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), 6057(b), 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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GROUP RETIREMENT INCOME PLAN NO. 10

1b Three-digit plan number (PN) ▶ 334

1c Effective date of plan 01/01/1993

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

CC SERVICES, INC.

1701 TOWANDA AVENUE
BLOOMINGTON, IL 61701

2b Employer Identification Number (EIN)
37-1000579

2c Sponsor's telephone number
309-821-3672

2d Business code (see instructions)
541990

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.	10/15/2014	RACHAEL SKLAMBERG
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

GROUP RETIREMENT INCOME PLAN NO. 10 ADMINISTRATIVE COMMITTEE

1701 TOWANDA AVENUE
BLOOMINGTON, IL 61701

3b Administrator's EIN: 37-1000579

3c Administrator's telephone number: 309-821-3672

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**	5878
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**	3346
b	Retired or separated participants receiving benefits	**6b**	1192
c	Other retired or separated participants entitled to future benefits	**6c**	1278
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	5816
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	70
f	Total. Add lines **6d** and **6e**.	**6f**	5886
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	72
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 Characteristics Codes in the instructions:
1A

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
GROUP RETIREMENT INCOME PLAN NO. 10

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
CC SERVICES, INC.

D Employer Identification Number (EIN)
37-1000579

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

1 Coverage Information:

(a) Name of insurance carrier

COUNTRY LIFE INSURANCE CO.

(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
37-0808781	62553	GRIP 10	5890	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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

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

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

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

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

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

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

(b) 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**	18689097
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	974359445

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**	36277799
c	Additions: (1) Contributions deposited during the year	**7c(1)**	54800000		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	753236		
	(4) Transferred from separate account	**7c(4)**	26341000		
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6)Total additions			**7c(6)**	81894236
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	118172035
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	28189240		
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**	71293698		
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	99482938
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	18689097

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 organizations(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)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(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, line 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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan
GROUP RETIREMENT INCOME PLAN NO. 10

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CC SERVICES, INC.

D Employer Identification Number (EIN)
37-1000579

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2013

2	Assets:			
	a Market value		**2a**	844408133
	b Actuarial value		**2b**	840637933
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	1113	241826821
	b For terminated vested participants	**3b**	1145	43477359
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		55512358
	(2) Vested benefits	**3c(2)**		325827181
	(3) Total active	**3c(3)**	3639	381339539
	d Total	**3d**	5897	666643719
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.40 %
6	Target normal cost		**6**	27427457

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	10/08/2014 Date
FRANK C. WALTON Type or print name of actuary	14-07114 Most recent enrollment number
HEWITT ASSOCIATES LLC Firm name	847-295-5000 Telephone number (including area code)
4 OVERLOOK POINT LINCOLNSHIRE, IL 60069-4302 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	263100	33751969
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	263100	33751969
10	Interest on line 9 using prior year's actual return of 9.42 %	26100	3179435
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		57072921
	b Interest on (a) using prior year's effective interest rate of 7.11 % except as otherwise provided (see instructions)		4050225
	c Total available at beginning of current plan year to add to prefunding balance		61123146
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	289200	36931404

Part III Funding Percentages

14	Funding target attainment percentage	14	120.51 %
15	Adjusted funding target attainment percentage	15	126.10 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	124.86 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/22/2013	4500000	0			
08/30/2013	300000	0			
10/29/2013	50000000	0			
			Totals ► 18(b)	54800000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	52142517

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.94%	6.15%	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	27427457
b Excess assets, if applicable, but not greater than line 31a	**31b**	27427457

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	52142517

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	52142517
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan	**B** Three-digit plan number (PN) ▶
GROUP RETIREMENT INCOME PLAN NO. 10	334

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CC SERVICES, INC.	37-1000579

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

COUNTRY LIFE INSURANCE COMPANY

37-0808781

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
GROUP RETIREMENT INCOME PLAN NO. 10

B Three-digit plan number (PN) ▶ 334

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CC SERVICES, INC.

D Employer Identification Number (EIN)
37-1000579

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: SEPARATE ACCOUNT 'D'

b Name of sponsor of entity listed in (a): COUNTRY LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3061943-001	P	974359445

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
GROUP RETIREMENT INCOME PLAN NO. 10

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
CC SERVICES, INC.

D Employer Identification Number (EIN)
37-1000579

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	808138275	974359445
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	36277799	18689097
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	844416074	993048542
Liabilities			
g Benefit claims payable	1g	7941	7208
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	7941	7208
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	844408133	993041334

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	54800000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		54800000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	753236	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		753236
(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)		
(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
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		121268472
(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		176821708
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	28188507	
(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)		28188507
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)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		28188507
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		148633201
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: CLIFTONLARSONALLEN, LLP (2) EIN: 41-0746749

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X		18689097
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
GROUP RETIREMENT INCOME PLAN NO. 10

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
CC SERVICES, INC.

D Employer Identification Number (EIN)
37-1000579

Part I Distributions

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

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

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

EIN(s): 37-0808781

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** 58

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority 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. 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 50.0% Investment-Grade Debt: 31.0% High-Yield Debt: 1.0% Real Estate: 0.0% Other: 18.0%

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

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

GROUP RETIREMENT INCOME PLAN NO. 10
Bloomington, Illinois

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
December 31, 2013 and 2012



CliftonLarsonAllen

GROUP RETIREMENT INCOME PLAN NO. 10

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CliftonLarsonAllen LLP
301 SW Adams Street, Suite 900, PO Box 1835
Peoria, IL 61656-1835
309-671-4500 | fax 309-671-4508
www.CLAconnect.com

INDEPENDENT AUDITORS' REPORT

Plan Administrative Committee
Group Retirement Income Plan No. 10
Bloomington, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Group Retirement Income Plan No. 10 (Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by COUNTRY Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. 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 and for the years ended December 31, 2013 and 2012, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended December 31, 2013, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

CliftonLarsonAllen LLP

Peoria, Illinois
October 15, 2014

GROUP RETIREMENT INCOME PLAN NO. 10
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

ASSETS

	2013	2012
ASSETS		
Investment in deposit administration contract:		
General account, at fair value	$ 18,689,097	$ 36,277,799
Investments - Separate Account D at fair value	971,361,979	806,376,635
Accrued interest and dividend income	3,006,036	2,614,496
Total assets	993,057,112	845,268,930
LIABILITIES		
Accrued investment expenses	8,570	8,947
Claims payable	7,208	7,941
Other liabilities	-	843,909
Total liabilities	15,778	860,797
NET ASSETS AVAILABLE FOR BENEFITS	$ 993,041,334	$ 844,408,133

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

GROUP RETIREMENT INCOME PLAN NO. 10
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2013 and 2012

	2013	2012
ADDITIONS ATTRIBUTED TO		
Interest income credited to deposit administration contract, general account	$ 753,236	$ 853,151
Investment income, Pooled Separate Account:		
Interest	11,058,813	9,220,797
Dividends	15,734,537	11,484,273
Net appreciation in fair value of investments	94,520,806	42,951,528
	122,067,392	64,509,749
Employer contributions	54,800,000	44,500,000
Total additions	176,867,392	109,009,749
DEDUCTIONS ATTRIBUTED TO		
Benefits paid directly to participants	28,188,507	18,965,593
Investment expenses	45,684	30,241
Total deductions	28,234,191	18,995,834
Net increase	148,633,201	90,013,915
TRANSFER FROM COTTON STATES EMPLOYEES' RETIREMENT INCOME PLAN	-	63,947,491
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	844,408,133	690,446,727
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 993,041,334	$ 844,408,133

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

GROUP RETIREMENT INCOME PLAN NO. 10
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 1 - PLAN DESCRIPTION

The following brief description of the Group Retirement Income Plan No. 10 Issued to CC Services, Inc. (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined benefit pension plan covering substantially all employees of CC Services, Inc., and Illinois Agricultural Association (the Companies). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

(b) Plan Administration

The Plan is administered by an Administrative Committee whose members are appointed by the management of CC Services, Inc. The Committee serves without compensation. Administrative expenses of the Plan are paid by the employers.

(c) Pension Benefits

Employees are eligible to participate in the Plan if they have attained the age of 21 and have completed one year of service in which they have worked 1,000 hours. Employees are fully vested in accrued benefits after 5 years of vested service. Employees with less than 5 years of vested service have no vested accrued benefits.

Retirement benefits at age 65 are calculated based on a formula of 0.0165 times the average monthly earnings multiplied by the number of years of credited service up to a maximum of 32 years. Average monthly earnings are computed using the highest five consecutive calendar years out of the last ten. Annual compensation of each employee taken into account under the Plan is limited to $255,000, adjusted from time to time by cost of living increases. The Plan permits early retirement at ages 55-64. Retirement benefits are not paid to individuals who are still employed at age 70 until their actual retirement date. Employees have several different options to select from to receive pension benefits. The benefit payment options are: Life Annuity with 10-Years Certain, Joint and 2/3 Survivor Annuity, Qualified ERISA Joint and 50% Survivor Annuity, Joint and Survivor Annuity Options, and Life-Only Annuity Option.

Single participants are limited to the Life Annuity with 10-Years Certain and Life-Only Annuity Option. If an employee terminates employment prior to retirement and if the present value of any vested accrued benefit is less than $1,000, it will be paid in a lump sum and, if the vested accrued benefit is less than $300 per month, the benefit may be paid in the form of a lump sum at the participant's option. All other vested accrued benefits are subject to normal retirement provisions.

NOTE 1 - PLAN DESCRIPTION (CONTINUED)

(d) Death and Disability Benefits

If an employee dies prior to retirement, the Plan provides a death benefit of at least 100 times the accrued monthly retirement benefit. The death proceeds may be paid in one lump sum either as a death benefit to the beneficiary or as a Qualified Preretirement Survivor Annuity to the employee's spouse. The amount of benefits under this Plan, in the event of disability, are subject to a six month waiting period and will depend upon the employee's age at the time the disability retirement commences.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

(b) Valuation of Investments

The deposit administration contract with the Plan's insurance carrier, COUNTRY Life Insurance Company (a related party), is valued at fair value. The interest credited represents earnings on the investment of these contract funds which are held in the general investment accounts.

In 1998, Separate Account D was established under the contract to hold a portion of the assets of the Plan. Investments held in the separate account consist primarily of stocks, bonds, and mutual funds and are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Funds under the deposit administration contract that have been allocated and applied to purchase annuities (that is, COUNTRY Life Insurance Company is obligated to pay the related pension benefits) are excluded from the Plan's assets.

COUNTRY Life Insurance Company has guaranteed earnings of at least 3.00 percent with respect to the portion of assets held in its general account. The guarantee is cancelable, but only with twelve month advance written notice. The annual rate of interest credited during 2013 and 2012 was 4.0 and 4.5 percent, respectively.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(c) Payment of Benefits

Benefits are recorded when paid.

(d) Administrative Expenses

The Plan's expenses are paid either by the Plan or the employers as provided by the Plan document. Expenses that are paid directly by the employers are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

(e) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

(f) Reclassifications

Certain amounts in the 2012 financial statements have been reclassified to conform with the 2013 presentation. These reclassifications do not affect net assets available for benefits as previously reported.

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial cost methods utilized in determining the December 31, 2013 and 2012 valuations are the standard unit credit cost method and entry-age normal method, respectively. The valuations exclude benefits which have been purchased through annuity contracts.

The significant actuarial assumptions used in the valuation as of December 31, 2013 were:

a. Life expectancy of Participants (the generational mortality table for annuitants and non-annuitant per 1.430(h)(3)-1(d)).
b. Retirement Age Assumptions (Normal retirement age of 65 years; other active participants will elect early retirement from ages 55 to 64).
c. Investment Return (the assumed average rate of return was 7.0 percent per annum).
d. Future salary increases (ranges from 2.0 - 9.0 percent per annum depending on age).

The significant actuarial assumptions used in the valuation as of December 31, 2012 were:

a. Life expectancy of Participants (the generational mortality table for annuitants and non-annuitant per 1.430(h)(3)-1(d)).
b. Retirement Age Assumptions (Normal retirement age of 65 years; other active participants will elect early retirement from ages 55 to 64).
c. Investment Return (the assumed average rate of return was 7.5 percent per annum).
d. Future salary increases (ranges from 2.0 - 9.0 percent per annum depending on age).

The interest rate used to discount the obligation for 2013 and 2012 was 6.0 percent. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

NOTE 4 - CERTIFICATION OF INVESTMENT INFORMATION

COUNTRY Life Insurance Company has certified to the completeness and accuracy of the following assets and liabilities which are reflected in the statements of net assets available for benefits as of December 31, 2013 and 2012: general accounts at fair value, investments maintained in Separate Account D at fair value, and accrued interest and dividend income and investment expenses. COUNTRY Life Insurance Company has certified to the accuracy and completeness of the following income and expenses which are reflected in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2013 and 2012: interest income credited to deposit administration contract general accounts, investment income for Separate Account D (including interest and dividends, realized gains and losses, and unrealized gains and losses), and investment expenses. The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

NOTE 5 - FUNDING POLICY

The Plan is a noncontributory retirement plan. The participating Companies' funding policy is to make annual contributions to the Plan in amounts that are actuarially determined to maintain funding at a level sufficient to provide all benefits under the Plan as they come due. These contributions have met the minimum funding requirements of ERISA for the years ended December 31, 2013 and 2012.

NOTE 6 - PLAN TERMINATION

Although they have not expressed any intention to do so, the Companies have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and related regulations, generally to provide the following benefits in the order indicated:

a. There shall next be set aside an amount which will provide benefits for participants and their respective spouses or beneficiaries who were eligible to receive benefits at least three years prior to termination of the Plan, which benefits shall be based on Plan provisions in effect during the five-year period prior to the date of the Plan's termination under which such benefit would have been least.

b. There shall next be set aside an amount which will provide all other insured benefits as provided for under Title IV, Section 4044 of ERISA.

c. There shall next be set aside an amount which will provide all other nonforfeitable benefits under the provisions of the Plan on the termination date, but which is not insured under ERISA.

d. Finally, there shall be set aside an amount which will provide all other benefits for participants who did not have nonforfeitable interests as of the date of Plan termination.

Benefits to be provided via contracts under which the insurer is obligated to pay the benefits would be excluded for allocation purposes.

If the assets of the Plan as of the termination date are not sufficient to provide in whole the amounts required within the classes described, such assets shall be allocated pro rata within the class in which the amounts first cannot be provided in full. Allocation in any of the listed categories shall be adjusted for any allocation already made to the same participant under a prior category. Allocation of assets may be modified by the Internal Revenue Service to meet nondiscriminatory requirements.

NOTE 6 - PLAN TERMINATION (CONTINUED)

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Notwithstanding anything elsewhere contained in the Plan to the contrary, if the Plan terminates and the assets of the fund as allocated, as indicated previously, are insufficient to provide benefits guaranteed by the Plan as of March 31, 1985, then COUNTRY Life Insurance Company shall be liable for such deficiency and shall insure the payment of all such benefits so guaranteed.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE 7 - FAIR VALUE MEASUREMENTS

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

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

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

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

NOTE 7 - FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

The asset 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2013 and 2012.

Pooled Separate Account: Valued using the net asset value of units, which are based on observable market prices for the underlying assets, held by the Plan at year end.

Deposit *Administration Contract*: Valued at fair value by COUNTRY Life Insurance Company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Since the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, management evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) while others are substandard utilizing available market data (for example, swap curve rate).

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

	Assets at Fair Value as of December 31, 2013			
	(Level 1)	(Level 2)	(Level 3)	Total
Multi-strategy pooled separate account	$ -	$ 971,361,979	$ -	$ 971,361,979
Deposit administration contract	-	-	18,689,097	18,689,097
Total assets at fair value	$ -	$ 971,361,979	$ 18,689,097	$ 990,051,076

NOTE 7 - FAIR VALUE MEASUREMENTS (CONTINUED)

	Assets at Fair Value as of December 31, 2012			
	(Level 1)	(Level 2)	(Level 3)	Total
Multi-strategy pooled separate account	$ -	$ 806,376,635	$ -	$ 806,376,635
Deposit administration contract	-	-	36,277,799	36,277,799
Total assets at fair value	$ -	$ 806,376,635	$ 36,277,799	$ 842,654,434

The table below sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended December 31, 2013 and 2012.

	Deposit Administration Contract
Balance, January 1, 2013	$ 36,277,799
Cash contribution/purchases	54,800,000
Net transfers	(44,952,698)
Interest paid	753,236
Benefits paid	(28,189,240)
Balance, December 31, 2013	$ 18,689,097

	Deposit Administration Contract
Balance, January 1, 2012	$ 19,554,602
Cash contribution	44,500,000
Net transfers	(26,166,000)
Interest paid	853,151
Benefits paid	(18,957,652)
Transfer from Cotton States Employees' Retirement Income Plan	16,493,698
Balance, December 31, 2012	$ 36,277,799

NOTE 7 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of December 31, 2013 and 2012:

Investment Type	Fair Value 2013	Fair Value 2012	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Multi-strategy pooled separate account	$ 971,361,979	$ 806,376,635	$ -	Daily	Daily

The multi-strategy pooled separate account consists of sub-accounts investing in bonds, mortgage and asset backed securities, preferred and common stock, and money market funds. Each sub-account has its own investment strategy. Therefore, there is not one overall strategy for the pooled separate account.

Value Measurements

The following tables represent the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2013 and 2012.

December 31, 2013				
Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Deposit administration contract	$18,689,097	Assumed proceeds at discontinuance	Composite crediting rate	4.0%

December 31, 2012				
Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Deposit administration contract	$36,277,799	Assumed proceeds at discontinuance	Composite crediting rate	4.5%

NOTE 8 - INVESTMENTS

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

	2013	2012
Separate account D - COUNTRY Life Insurance Company	$971,361,979	$806,376,635

NOTE 9 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits as of December 31, 2013 and 2012, issued January 1, 2014 and 2013, respectively, for the most recent Plan valuation dates is as follows:

	December 31,	
	2013	2012
Vested benefits:		
Other participants	$ 406,144,650	$ 399,156,954
Retirees currently receiving payments	295,799,575	245,726,783
	701,944,225	644,883,737
Nonvested benefits	58,657,818	59,756,310
Total actuarial present value of accumulated plan benefits	$ 760,602,043	$ 704,640,047

The following is an analysis of the change in accumulated plan benefits for the years ended:

	December 31,	
	2013	2012
Actuarial present value of accumulated plan benefits - beginning of year	$ 704,640,047	$ 611,366,273
Benefit accumulation, net	55,961,996	93,273,774
Actuarial present value of accumulated plan benefits - end of year	$ 760,602,043	$ 704,640,047

Components of the $55,961,996 net increase in benefits accumulated in 2013 include $78,875,864 of benefit accumulation, less $28,188,507 of benefit payments to participants, plus $4,419,116 of Plan amendments, and plus $855,523 due to assumption changes. The interest rates and assumed bonuses were changed to better reflect anticipated future Plan experience.

NOTE 9 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Components of the $93,273,774 net increase in benefits accumulated in 2012 include $70,102,171 of benefit accumulation, less $21,148,434 of benefit payments to participants, plus $43,549,399 of Plan amendments, and plus $770,638 due to assumption changes. The salary scale, withdrawal rates, deferred vested retirement age, optional form election percentages, and lump sum interest rates were changed to better reflect anticipated future Plan experience. The Plan amendments relate to the merger of the Cotton States Employees' Retirement Income Plan effective December 31, 2012.

NOTE 10 - PARTY-IN-INTEREST TRANSACTIONS

The Plan investments are managed by COUNTRY Life Insurance Company. COUNTRY Life Insurance Company is the custodian as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment expenses were $45,684 and $30,241 for the years ended December 31, 2013 and 2012, respectively.

These transactions with a party-in-interest are statutorily or administratively exempt from the prohibited transaction provisions of ERISA.

NOTE 11 - RISKS AND UNCERTAINTIES

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

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

NOTE 12 - RECONCILIATION TO FORM 5500

	2013	2012
Investment income, Separate Account D:		
Interest and dividends	$ 26,793,350	$ 20,705,070
Net appreciation in fair value of investments	94,520,806	42,951,528
Investment expenses	(45,684)	(30,241)
Net investment gain from pooled separate account per the Form 5500	$ 121,268,472	$ 63,626,357
Investment maintained in Separate Account D	$ 971,361,979	$ 806,376,635
Accrued interest and dividend income	3,006,036	2,614,496
Accrued investment expenses	(8,570)	(8,947)
Other liabilities	-	(843,909)
Value of interest in pooled separate accounts per the Form 5500	$ 974,359,445	$ 808,138,275

NOTE 13 - PLAN TAX STATUS

A determination letter dated December 8, 2008 was received from the Internal Revenue Service stating that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan's tax counsel and the Plan administrator believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. The effects of an uncertain tax position are recognized in the financial statements when the position is more likely than not, based on the technical merits, to be sustained upon examination by the Internal Revenue Service (IRS). 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 the Plan is no longer subject to income tax examinations for years prior to 2010.

NOTE 14 - PLAN MERGER

Effective as of the close of business on December 31, 2012, the Cotton States Employees' Retirement Income Plan was merged with the Plan.

All employees of Cotton States Mutual Insurance Company became employees of CC Services, Inc. as of that date and any participants in the Cotton States Employees' Retirement Income Plan will become participants of the Plan.

NOTE 15 - SUBSEQUENT EVENTS

Management evaluated subsequent events through October 15, 2014, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

GROUP RETIREMENT INCOME PLAN NO. 10
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

EIN: 37-1000579
Plan Number: 334

Description	Maturity Date	Interest Rate	Par Value	Cost	Current Value
*Deposit Administration Group Annuity Contract - COUNTRY Life Insurance Company				$ 18,689,097	$ 18,689,097
*Separate Account D - COUNTRY Life Insurance Company - 99.2983%				809,924,265	974,359,445
Total					$ 993,048,542

*Party-in-interest according to ERISA

GROUP RETIREMENT INCOME PLAN NO. 10
SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2013

EIN: 37-1000579
Plan Number: 334

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category 1						
COUNTRY Life Insurance Company	Deposit Administration Group Annuity Contract: Purchase	$ 50,000,000	$ -	$ -	$ 50,000,000	$ -
Category 3						
COUNTRY Life Insurance Company	Deposit Administration Group Annuity Contract: Sales	$ -	$ 71,293,698	$ 71,293,698	$ 71,293,698	$ -
	Purchases	26,341,000	-	-	26,341,000	-

Columns (e) and (f) are not applicable.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Group Retirement Income Plan No. 10
EIN: 37-1000579 PN: 334

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2013

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	1	30 $37,467								
25-29	1	126 $45,405	109 $51,580							
30-34	1	121 $56,027	211 $58,856	115 $61,599						
35-39		64 $69,437	140 $72,564	181 $70,329	33 $76,825					
40-44	4	39 $63,698	93 $76,192	135 $76,788	105 $79,403	60 $71,282				
45-49	1	49 $66,387	98 $75,612	107 $74,847	87 $87,139	109 $89,037	72 $71,977			
50-54		42 $71,992	138 $71,750	86 $81,002	91 $78,596	93 $88,837	119 $88,465	100 $69,389	2	
55-59	1	37 $61,242	86 $67,632	67 $65,429	82 $76,893	50 $90,568	66 $93,006	85 $92,532	39 $76,308	1
60-64		25 $54,823	63 $69,083	47 $56,278	32 $73,488	30 $86,770	21 $115,042	32 $92,145	13	9
65-69		11	15	12	9	9	4	1	2	3
70+		3	6	9	4		1			1

N-3,639

Schedule SB Attachment (Form 5500)—2013 Plan Year
Group Retirement Income Plan No. 10
EIN: 37-1000579 PN: 334

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2012), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21
1st Segment Rate	4.94%
2nd Segment Rate	6.15%
3rd Segment Rate	6.76%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2012), without regard to the MAP-21 interest rate corridor
1st Segment Rate	1.75%
2nd Segment Rate	4.62%
3rd Segment Rate	5.72%
Salary Increases	
Minimum Funding Target Normal Cost	See Tables 1-A and 1-B, adjusted for short-term bonus expectations
Maximum Tax Expected Benefit Increase	See Tables 1-A and 1-B, adjusted for short-term bonus expectations
Optional Payment Form Election Percentage	If eligible, 100% lump sum first year after termination; deferred until retirement if after first year and eligible. If not lump sum eligible: 40% elect 10-year Certain and Life Annuity 60% elect Joint and 66.67% Survivor Annuity
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums

Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 61
Mortality Rates	
Healthy and Disabled	Generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(d)
Withdrawal Rates	See Table 3
Disability Rates	None
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are two years older than their spouses.
Valuation Compensation	2012 pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $205,000 and the IRC section 401(a)(17) compensation limit of $255,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2011 Plan Year	7.75% limited to 6.57%
2012 Plan Year	7.50%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Group Retirement Income Plan No. 10
EIN: 37-1000579 PN: 334

Trust Expenses Included in Target Normal Cost	None
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2013

Table 1

Salary Merit Increase Rates—A (Applicable to IAA and certain CCSI groups)

Age	Rate	Age	Rate
15	9.00%	45	3.00%
16	9.00%	46	3.00%
17	9.00%	47	3.00%
18	9.00%	48	3.00%
19	9.00%	49	3.00%
20	9.00%	50	3.00%
21	9.00%	51	3.00%
22	9.00%	52	3.00%
23	9.00%	53	3.00%
24	9.00%	54	3.00%
25	9.00%	55	2.50%
26	9.00%	56	2.50%
27	9.00%	57	2.50%
28	9.00%	58	2.50%
29	9.00%	59	2.50%
30	7.00%	60+	2.00%
31	7.00%		
32	7.00%		
33	7.00%		
34	7.00%		
35	5.00%		
36	5.00%		
37	5.00%		
38	5.00%		
39	5.00%		
40	3.50%		
41	3.50%		
42	3.50%		
43	3.50%		
44	3.50%		

Table 2

Salary Merit Increase Rates—B (Applicable to certain CCSI groups)

Age	Rate	Age	Rate
15	9.00%	45	4.00%
16	9.00%	46	4.00%
17	9.00%	47	4.00%
18	9.00%	48	4.00%
19	9.00%	49	4.00%
20	9.00%	50	4.00%
21	9.00%	51	4.00%
22	9.00%	52	4.00%
23	9.00%	53	4.00%
24	9.00%	54	4.00%
25	9.00%	55	3.50%
26	9.00%	56	3.50%
27	9.00%	57	3.50%
28	9.00%	58	3.50%
29	9.00%	59	3.50%
30	7.00%	60+	3.00%
31	7.00%		
32	7.00%		
33	7.00%		
34	7.00%		
35	5.00%		
36	5.00%		
37	5.00%		
38	5.00%		
39	5.00%		
40	4.00%		
41	4.00%		
42	4.00%		
43	4.00%		
44	4.00%		

Table 3

Retirement Rates

	Years of Service		
Age	**0-2**	**3-19**	**20+**
55	10.00%	5.00%	15.00%
56	10.00%	6.00%	10.00%
57	10.00%	7.00%	10.00%
58	10.00%	9.00%	10.00%
59	12.00%	12.00%	10.00%
60	14.00%	14.00%	15.00%
61	15.00%	15.00%	20.00%
62	16.00%	16.00%	35.00%
63	17.00%	17.00%	20.00%
64	18.00%	18.00%	40.00%
65	18.00%	18.00%	30.00%
66	18.00%	18.00%	30.00%
67	18.00%	18.00%	30.00%
68	18.00%	18.00%	30.00%
69	18.00%	18.00%	30.00%
70+	100.00%	100.00%	100.00%

Table 4—Page 1 of 2

Withdrawal Rates

	Years of Service				
Age	**0**	**1-2**	**3**	**4**	**5+**
18	23.60%	19.70%	11.80%	8.90%	6.50%
19	23.60%	19.70%	11.80%	8.90%	6.50%
20	23.60%	19.70%	11.80%	8.90%	6.50%
21	23.60%	19.70%	11.80%	8.90%	6.50%
22	23.60%	19.70%	11.80%	8.90%	6.50%
23	23.60%	19.70%	11.80%	8.90%	6.50%
24	23.60%	19.70%	11.80%	8.90%	6.50%
25	23.60%	19.70%	11.80%	8.90%	6.50%
26	23.60%	19.70%	11.80%	8.90%	6.50%
27	23.60%	19.70%	11.80%	8.90%	6.50%
28	23.60%	19.70%	11.80%	8.90%	6.50%
29	23.60%	19.70%	11.80%	8.90%	6.50%
30	23.60%	19.70%	11.80%	8.90%	5.90%
31	23.30%	18.70%	11.20%	8.40%	5.60%
32	23.00%	17.70%	10.60%	8.00%	5.30%
33	22.50%	16.70%	10.00%	7.50%	5.00%
34	21.90%	15.70%	9.40%	7.10%	4.70%
35	21.30%	14.70%	8.80%	6.60%	4.40%
36	21.00%	14.00%	8.40%	6.30%	4.20%
37	20.70%	13.30%	8.00%	6.00%	4.00%
38	20.30%	12.70%	7.60%	5.70%	3.80%
39	19.80%	12.00%	7.20%	5.40%	3.60%
40	19.30%	11.30%	6.80%	5.10%	3.40%
41	18.70%	10.70%	6.40%	4.80%	3.20%
42	18.00%	10.00%	6.00%	4.50%	3.00%
43	17.30%	9.30%	5.60%	4.20%	2.80%
44	16.50%	8.70%	5.20%	3.90%	2.60%
45	15.60%	8.00%	4.80%	3.60%	2.40%
46	15.30%	7.70%	4.60%	3.50%	2.30%
47	15.00%	7.30%	4.40%	3.30%	2.20%

Table 4—Page 2 of 2

Withdrawal Rates

	Years of Service				
Age	**0**	**1-2**	**3**	**4**	**5+**
48	14.70%	7.00%	4.20%	3.20%	2.10%
49	14.30%	6.70%	4.00%	3.00%	2.00%
50	13.90%	6.30%	3.80%	2.90%	1.90%
51	13.50%	6.00%	3.60%	2.70%	1.80%
52	13.00%	5.70%	3.40%	2.60%	1.70%
53	12.50%	5.30%	3.20%	2.40%	1.60%
54	12.00%	5.00%	3.00%	2.30%	1.50%
55	10.00%	10.00%	5.00%	5.00%	5.00%
56	10.00%	10.00%	6.00%	6.00%	6.00%
57	10.00%	10.00%	7.00%	7.00%	7.00%
58	10.00%	10.00%	9.00%	9.00%	9.00%
59	12.00%	12.00%	12.00%	12.00%	12.00%
60	14.00%	14.00%	14.00%	14.00%	14.00%
61	15.00%	15.00%	15.00%	15.00%	15.00%
62	16.00%	16.00%	16.00%	16.00%	16.00%
63	17.00%	17.00%	17.00%	17.00%	17.00%
64	18.00%	18.00%	18.00%	18.00%	18.00%
65	18.00%	18.00%	18.00%	18.00%	18.00%
66	18.00%	18.00%	18.00%	18.00%	18.00%
67	18.00%	18.00%	18.00%	18.00%	18.00%
68	18.00%	18.00%	18.00%	18.00%	18.00%
69	18.00%	18.00%	18.00%	18.00%	18.00%
70+	0.00%	0.00%	0.00%	0.00%	0.00%

Group Retirement Income Plan No. 10

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN #37-1000579 Plan #334

Year Ended December 31, 2013

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category 1						
COUNTRY Life Insurance Company	Deposit Administration Group Annuity Contract Acquired by Separate Account D on 10/29/2013	-	-	-	50,000,000	-
Category 3						
COUNTRY Life Insurance Company	Deposit Administration Group Annuity Contract Acquired by Separate Account D	-	-	-	71,293,698	-
	Disposed from Separate Acccount D	-	-	-	26,341,000	-

Columns (e) and (f) are not applicable.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan

Group Retirement Income Plan No. 10

B Three-digit plan number (PN) ▶ 334

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

CC Services, Inc.

D Employer Identification Number (EIN)

37-1000579

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2013

2	Assets:			
	a Market value		**2a**	844,408,133
	b Actuarial value		**2b**	840,637,933
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	1,113	241,826,821
	b For terminated vested participants	**3b**	1,145	43,477,359
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		55,512,358
	(2) Vested benefits	**3c(2)**		325,827,181
	(3) Total active	**3c(3)**	3,639	381,339,539
	d Total	**3d**	5,897	666,643,719
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.40 %
6	Target normal cost		**6**	27,427,457

Statement by Enrolled Actuary

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

SIGN HERE

Frank C. Walton F.C.W.

Signature of actuary

10-8-2014

Date

FRANK C. WALTON

Type or print name of actuary

14-07114

Most recent enrollment number

HEWITT ASSOCIATES LLC

Firm name

(847) 295-5000

Telephone number (including area code)

4 OVERLOOK POINT

LINCOLNSHIRE IL 60069-4302

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	263,100	33,751,969
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	263,100	33,751,969
10	Interest on line 9 using prior year's actual return of 9.42 %	26,100	3,179,435
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		57,072,921
	b Interest on (a) using prior year's effective interest rate of 7.11 % except as otherwise provided (see instructions)		4,050,225
	c Total available at beginning of current plan year to add to prefunding balance		61,123,146
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	289,200	36,931,404

Part III Funding Percentages

14	Funding target attainment percentage	14	120.51 %
15	Adjusted funding target attainment percentage	15	126.10 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	124.86 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/22/2013	4,500,000				
08/30/2013	300,000				
10/29/2013	50,000,000				
			Totals ▶ 18(b)	54,800,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	52,142,517

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.94 %	6.15 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	27,427,457
b Excess assets, if applicable, but not greater than line 31a	31b	27,427,457

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	52,142,517

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	52,142,517
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Schedule SB Attachment (Form 5500)—2013 Plan Year
Group Retirement Income Plan No. 10
EIN: 37-1000579 PN: 334

Schedule SB, line 7—Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

Effective December 31, 2012, the Cotton States Employees' Retirement Income Plan (EIN: 58-0830930 / PN: 001) was merged into the Group Retirement Income Plan No. 10.

The Cotton States Employees' Retirement Income Plan had a Funding Standard Carryover Balance of $263,100, (as of January 1, 2012) which is being shown on line 7a. This matches Line 13 on the 2012 Schedule SB filing for the Cotton States Employees' Retirement Income Plan. The Prefunding Balance on Line 7b matches Line 13 from the 2012 Schedule SB filing for the Group Retirement Income Plan No. 10.

The interest rates reported on Lines 10 and 11 of the filing reflect the 2012 interest rates for the Group Retirement Income Plan No. 10. The amounts in Line 10a and 11b are calculated under different interest rates than what is reported in the filing. The exhibit below outlines the development of the funded standard carryover balance and the prefunding balance amounts reported.

	Funding Standard Carryover Balance	Prefunding Balance
(Line 7) Beginning balance, January 1, 2012	$263,100	$33,751,969
(Line 8) Balances used during 2012		
(Line 9) Amount remaining, (1) - 2(c)	$263,100	$33,751,969
(Line 10) Investment return during 2012 plan year	9.92%[1]	9.42%[2]
(Line 10) Interest earned on balance. (3) x (4)	$26,100	$3,179,435
(Line 11) Prior year excess contributions		
(Line 11a) Excess 2012 plan year contributions		
(i) Excess cash contributions for the Cotton States Employees' Retirement Income Plan		$15,319,985
(i) Excess cash contributions for the Group Retirement Income Plan No. 10		41,752,936
(iii) Total excess contributions	N/A	$57,072,921
(Line 11b) Interest to December 31, 2012		
(i) Interest on excess cash contributions at EIR 7.06% for the Cotton States Employees' Retirement Income Plan		$1,081,591
(ii) Interest on excess cash contributions at EIR 7.11% for the Group Retirement Income Plan No. 10		$2,968,634
(iii) Total interest on excess contributions	N/A	$4,050,225
(Line 11c) Total available to add to balance	N/A	$61,123,146
(Line 11d) Excess contributions added to balance	N/A	$0
(Line 12) Balance waived or deemed waived for 2013 plan year	$0	$0
(Line 13) Balance, January 1, 2013, (7) - (8)	$289,200	$36,931,404

[1] Investment return for the Cotton States Employees' Retirement Income Plan

[2] Investment return for the Group Retirement Income Plan No. 10

Schedule SB Attachment (Form 5500)—2013 Plan Year
Group Retirement Income Plan No. 10
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2013

Date	Amount	Days to Discount to 1/1/2013 at 6.40%	Interest Adjusted Contribution
July 22, 2013	$ 4,500,000	202	$ 4,348,128
August 30, 2013	300,000	241	287,960
October 29, 2013	50,000,000	301	47,506,429
Total Contribution	$ 54,800,000		$ 52,142,517

Schedule SB Attachment (Form 5500)—2013 Plan Year
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Schedule SB, line 22—Description of Weighted Average Retirement Age

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

			(d)
(a)	(b)	(c)	Product
Age	Rate	Weight	(a) × (b) × (c)
55.5	15.00%	1.0000	8.33
56.5	10.00%	0.8500	4.80
57.5	10.00%	0.7650	4.40
58.5	10.00%	0.6885	4.03
59.5	10.00%	0.6197	3.69
60.5	15.00%	0.5577	5.06
61.5	20.00%	0.4740	5.83
62.5	35.00%	0.3792	8.30
63.5	20.00%	0.2465	3.13
64.5	40.00%	0.1972	5.09
65.5	30.00%	0.1183	2.32
66.5	30.00%	0.0828	1.65
67.5	30.00%	0.0580	1.17
68.5	30.00%	0.0406	0.83
69.5	30.00%	0.0284	0.59
70	100.00%	0.0199	1.39
		Weighted Average	60.61

Schedule SB Attachment (Form 5500)—2013 Plan Year
Group Retirement Income Plan No. 10
EIN: 37-1000579 PN: 334

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

A change to the assumed bonuses.

A change in the salary merit increase rates for IAA participants.

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Group Retirement Income Plan No. 10
EIN: 37-1000579 PN: 334

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2013

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	1	30 $37,467								
25-29	1	126 $45,405	109 $51,580							
30-34	1	121 $56,027	211 $58,856	115 $61,599						
35-39		64 $69,437	140 $72,564	181 $70,329	33 $76,825					
40-44	4	39 $63,698	93 $76,192	135 $76,788	105 $79,403	60 $71,282				
45-49	1	49 $66,387	98 $75,612	107 $74,847	87 $87,139	109 $89,037	72 $71,977			
50-54		42 $71,992	138 $71,750	86 $81,002	91 $78,596	93 $88,837	119 $88,465	100 $69,389	2	
55-59	1	37 $61,242	86 $67,632	67 $65,429	82 $76,893	50 $90,568	66 $93,006	85 $92,532	39 $76,308	1
60-64		25 $54,823	63 $69,083	47 $56,278	32 $73,488	30 $86,770	21 $115,042	32 $92,145	13	9
65-69		11	15	12	9	9	4	1	2	3
70+		3	6	9	4		1			1

N-3,639

Schedule SB Attachment (Form 5500)—2013 Plan Year
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2012), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21
1st Segment Rate	4.94%
2nd Segment Rate	6.15%
3rd Segment Rate	6.76%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2012), without regard to the MAP-21 interest rate corridor
1st Segment Rate	1.75%
2nd Segment Rate	4.62%
3rd Segment Rate	5.72%
Salary Increases	
Minimum Funding Target Normal Cost	See Tables 1-A and 1-B, adjusted for short-term bonus expectations
Maximum Tax Expected Benefit Increase	See Tables 1-A and 1-B, adjusted for short-term bonus expectations
Optional Payment Form Election Percentage	If eligible, 100% lump sum first year after termination; deferred until retirement if after first year and eligible. If not lump sum eligible: 40% elect 10-year Certain and Life Annuity 60% elect Joint and 66.67% Survivor Annuity
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums

Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 61
Mortality Rates	
Healthy and Disabled	Generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(d)
Withdrawal Rates	See Table 3
Disability Rates	None
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are two years older than their spouses.
Valuation Compensation	2012 pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $205,000 and the IRC section 401(a)(17) compensation limit of $255,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2011 Plan Year	7.75% limited to 6.57%
2012 Plan Year	7.50%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Group Retirement Income Plan No. 10
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Trust Expenses Included in Target Normal Cost	None
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2013

Table 1

Salary Merit Increase Rates—A (Applicable to IAA and certain CCSI groups)

Age	Rate	Age	Rate
15	9.00%	45	3.00%
16	9.00%	46	3.00%
17	9.00%	47	3.00%
18	9.00%	48	3.00%
19	9.00%	49	3.00%
20	9.00%	50	3.00%
21	9.00%	51	3.00%
22	9.00%	52	3.00%
23	9.00%	53	3.00%
24	9.00%	54	3.00%
25	9.00%	55	2.50%
26	9.00%	56	2.50%
27	9.00%	57	2.50%
28	9.00%	58	2.50%
29	9.00%	59	2.50%
30	7.00%	60+	2.00%
31	7.00%		
32	7.00%		
33	7.00%		
34	7.00%		
35	5.00%		
36	5.00%		
37	5.00%		
38	5.00%		
39	5.00%		
40	3.50%		
41	3.50%		
42	3.50%		
43	3.50%		
44	3.50%		

Table 2

Salary Merit Increase Rates—B (Applicable to certain CCSI groups)

Age	Rate	Age	Rate
15	9.00%	45	4.00%
16	9.00%	46	4.00%
17	9.00%	47	4.00%
18	9.00%	48	4.00%
19	9.00%	49	4.00%
20	9.00%	50	4.00%
21	9.00%	51	4.00%
22	9.00%	52	4.00%
23	9.00%	53	4.00%
24	9.00%	54	4.00%
25	9.00%	55	3.50%
26	9.00%	56	3.50%
27	9.00%	57	3.50%
28	9.00%	58	3.50%
29	9.00%	59	3.50%
30	7.00%	60+	3.00%
31	7.00%		
32	7.00%		
33	7.00%		
34	7.00%		
35	5.00%		
36	5.00%		
37	5.00%		
38	5.00%		
39	5.00%		
40	4.00%		
41	4.00%		
42	4.00%		
43	4.00%		
44	4.00%		

Table 3

Retirement Rates

	Years of Service		
Age	**0-2**	**3-19**	**20+**
55	10.00%	5.00%	15.00%
56	10.00%	6.00%	10.00%
57	10.00%	7.00%	10.00%
58	10.00%	9.00%	10.00%
59	12.00%	12.00%	10.00%
60	14.00%	14.00%	15.00%
61	15.00%	15.00%	20.00%
62	16.00%	16.00%	35.00%
63	17.00%	17.00%	20.00%
64	18.00%	18.00%	40.00%
65	18.00%	18.00%	30.00%
66	18.00%	18.00%	30.00%
67	18.00%	18.00%	30.00%
68	18.00%	18.00%	30.00%
69	18.00%	18.00%	30.00%
70+	100.00%	100.00%	100.00%

Table 4—Page 1 of 2

Withdrawal Rates

	Years of Service				
Age	**0**	**1-2**	**3**	**4**	**5+**
18	23.60%	19.70%	11.80%	8.90%	6.50%
19	23.60%	19.70%	11.80%	8.90%	6.50%
20	23.60%	19.70%	11.80%	8.90%	6.50%
21	23.60%	19.70%	11.80%	8.90%	6.50%
22	23.60%	19.70%	11.80%	8.90%	6.50%
23	23.60%	19.70%	11.80%	8.90%	6.50%
24	23.60%	19.70%	11.80%	8.90%	6.50%
25	23.60%	19.70%	11.80%	8.90%	6.50%
26	23.60%	19.70%	11.80%	8.90%	6.50%
27	23.60%	19.70%	11.80%	8.90%	6.50%
28	23.60%	19.70%	11.80%	8.90%	6.50%
29	23.60%	19.70%	11.80%	8.90%	6.50%
30	23.60%	19.70%	11.80%	8.90%	5.90%
31	23.30%	18.70%	11.20%	8.40%	5.60%
32	23.00%	17.70%	10.60%	8.00%	5.30%
33	22.50%	16.70%	10.00%	7.50%	5.00%
34	21.90%	15.70%	9.40%	7.10%	4.70%
35	21.30%	14.70%	8.80%	6.60%	4.40%
36	21.00%	14.00%	8.40%	6.30%	4.20%
37	20.70%	13.30%	8.00%	6.00%	4.00%
38	20.30%	12.70%	7.60%	5.70%	3.80%
39	19.80%	12.00%	7.20%	5.40%	3.60%
40	19.30%	11.30%	6.80%	5.10%	3.40%
41	18.70%	10.70%	6.40%	4.80%	3.20%
42	18.00%	10.00%	6.00%	4.50%	3.00%
43	17.30%	9.30%	5.60%	4.20%	2.80%
44	16.50%	8.70%	5.20%	3.90%	2.60%
45	15.60%	8.00%	4.80%	3.60%	2.40%
46	15.30%	7.70%	4.60%	3.50%	2.30%
47	15.00%	7.30%	4.40%	3.30%	2.20%

Table 4—Page 2 of 2

Withdrawal Rates

	Years of Service				
Age	**0**	**1-2**	**3**	**4**	**5+**
48	14.70%	7.00%	4.20%	3.20%	2.10%
49	14.30%	6.70%	4.00%	3.00%	2.00%
50	13.90%	6.30%	3.80%	2.90%	1.90%
51	13.50%	6.00%	3.60%	2.70%	1.80%
52	13.00%	5.70%	3.40%	2.60%	1.70%
53	12.50%	5.30%	3.20%	2.40%	1.60%
54	12.00%	5.00%	3.00%	2.30%	1.50%
55	10.00%	10.00%	5.00%	5.00%	5.00%
56	10.00%	10.00%	6.00%	6.00%	6.00%
57	10.00%	10.00%	7.00%	7.00%	7.00%
58	10.00%	10.00%	9.00%	9.00%	9.00%
59	12.00%	12.00%	12.00%	12.00%	12.00%
60	14.00%	14.00%	14.00%	14.00%	14.00%
61	15.00%	15.00%	15.00%	15.00%	15.00%
62	16.00%	16.00%	16.00%	16.00%	16.00%
63	17.00%	17.00%	17.00%	17.00%	17.00%
64	18.00%	18.00%	18.00%	18.00%	18.00%
65	18.00%	18.00%	18.00%	18.00%	18.00%
66	18.00%	18.00%	18.00%	18.00%	18.00%
67	18.00%	18.00%	18.00%	18.00%	18.00%
68	18.00%	18.00%	18.00%	18.00%	18.00%
69	18.00%	18.00%	18.00%	18.00%	18.00%
70+	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Group Retirement Income Plan No. 10
EIN: 37-1000579 PN: 334

Schedule SB, Part V—Summary of Plan Provisions

Group Retirement Income Plan 10

Effective Date	Amended as of January 1, 2012.
Eligibility for Participation	Employees who have completed one year of service and attained age 21.
Normal Retirement	
Eligibility	Attainment of age 65.
Monthly Benefit	Years of credited service (limited to 32 years) x 1.65% x final average earnings.
Early Retirement	
Eligibility	1. Option A: Age 55 and five years of vesting service. 2. Option B: Age 55 and 20 years of credited service (must terminate after attaining age 55).
Monthly Benefit	Accrued benefit reduced per tables below for each year by which payments precede age 65. 1. Option A Early Retirement Benefit (subject to prior plan protected benefit minimum):

Age	Reduction Factors
55	44%
56	47%
57	51%
58	56%
59	61%
60	66%
61	71%
62	78%
63	85%
64	92%
65+	100%

2. Option B Early Retirement Benefit:

   For portion of the benefit earned prior to January 1, 2012, the following reduction factors will apply:

Age	Reduction Factors
55	75%
56	80%
57	85%
58	90%
59	95%
60+	100%

   For portion of the benefit earned after December 31, 2011, the following reduction factors will apply:

Age	Reduction Factors
55	65%
56	70%
57	75%
58	80%
59	85%
60	90%
61	95%
62+	100%

   For those who were plan participants on December 31, 2004, the early retirement benefit formula provides no early retirement reduction on pre-2005 credited service, and the above factors apply only to post-2004 credited service.

Disability Retirement

Eligibility	Disability prior to commencement of retirement benefits, with five years of service, for the extent of the disability.
Benefit	If eligible for Option B Early Retirement within seven months of disability, an amount equal to the Option B Early Retirement Benefit. Otherwise, the accrued benefit, reduced for early commencement. Six month waiting period.

Preretirement Surviving Spouse Benefit	
Eligibility	For the Qualified Survivor Pension: All vested participants with a spouse at the time of death. For the Death Benefit: All vested participants, regardless of marital status.
Benefit	Qualified Survivor Pension: 66-2/3% of participant's accrued benefit, reduced for early retirement and the 66 2/3% joint and survivor option, payable to a surviving spouse commencing on the later of (a) The date the participant would have attained age 55, or (b) The date of death. Death Benefit (if larger): 100 times the participant's accrued benefit.
Vested Termination Benefits	
Eligibility	Five years of vesting service.
Benefit	Accrued benefit payable at normal retirement age, or payable at early retirement age with reductions as for early retirement.
Definitions	
Vesting Service	One year of vesting service is earned for each plan year in which 1,000 hours are worked.
Credited Service	One year of credited service is earned for each plan year in which 1,000 hours are worked.
Earnings Covered	Total taxable earnings, including eligible deferrals.
Final Average Earnings	The average monthly earnings for the highest five consecutive calendar years of such earnings out of the last ten years.
Normal Form of Benefit	Life annuity with a 120-month payment guarantee, or an actuarially equivalent 66 2/3% joint and survivor annuity if the participant is married.
Small Lump Sum Benefits	A lump sum is available to vested participants with an accrued benefit less than $300.00 per month.

Other

IAAA Spinoff	IAAA participants were spunoff out of the Group Retirement Income Plan No. 10 on September 30, 2009.
Cotton States Merger	Cotton States participants were merged with Group Retirement Income Plan 10 CC Services, Inc. on December 31, 2012.

Cotton States Employees' Retirement Income Plan

Effective Date	Amended and restated as of December 31, 2006.
Eligibility for Participation	Employees who have completed one year of service (1,000 hours) and attained age 21.
Normal Retirement Eligibility	Attainment of age 65.
Monthly Benefit	Accrued benefit is (a) plus (b), below: a. Post-2006 Accrued Benefit: Average monthly earnings x 1.73% x years of credited service earned after December 31, 2006. b. Adjusted Accrued Benefit: (1) plus (2): 1. Average monthly earnings x 1.73% x years of credited service earned after December 31, 2004 and prior to January 1, 2007; 2. The sum of (A) and (B): A. Average monthly earnings x 0.85% x years of credited service earned prior to January 1, 2005. B. Adjusted (in excess of covered compensation) average monthly earnings x 0.55% x years of credited service earned prior to January 1, 2005. Benefit will not be less than the protected benefit accrued as of December 30, 2006. Benefits are subject to limits on maximum aggregate years of creditable service.
Protected Optional Forms of Benefits	The protected portion of the participant's benefit can be distributed as a lump sum or a level income benefit if the participant elects that form.
Early Retirement Eligibility	1. Option A: Age 55 and five years of vesting service. 2. Option B: Age 55 with 20 years of credited service (must terminate after attaining age 55).

Monthly Benefit

Accrued benefit reduced per tables below for each year by which payments precede age 65.

1. Option A Early Retirement Benefit (subject to prior plan protected benefit minimum):

Age	Reduction Factors
55	44%
56	47%
57	51%
58	56%
59	61%
60	66%
61	71%
62	78%
63	85%
64	92%
65+	100%

2. Option B Early Retirement Benefit (also attained 20+ years of credited service):

   For portion of the benefit earned prior to January 1, 2012, the following reduction factors will apply:

Age	Reduction Factors
55	75%
56	80%
57	85%
58	90%
59	95%
60+	100%

For portion of the benefit earned after December 31, 2011, the following reduction factors will apply:

Age	Reduction Factors
55	65%
56	70%
57	75%
58	80%
59	85%
60	90%
61	95%
62+	100%

Disability Retirement

Eligibility — Disability prior to commencement of retirement benefits, with five years of service, for the extent of the disability.

Benefit — If eligible for Option B Early Retirement within seven months of disability, an amount equal to the Option B Early Retirement Benefit.

Otherwise, the accrued benefit, reduced for early commencement.

Preretirement Death Benefit

Eligibility — For the Qualified Survivor Pension: All vested participants with a spouse at the time of death.

For the Death Benefit: All vested participants, regardless of marital status.

Benefit — Qualified Survivor Pension: 66-2/3% of participant's accrued benefit, reduced for early retirement and the 66-2/3% joint and survivor option, payable to a surviving spouse commencing on the later of (a) The date the participant would have attained age 55, or (b) The date of death.

Death Benefit (if larger): 100 times the participant's accrued benefit.

Postretirement Surviving Spouse Benefit

Eligibility — All retired participants.

Benefit — 100% of retiree's monthly benefit, payable to a beneficiary at the date of death.

Vested Termination Benefits	
Eligibility	Five years of vesting service.
Benefit	Accrued benefit payable at normal retirement age, or payable at early retirement age with reductions as for early retirement.
Definitions	
Vesting Service	One year of vesting service is earned for each plan year in which 1,000 hours are worked.
Credited Service	One year of credited service is earned for each plan year in which 1,000 hours are worked.
Earnings Covered	W-2 compensation plus 401(k) and Section 125 contributions.
Average Monthly Earnings	The average monthly earnings for the highest five consecutive calendar years of such earnings out of the last ten years.
Normal Form of Benefit	Life annuity, or an actuarially equivalent 66-2/3% joint and survivor annuity if the participant is married.
Small Lump Sum Benefits	A lump sum is available to vested participants with an accrued benefit less than $300.00 per month.

Changes in Plan Provisions Since the Prior Year

The funding valuation reflects the following plan changes:

An update to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

The Cotton States Mutual Employees' Retirement Income Plan was merged into the Group Retirement Income Plan No. 10 effective December 31, 2012.

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

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

Schedule SB Attachment (Form 5500)—2013 Plan Year
Group Retirement Income Plan No. 10
EIN: 37-1000579 PN: 334

Schedule SB, line 7—Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

Effective December 31, 2012, the Cotton States Employees' Retirement Income Plan (EIN: 58-0830930 / PN: 001) was merged into the Group Retirement Income Plan No. 10.

The Cotton States Employees' Retirement Income Plan had a Funding Standard Carryover Balance of $263,100, (as of January 1, 2012) which is being shown on line 7a. This matches Line 13 on the 2012 Schedule SB filing for the Cotton States Employees' Retirement Income Plan. The Prefunding Balance on Line 7b matches Line 13 from the 2012 Schedule SB filing for the Group Retirement Income Plan No. 10.

The interest rates reported on Lines 10 and 11 of the filing reflect the 2012 interest rates for the Group Retirement Income Plan No. 10. The amounts in Line 10a and 11b are calculated under different interest rates than what is reported in the filing. The exhibit below outlines the development of the funded standard carryover balance and the prefunding balance amounts reported.

	Funding Standard Carryover Balance	Prefunding Balance
(Line 7) Beginning balance, January 1, 2012	$263,100	$33,751,969
(Line 8) Balances used during 2012		
(Line 9) Amount remaining, (1) - 2(c)	$263,100	$33,751,969
(Line 10) Investment return during 2012 plan year	9.92%[1]	9.42%[2]
(Line 10) Interest earned on balance. (3) x (4)	$26,100	$3,179,435
(Line 11) Prior year excess contributions		
(Line 11a) Excess 2012 plan year contributions		
(i) Excess cash contributions for the Cotton States Employees' Retirement Income Plan		$15,319,985
(i) Excess cash contributions for the Group Retirement Income Plan No. 10		41,752,936
(iii) Total excess contributions	N/A	$57,072,921
(Line 11b) Interest to December 31, 2012		
(i) Interest on excess cash contributions at EIR 7.06% for the Cotton States Employees' Retirement Income Plan		$1,081,591
(ii) Interest on excess cash contributions at EIR 7.11% for the Group Retirement Income Plan No. 10		$2,968,634
(iii) Total interest on excess contributions	N/A	$4,050,225
(Line 11c) Total available to add to balance	N/A	$61,123,146
(Line 11d) Excess contributions added to balance	N/A	$0
(Line 12) Balance waived or deemed waived for 2013 plan year	$0	$0
(Line 13) Balance, January 1, 2013, (7) - (8)	$289,200	$36,931,404

[1] Investment return for the Cotton States Employees' Retirement Income Plan

[2] Investment return for the Group Retirement Income Plan No. 10

Schedule SB Attachment (Form 5500)—2013 Plan Year
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2013

Date	Amount	Days to Discount to 1/1/2013 at 6.40%	Interest Adjusted Contribution
July 22, 2013	$ 4,500,000	202	$ 4,348,128
August 30, 2013	300,000	241	287,960
October 29, 2013	50,000,000	301	47,506,429
Total Contribution	$ 54,800,000		$ 52,142,517

Schedule SB Attachment (Form 5500)—2013 Plan Year
Group Retirement Income Plan No. 10
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Schedule SB, Part V—Summary of Plan Provisions

Group Retirement Income Plan 10

Effective Date	Amended as of January 1, 2012.
Eligibility for Participation	Employees who have completed one year of service and attained age 21.
Normal Retirement	
Eligibility	Attainment of age 65.
Monthly Benefit	Years of credited service (limited to 32 years) x 1.65% x final average earnings.
Early Retirement	
Eligibility	1. Option A: Age 55 and five years of vesting service. 2. Option B: Age 55 and 20 years of credited service (must terminate after attaining age 55).
Monthly Benefit	Accrued benefit reduced per tables below for each year by which payments precede age 65. 1. Option A Early Retirement Benefit (subject to prior plan protected benefit minimum):

Age	Reduction Factors
55	44%
56	47%
57	51%
58	56%
59	61%
60	66%
61	71%
62	78%
63	85%
64	92%
65+	100%

2. Option B Early Retirement Benefit:

   For portion of the benefit earned prior to January 1, 2012, the following reduction factors will apply:

Age	Reduction Factors
55	75%
56	80%
57	85%
58	90%
59	95%
60+	100%

   For portion of the benefit earned after December 31, 2011, the following reduction factors will apply:

Age	Reduction Factors
55	65%
56	70%
57	75%
58	80%
59	85%
60	90%
61	95%
62+	100%

   For those who were plan participants on December 31, 2004, the early retirement benefit formula provides no early retirement reduction on pre-2005 credited service, and the above factors apply only to post-2004 credited service.

Disability Retirement

Eligibility	Disability prior to commencement of retirement benefits, with five years of service, for the extent of the disability.
Benefit	If eligible for Option B Early Retirement within seven months of disability, an amount equal to the Option B Early Retirement Benefit. Otherwise, the accrued benefit, reduced for early commencement. Six month waiting period.

Preretirement Surviving Spouse Benefit	
Eligibility	For the Qualified Survivor Pension: All vested participants with a spouse at the time of death. For the Death Benefit: All vested participants, regardless of marital status.
Benefit	Qualified Survivor Pension: 66-2/3% of participant's accrued benefit, reduced for early retirement and the 66 2/3% joint and survivor option, payable to a surviving spouse commencing on the later of (a) The date the participant would have attained age 55, or (b) The date of death. Death Benefit (if larger): 100 times the participant's accrued benefit.
Vested Termination Benefits	
Eligibility	Five years of vesting service.
Benefit	Accrued benefit payable at normal retirement age, or payable at early retirement age with reductions as for early retirement.
Definitions	
Vesting Service	One year of vesting service is earned for each plan year in which 1,000 hours are worked.
Credited Service	One year of credited service is earned for each plan year in which 1,000 hours are worked.
Earnings Covered	Total taxable earnings, including eligible deferrals.
Final Average Earnings	The average monthly earnings for the highest five consecutive calendar years of such earnings out of the last ten years.
Normal Form of Benefit	Life annuity with a 120-month payment guarantee, or an actuarially equivalent 66 2/3% joint and survivor annuity if the participant is married.
Small Lump Sum Benefits	A lump sum is available to vested participants with an accrued benefit less than $300.00 per month.

Other

IAAA Spinoff	IAAA participants were spunoff out of the Group Retirement Income Plan No. 10 on September 30, 2009.
Cotton States Merger	Cotton States participants were merged with Group Retirement Income Plan 10 CC Services, Inc. on December 31, 2012.

Cotton States Employees' Retirement Income Plan

Effective Date	Amended and restated as of December 31, 2006.
Eligibility for Participation	Employees who have completed one year of service (1,000 hours) and attained age 21.
Normal Retirement Eligibility	Attainment of age 65.
Monthly Benefit	Accrued benefit is (a) plus (b), below: a. Post-2006 Accrued Benefit: Average monthly earnings x 1.73% x years of credited service earned after December 31, 2006. b. Adjusted Accrued Benefit: (1) plus (2): 1. Average monthly earnings x 1.73% x years of credited service earned after December 31, 2004 and prior to January 1, 2007; 2. The sum of (A) and (B): A. Average monthly earnings x 0.85% x years of credited service earned prior to January 1, 2005. B. Adjusted (in excess of covered compensation) average monthly earnings x 0.55% x years of credited service earned prior to January 1, 2005. Benefit will not be less than the protected benefit accrued as of December 30, 2006. Benefits are subject to limits on maximum aggregate years of creditable service.
Protected Optional Forms of Benefits	The protected portion of the participant's benefit can be distributed as a lump sum or a level income benefit if the participant elects that form.
Early Retirement Eligibility	1. Option A: Age 55 and five years of vesting service. 2. Option B: Age 55 with 20 years of credited service (must terminate after attaining age 55).

Monthly Benefit

Accrued benefit reduced per tables below for each year by which payments precede age 65.

1. Option A Early Retirement Benefit (subject to prior plan protected benefit minimum):

Age	Reduction Factors
55	44%
56	47%
57	51%
58	56%
59	61%
60	66%
61	71%
62	78%
63	85%
64	92%
65+	100%

2. Option B Early Retirement Benefit (also attained 20+ years of credited service):

   For portion of the benefit earned prior to January 1, 2012, the following reduction factors will apply:

Age	Reduction Factors
55	75%
56	80%
57	85%
58	90%
59	95%
60+	100%

For portion of the benefit earned after December 31, 2011, the following reduction factors will apply:

Age	Reduction Factors
55	65%
56	70%
57	75%
58	80%
59	85%
60	90%
61	95%
62+	100%

Disability Retirement

Eligibility — Disability prior to commencement of retirement benefits, with five years of service, for the extent of the disability.

Benefit — If eligible for Option B Early Retirement within seven months of disability, an amount equal to the Option B Early Retirement Benefit.

Otherwise, the accrued benefit, reduced for early commencement.

Preretirement Death Benefit

Eligibility — For the Qualified Survivor Pension: All vested participants with a spouse at the time of death.

For the Death Benefit: All vested participants, regardless of marital status.

Benefit — Qualified Survivor Pension: 66-2/3% of participant's accrued benefit, reduced for early retirement and the 66-2/3% joint and survivor option, payable to a surviving spouse commencing on the later of (a) The date the participant would have attained age 55, or (b) The date of death.

Death Benefit (if larger): 100 times the participant's accrued benefit.

Postretirement Surviving Spouse Benefit

Eligibility — All retired participants.

Benefit — 100% of retiree's monthly benefit, payable to a beneficiary at the date of death.

Vested Termination Benefits	
Eligibility	Five years of vesting service.
Benefit	Accrued benefit payable at normal retirement age, or payable at early retirement age with reductions as for early retirement.
Definitions	
Vesting Service	One year of vesting service is earned for each plan year in which 1,000 hours are worked.
Credited Service	One year of credited service is earned for each plan year in which 1,000 hours are worked.
Earnings Covered	W-2 compensation plus 401(k) and Section 125 contributions.
Average Monthly Earnings	The average monthly earnings for the highest five consecutive calendar years of such earnings out of the last ten years.
Normal Form of Benefit	Life annuity, or an actuarially equivalent 66-2/3% joint and survivor annuity if the participant is married.
Small Lump Sum Benefits	A lump sum is available to vested participants with an accrued benefit less than $300.00 per month.

Changes in Plan Provisions Since the Prior Year

The funding valuation reflects the following plan changes:

An update to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

The Cotton States Mutual Employees' Retirement Income Plan was merged into the Group Retirement Income Plan No. 10 effective December 31, 2012.

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

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

EIN 37-1000579
Plan Number 334

Group Retirement Income Plan No. 10
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2013

DESCRIPTION	MATURITY DATE	INTEREST RATE	PAR VALUE	COST	CURRENT VALUE
*Deposit Administration Group Annuity Contract - COUNTRY Life Insurance Company				18,689,097.22	18,689,097.22
*Separate Account D - COUNTRY Life Insurance Company				809,924,264.98	974,359,445.06

*Represents a party in interest to the Plan.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Group Retirement Income Plan No. 10
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Schedule SB, line 22—Description of Weighted Average Retirement Age

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

			(d)
(a)	(b)	(c)	Product
Age	Rate	Weight	(a) × (b) × (c)
55.5	15.00%	1.0000	8.33
56.5	10.00%	0.8500	4.80
57.5	10.00%	0.7650	4.40
58.5	10.00%	0.6885	4.03
59.5	10.00%	0.6197	3.69
60.5	15.00%	0.5577	5.06
61.5	20.00%	0.4740	5.83
62.5	35.00%	0.3792	8.30
63.5	20.00%	0.2465	3.13
64.5	40.00%	0.1972	5.09
65.5	30.00%	0.1183	2.32
66.5	30.00%	0.0828	1.65
67.5	30.00%	0.0580	1.17
68.5	30.00%	0.0406	0.83
69.5	30.00%	0.0284	0.59
70	100.00%	0.0199	1.39
		Weighted Average	60.61

Schedule SB Attachment (Form 5500)—2013 Plan Year
Group Retirement Income Plan No. 10
EIN: 37-1000579 PN: 334

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

A change to the assumed bonuses.

A change in the salary merit increase rates for IAA participants.

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall; as such, approval of the Commissioner is not required.