798	
Cash	126,859	
Net assets reflecting investments at fair value	<u>13,763,995</u>	<u>11,754,340</u>
Adjustment from fair value to contract value for benefit-responsive investment contract	(165,818)	(4,533)
Net assets available for plan benefits	<u><u>\$ 13,598,177</u></u>	<u><u>\$ 11,749,807</u></u>

See accompanying notes.