

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>07/01/2013</u> and ending <u>06/30/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information								
1a Name of plan <u>INTEGRITY PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1950</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1950</u>					
1b Three-digit plan number (PN) ▶	<u>001</u>								
1c Effective date of plan <u>07/01/1950</u>									
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>INTEGRITY MUTUAL INSURANCE COMPANY</u> <u>PO BOX 539</u> <u>APPLETON, WI 54912-0539</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>39-0367560</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>920-734-4511</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>524290</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>39-0367560</u>		2c Sponsor's telephone number <u>920-734-4511</u>		2d Business code (see instructions) <u>524290</u>			
2b Employer Identification Number (EIN) <u>39-0367560</u>									
2c Sponsor's telephone number <u>920-734-4511</u>									
2d Business code (see instructions) <u>524290</u>									

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>04/10/2015</u>	<u>KATEY SMITH</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>04/10/2015</u>	<u>KATEY SMITH</u>
	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		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	161
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	58
b Retired or separated participants receiving benefits		6b	36
c Other retired or separated participants entitled to future benefits.....		6c	53
d Subtotal. Add lines 6a , 6b , and 6c		6d	147
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	12
f Total. Add lines 6d and 6e		6f	159
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2013 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014		
A Name of plan INTEGRITY PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTEGRITY MUTUAL INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0367560	

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	525730	159	02/01/2014	06/30/2014

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(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
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	6934156

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. Specify nature of costs ▶	6d	

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	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in 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
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

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

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

A Name of plan <u>INTEGRITY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INTEGRITY MUTUAL INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0367560</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2013</u>
2	Assets:
a	Market value 2a <u>11582530</u>
b	Actuarial value 2b <u>11277808</u>
3	Funding target/participant count breakdown:
a	For retired participants and beneficiaries receiving payment..... 3a <u>41</u> <u>3523956</u>
b	For terminated vested participants..... 3b <u>54</u> <u>2333431</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>23901</u>
(2)	Vested benefits 3c(2) <u>3401507</u>
(3)	Total active..... 3c(3) <u>61</u> <u>3425408</u>
d	Total..... 3d <u>156</u> <u>9282795</u>
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 <u>6.38 %</u>
6	Target normal cost..... 6 <u>359385</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>07/08/2014</u>
	Signature of actuary	Date
<u>SONDRA L. HEETER</u>	Type or print name of actuary	<u>14-00997</u>
		Most recent enrollment number
<u>MCCREADY & KEENE, INC.</u>	Firm name	<u>317-849-4333</u>
		Telephone number (including area code)
<u>7941 CASTLEWAY DRIVE</u> <u>P.O. BOX 50460</u> <u>INDIANAPOLIS, IN 46250-0460</u>	Address of the firm	

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

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

Schedule SB (Form 5500) 2013
v. 130118

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)	0	1341306
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)	0	1341306
10 Interest on line 9 using prior year's actual return of <u>13.28</u> %		178125
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		245855
b Interest on (a) using prior year's effective interest rate of <u>7.09</u> % except as otherwise provided (see instructions)		17431
c Total available at beginning of current plan year to add to prefunding balance		263286
d Portion of (c) to be added to prefunding balance		263286
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)	0	1782717

Part III Funding Percentages		
14 Funding target attainment percentage	14	102.28 %
15 Adjusted funding target attainment percentage	15	121.49 %
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	110.15 %
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
06/09/2014	399330				
			Totals ►	18(b)	399330
				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 376783
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: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 65
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	359385
b Excess assets, if applicable, but not greater than line 31a		31b	212296
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	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...		34	147089
	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	147089
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	376783
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	229694
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning **07/01/2013** and ending **06/30/2014**

A Name of plan INTEGRITY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTEGRITY MUTUAL INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0367560

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

42-0127290

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	CONTRACT ADMINISTRATOR	21780	Yes ☒ No ☐	Yes ☒ No ☐	0	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

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

a Name: MCCREADY AND KEENE	b EIN: 35-0500670
c Position: ENROLLED ACTUARY	
d Address: 7941 CASTLEWAY DRIVE INDIANAPOLIS, IN 46250	e Telephone: 315-576-1513

Explanation: CHANGE TO PRINCIPAL

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.
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

A Name of plan <u>INTEGRITY PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INTEGRITY MUTUAL INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0367560</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP VALUE III SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-022</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>568874</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MONEY MARKET SEP ACCT-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>132648</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCP S&P 500 INDEX SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3096753</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP GROWTH I SEP ACCT-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-070</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>191096</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMALLCAP GROWTH II SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-071</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN CORE PLUS BOND I SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-115</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2288530</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN HIGH YIELD SEP ACCT-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-137</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>656254</u>		

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
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014		
A Name of plan INTEGRITY PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTEGRITY MUTUAL INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0367560	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
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)	22120	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	115368	0
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	0	6934156
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11443240	6531972
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11580728	13466128

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11580728	13466128
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	399330	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		399330
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	552217	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		552217
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		478627
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		866687
c Other income.....	2c		-22120
d Total income. Add all income amounts in column (b) and enter total.....	2d		2274748

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	366102	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		366102
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	23246	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		23246
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		389348

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1885400
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WIPFLI LLP

(2) EIN: 39-0758449

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:

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.).....

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.).....

	Yes	No	Amount
4a		X	0
4b		X	0

	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.)		X	0
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	0
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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.
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

A Name of plan <u>INTEGRITY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTEGRITY MUTUAL INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0367560</u>

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	<u>0</u>
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): <u>42-0127290</u> <u>13-3795042</u>		
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	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

Integrity Pension Plan

Appleton, Wisconsin

Financial Statements and Supplemental Schedules

Years Ended June 30, 2014 and 2013

Integrity Pension Plan

Financial Statements and Supplemental Schedules

Years Ended June 30, 2014 and 2013

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Independent Auditor's Report

Audit Committee and Board of Directors
Integrity Mutual Insurance Company
Appleton, Wisconsin

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Integrity Pension Plan, which comprise the statements of net assets available for benefits as of June 30, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of June 30, 2013, and the related statement of changes in accumulated plan benefits for the year ended June 30, 2013, 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; 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. 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 7, which was certified by JP Morgan Chase Trust Company, N.A. and Principal Life Insurance Company, the trustees 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 Principal Life Insurance Company held the Plan's investment assets and executed investment transactions from February 1, 2014 to June 30, 2014, and JP Morgan Chase Trust Company, N.A. held the Plan's investment assets and executed investment transactions from July 1, 2012 to January 31, 2014. The plan administrator has obtained certifications from the trustees as of and for the years ended June 30, 2014 and 2013, that the information provided to the plan administrator by the trustees 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 of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2014, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended June 30, 2014, are required by the Department of Labor's 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 the Department of Labor's 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 trustees, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Wipfli LLP". The signature is written in a cursive, flowing style.

Wipfli LLP

March 25, 2015
2901 East Enterprise Avenue, Suite 500
Appleton, Wisconsin 54913

Integrity Pension Plan

Statements of Net Assets Available for Benefits

June 30, 2014 and 2013

	2014	2013
<i>Assets</i>		
Investments, at fair value:		
Money market fund	\$0	\$115,368
Mutual funds	6,531,972	11,443,240
Pooled separate accounts	6,934,156	0
Total investments, at fair value	13,466,128	11,558,608
Receivables - Interest and dividends	0	22,120
Net assets available for benefits	\$13,466,128	\$11,580,728

Integrity Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended June 30, 2014 and 2013

	2014	2013
Investment income:		
Net appreciation in fair value of investments	\$1,345,314	\$965,010
Interest and dividends	530,104	353,514
Total investment income	1,875,418	1,318,524
Employer contributions	399,330	262,103
Deductions:		
Administrative expenses	23,246	0
Benefits paid to participants	366,102	359,310
Total deductions	389,348	359,310
Net increase in net assets available for benefits	1,885,400	1,221,317
Net assets available for benefits at beginning	11,580,728	10,359,411
Net assets available for benefits at end	\$13,466,128	\$11,580,728

Integrity Pension Plan

Statement of Accumulated Plan Benefits

June 30, 2013

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments

\$4,163,095

Other participants

7,794,003

Total vested benefits

11,957,098

Nonvested benefits

32,315

Total actuarial present value of accumulated plan benefits

\$11,989,413

Integrity Pension Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended June 30, 2013

Actuarial present value of accumulated plan benefits at beginning	\$10,375,436
Increase (decrease) during the year attributable to:	
Interest	556,474
Benefit payments	(359,310)
Benefits accumulated and other	325,986
Actuarial assumption changes	1,092,146
Actuarial gain	(1,319)

| Actuarial present value of accumulated plan benefits at end | \$11,989,413 |

Integrity Pension Plan

Notes to Financial Statements

Note 1 Description of Plan

The following description of Integrity Pension Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering substantially all employees of Integrity Mutual Insurance Company (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by the Company's Retirement Committee (the "Committee"), which is a committee composed of the Vice President of Human Resources and Administration, Director of Finance, and President. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Company's Board of Directors.

Participation

Employees hired prior to June 30, 2008, became eligible to participate in the Plan on January 1 or July 1, following completion of one year of service, with at least 1,000 hours, and attainment of age 21.

Effective June 30, 2008, the Plan froze participation to new participants and rehires. There will be no change in plan provisions or eligible benefits for employees hired on or before June 30, 2008.

Integrity Pension Plan

Notes to Financial Statements

Note 1 **Description of Plan** (Continued)

Retirement Benefits

Employees are entitled to monthly pension benefits beginning at normal retirement age (65) equal to 1.25% of their monthly plan compensation multiplied by their years of service. The Plan also permits early retirement at ages 55 to 64, with monthly pension benefits beginning at normal retirement age. Employees may elect to have their benefits begin prior to normal retirement age in a reduced monthly amount in accordance with the provisions of the Plan. Employees may also elect to receive their benefits in actuarial equivalent methods of payment as defined by the Plan. Employees may elect to receive their pension benefits in the form of a life annuity or a joint and survivor annuity. If employees terminate prior to retirement, before rendering five years of service, they forfeit the right to receive their accumulated plan benefits. If the present value of vested benefits is \$1,000 or less, benefits will automatically be paid in a single lump sum.

Contributions

The Company contributes amounts as necessary, up to the maximum amount allowed under the Internal Revenue Service (IRS), on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to the Plan's participants under the provisions of ERISA. The Company met the minimum funding requirements under ERISA and contributed \$399,330 and \$262,103 for the years ended June 30, 2014 and 2013, respectively.

Vesting

Benefits under the provisions of the Plan become fully vested at the time the participant has completed five years of credited service. An active participant who reaches normal retirement age becomes fully vested whether or not he or she has completed five years of service.

Death Benefits

If an employee dies after completing at least five years of vesting service or satisfying any of the retirement requirements, a death benefit in the form of a survivor annuity is paid to the employee's beneficiary.

Integrity Pension Plan

Notes to Financial Statements

Note 2 Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets 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.

Investment Valuation and Income Recognition

The Plan's investments 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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 5 for discussion of fair value measurements.

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

Payment of Benefits

Distributions to participants or their beneficiaries are recorded when paid.

Integrity Pension Plan

Notes to Financial Statements

Note 2 **Summary of Significant Accounting Policies** (Continued)

Administrative Expenses

Administrative expenses incurred in conjunction with the Plan are paid by the Plan. However, in 2013, these expenses were paid directly by the Company.

Subsequent Events

The Plan has evaluated subsequent events through March 25, 2015, which is the date the financial statements were available to be issued.

Note 3 **Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those estimated 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 that are 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. Benefits for retired or terminated employees or their beneficiaries are based on a percentage of monthly compensation multiplied by their years of service. Benefits are reduced for early or disability retirement. Benefits payable under all circumstances are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary from McCreedy and Keene, Inc. and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected payment dates.

Integrity Pension Plan

Notes to Financial Statements

Note 3 Actuarial Present Value of Accumulated Plan Benefits (Continued)

The significant actuarial assumptions used in the valuation as of July 1 were as follows:

	2013	2012
Life expectancy	2013 Applicable Table (Combined)	2012 Applicable Table (Combined)
Disability	None assumed	None assumed
Termination	Sarason T-2	Sarason T-2
Retirement age	Later of age 65 and 5 years participation	Later of age 65 and 5 years participation
Percent married	80%	80%
Age difference in participant and spouse	Males two years older than females	Males two years older than females
Discount rate used to discount plan benefits	4.53%	5.20%
Future salary increases	6.00%	6.00%
Administrative expenses	Anticipated administrative expenses	Anticipated administrative expenses

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. In 2013, the actuarial assumption changes are the result of effective interest rate changes.

Integrity Pension Plan

Notes to Financial Statements

Note 4 Investments

The following is a schedule of investments that individually represent 5% or more of the Plan's net assets at June 30:

	2014		2013	
	Asset Fair Value	Percent of Net Assets	Asset Fair Value	Percent of Net Assets
Mutual funds:				
American Funds EuroPacific Growth R6 Fund	\$1,028,732	7.6	*	*
Harbor Capital Advisors International Institutional Fund	1,040,476	7.7	*	*
JP Morgan Core Bond Fund	*	*	\$3,023,595	26.1
JP Morgan Equity Index Fund	*	*	1,149,475	9.9
JP Morgan Intrepid America Fund R5	*	*	2,085,563	18.0
JP Morgan Market Expansion Index Fund	*	*	927,897	8.0
JP Morgan U.S. Large Cap Core Plus Fund	*	*	1,840,992	15.9
PIMCO Investment Grade Corporate Bond Institutional	2,355,912	17.5	*	*
Pooled separate accounts:				
PIMCO Core Plus Bond I Separate Account	2,288,530	17.0	*	*
Principal Global Investors Large Cap S & P 500 Index Separate Account	3,096,753	23.0	*	*

*Represents less than 5% of the Plan's net assets for this year.

Integrity Pension Plan

Notes to Financial Statements

Note 4 Investments (Continued)

During the years ended June 30, 2014 and 2013, the Plan's investments (including investments bought or sold during the year, as well as those held at year-end) appreciated in fair value as follows:

	2014	2013
Mutual funds	\$866,688	\$965,010
Pooled separate accounts	478,626	0
Net appreciation	\$1,345,314	\$965,010

Note 5 Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 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.

Integrity Pension Plan

Notes to Financial Statements

Note 5 Fair Value Measurements (Continued)

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2014 and 2013.

Mutual funds: Valued at the net asset value (NAV) provided by the administrator of the fund. The NAV is the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is the quoted price in an active market.

Money market fund: Valued using \$1 for the NAV. The NAV is a quoted price in an active market.

Pooled separate accounts: Valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV's share price is quoted on a private market that is not active; however, the share price is based on underlying investments, which are traded on an active market.

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

Integrity Pension Plan

Notes to Financial Statements

Note 5 Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements at June 30, 2014 and 2013:

Fair Value Measurements at June 30, 2014				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds:				
Bond fund	\$2,355,912	\$0	\$0	\$2,355,912
Blended funds	1,699,572	0	0	1,699,572
Commodities fund	336,042	0	0	336,042
Growth funds	1,574,972	0	0	1,574,972
Real estate fund	355,654	0	0	355,654
Value fund	209,820	0	0	209,820
Total mutual funds	6,531,972	0	0	6,531,972
Pooled separate accounts:				
Bond fund	0	2,944,784	0	2,944,784
Blended fund	0	3,096,753	0	3,096,753
Growth fund	0	191,096	0	191,096
Money market fund	0	132,649	0	132,649
Value fund	0	568,874	0	568,874
Total pooled separate accounts	0	6,934,156	0	6,934,156
Total assets at fair value	\$6,531,972	\$6,934,156	\$0	\$13,466,128

Integrity Pension Plan

Notes to Financial Statements

Note 5 Fair Value Measurements (Continued)

	Fair Value Measurements at June 30, 2013			Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Money market fund	\$115,368	\$0	\$0	\$115,368
Mutual funds:				
Bond funds	3,833,071	0	0	3,833,071
Blended funds	6,682,369	0	0	6,682,369
Commodities fund	113,025	0	0	113,025
Growth fund	229,720	0	0	229,720
Long-short funds	469,414	0	0	469,414
Real estate fund	115,641	0	0	115,641
Total mutual funds	11,443,240	0	0	11,443,240
Total assets at fair value	\$11,558,608	\$0	\$0	\$11,558,608

Integrity Pension Plan

Notes to Financial Statements

Note 6 Net Asset Value Per Share

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using NAV per share as of June 30, 2014:

Investment	Fair Value Estimated Using NAV				
	Per Share as of June 30, 2014				
	Fair Value*	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
PIMCO Core Plus Bond I Separate Account (a)	\$2,288,530	\$0	Daily	None	Daily
Principal Global Investors Large Cap S&P 500 Index Separate Account (b)	3,096,753	0	Daily	None	Daily

*The fair value of the investment has been estimated using the NAV of the investment.

- (a) The investment seeks maximum total return, consistent with preservation of capital and prudent investment management. Under normal circumstances, the fund invests at least 80% of its net assets, plus any borrowings for investment purposes, in a diversified portfolio of fixed-income instruments of varying maturities, represented by forwards or derivatives such as options, futures contracts, or swap agreements, at the time of each purchase. It invests in securities denominated in foreign currencies and in securities of foreign issuers, including securities tied to emerging market countries.
- (b) The investment option normally invests the majority of assets in common stocks of companies that compose the S&P 500 Index. Management attempts to mirror the investment performance of the index by allocating assets in approximately the same weighting as the S&P 500 Index. Over the long term, management seeks a very close correlation between the performance of the separate account before expenses and that of the S&P 500 Index.

Integrity Pension Plan

Notes to Financial Statements

Note 7 Information Certified by Plan Trustee

The plan administrator has elected the method of annual reporting compliance by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The Plan's trustees, JP Morgan Chase Trust Company, N.A. from July 1, 2012 through January 31, 2014, and Principal Life Insurance Company from February 1, 2014 through June 30, 2014, have certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- (a) Investments and interest and dividends receivable as shown in the statements of net assets available for benefits.
- (b) Net appreciation in fair value of investments and interest and dividends as shown in the statements of changes in net assets available for benefits.
- (c) Investment information as disclosed in Note 4, on Schedule H, Line 4i - Schedule of Assets (Held at End of Year), and on Schedule H, Line 4j - Schedule of Reportable Transactions.

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.

Integrity Pension Plan

Notes to Financial Statements

Note 8 Priorities Upon Termination of the Plan

In the event of termination, the Plan's assets are to be allocated, after appropriate allowance for all expenses of administration and liquidation, for the purpose of providing benefits for affected participants including their beneficiaries, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan's provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by PBGC).
4. All other accrued nonvested retirement benefits.

Certain benefits under the Plan are insured by PBGC if the Plan terminates. Generally, PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, 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.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency at the time of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by PBGC.

Integrity Pension Plan

Notes to Financial Statements

Note 9 Tax Status

The IRS has determined and informed the Company by a letter dated April 5, 2011, that the Plan and related trust is qualified in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

GAAP requires the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the 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 it is no longer subject to income tax examinations for years prior to the year ended June 30, 2011.

Note 10 Party-in-Interest Transactions

Certain plan investments are managed by JP Morgan Chase Trust Company, N.A. and Principal Life Insurance Company. Fees paid by the Plan to Principal Life Insurance Company for administrative expenses amounted to \$21,780 for the year ended June 30, 2014. JP Morgan Chase Trust Company, N.A., from July 1, 2012 through January 31, 2014, and Principal Life Insurance Company from February 1, 2014 through June 30, 2014, are the trustees as defined by the Plan, and therefore, the transactions qualify as party-in-interest transactions. These transactions are not, however, considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

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. Because of 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.

Integrity Pension Plan

Notes to Financial Statements

Note 11 **Risks and Uncertainties** (Continued)

Plan contributions are made, and the actuarial present value of accumulated plan benefits is reported, based on certain assumptions pertaining to interest rates, inflation rates, employee compensation, and demographics, all of which are subject to change. Because of 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.

Supplemental Schedules

Integrity Pension Plan

Plan's EIN #39-0367560 Plan #001

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

June 30, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds:			
American Beacon	7,377.613 shares - Small Cap Value Institutional Fund	\$187,874	\$209,820
Calamos	24,544.511 shares - Market Neutral Income A Fund	314,600	322,024
American Funds	20,234.699 shares - EuroPacific Growth R6 Fund	939,366	1,028,732
FPA	9,736.341 shares - Crescent Fund	313,111	337,072
Goldman Sachs Asset Management	17,091.374 shares - Growth Opportunity I Fund	500,982	546,240
Harbor Capital Advisors	14,030.157 shares - International Institution Fund	939,386	1,040,476
PIMCO	219,973.064 shares - Investment Grade Corporate Bond Institutional Fund	2,289,558	2,355,912
PIMCO	55,544.063 shares - Commodity Real Return Strategy Institutional Fund	313,115	336,042
Virtus Investment Advisers, Inc	9,359.343 shares - Equity Index Fund	315,567	355,654
Total mutual funds		6,113,559	6,531,972
Pooled separate accounts:			
AllianceBern/CCI/Brown/ Emerald	9,116.914 shares - Small Cap Growth I Separate Account	178,342	191,096
PIMCO	163,727.289 shares - Core Plus Bond I Separate Account	2,252,838	2,288,530
Principal Global Investors*	2,423.026 shares - Money Market Separate Account	132,649	132,649
Principal Global Investors*	33,739.962 shares - Large Cap S&P 500 Index Separate Account	2,755,338	3,096,753
Principal Global Investors*	60,218.743 shares - High Yield Separate Account	626,201	656,254
Principal Global Investors/ Barrow Hanley*	4,463.974 shares - Mid Cap Value III Separate Account	501,008	568,874
Total pooled separate accounts		6,446,376	6,934,156
Total assets (held at end of year)		\$12,559,935	\$13,466,128

*Party-in-interest

Integrity Pension Plan

Plan's EIN #39-0367560 Plan #001

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended June 30, 2014

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
PIMCO	Core Plus Bond I Separate Account	\$2,258,119	N/A	N/A	\$0	\$2,258,119	\$2,258,119	\$0
PIMCO	Core Plus Bond I Separate Account	N/A	\$5,323	N/A	0	5,281	5,323	42
Principal*	High Yield Separate Account	627,255	N/A	N/A	0	627,255	627,255	0
Principal*	High Yield Separate Account	N/A	1,089	N/A	0	1,054	1,089	35
Principal*	Large Cap S&P 500 Index Separate Account	2,759,923	N/A	N/A	0	2,759,923	2,759,923	0
Principal*	Large Cap S&P 500 Index Separate Account	N/A	4,988	N/A	0	4,585	4,988	403
PIMCO	Investment Grade Corporate Bond Institutional Fund	2,293,415	N/A	N/A	0	2,293,415	2,293,415	0
PIMCO	Investment Grade Corporate Bond Institutional Fund	N/A	3,921	N/A	0	3,857	3,921	64

Integrity Pension Plan

Plan's EIN #39-0367560 Plan #001

Schedule H, Line 4j - Schedule of Reportable Transactions (Continued)

Year Ended June 30, 2014

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
American Funds	EuroPacific Growth R6 Fund	\$940,883	N/A	N/A	\$0	\$ 940,883	\$ 940,883	\$0
American Funds	EuroPacific Growth R6 Fund	N/A	\$1,634	N/A	0	1,517	1,634	117
Harbor Capital Advisors	International Institution Fund	940,883	N/A	N/A	0	940,883	940,883	0
Harbor Capital Advisors	International Institution Fund	N/A	1,634	N/A	0	1,498	1,634	136
JP Morgan Chase Bank*	Equity Index Fund	194,121	N/A	N/A	0	194,121	194,121	0
JP Morgan Chase Bank*	Equity Index Fund	N/A	1,394,246	N/A	0	1,112,974	1,394,246	281,272
JP Morgan Chase Bank*	Core Bond Fund R6	307,678	N/A	N/A	0	307,678	307,678	0
JP Morgan Chase Bank*	Core Bond Fund R6	N/A	3,317,096	N/A	0	3,227,081	3,317,096	90,015
JP Morgan Chase Bank*	U.S. Large Cap Core Plus Fund	179,673	N/A	N/A	0	179,673	179,673	0
JP Morgan Chase Bank*	U.S. Large Cap Core Plus Fund	N/A	2,114,261	N/A	0	1,600,011	2,114,261	514,250
JP Morgan Chase Bank*	Intrepid America Fund R5	29,138	N/A	N/A	0	29,138	29,138	0
JP Morgan Chase Bank*	Intrepid America Fund R5	N/A	2,351,250	N/A	0	1,702,406	2,351,250	648,844

Integrity Pension Plan

Plan's EIN #39-0367560 Plan #001

Schedule H, Line 4j - Schedule of Reportable Transactions (Continued)

Year Ended June 30, 2014

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
JP Morgan Chase Bank*	Market Expansion Index Fund	\$88,867	N/A	N/A	\$0	\$88,867	\$88,867	\$0
JP Morgan Chase Bank*	Market Expansion Index Fund	N/A	\$1,061,209	N/A	0	833,539	1,061,209	227,670
JP Morgan Chase Bank*	Prime Money Market Fund	12,376,288	N/A	N/A	0	12,376,288	12,376,288	0
JP Morgan Chase Bank*	Prime Money Market Fund	N/A	12,491,655	N/A	0	12,491,655	12,491,655	0

*Party-in-interest

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

I P P

EIN 39 0367560
 PLAN NUMBER 001
 PLAN YEAR 07/01/2013 TO 06/30/2014

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	The American Funds	Registered Investment Company AM FDS EUROPACIFIC GRTH R6 FD	\$ 939,366.01	\$ 1,028,732.12
	American Beacon	Registered Investment Company AMER BEACON SMCAP VAL INSTL FD	\$ 187,874.46	\$ 209,819.32
	Calamos Funds	Registered Investment Company CALAMOS MKT NEUTRAL INC A FD	\$ 314,599.76	\$ 322,023.99
	First Pacific Advisors, LLC	Registered Investment Company FPA CRESCENT FUND	\$ 313,111.08	\$ 337,072.11
	Goldman Sachs	Registered Investment Company GOLDMAN SACHS GR OPP I FUND	\$ 500,981.84	\$ 546,240.30
	Harbor	Registered Investment Company HARBOR INTERNATIONAL INST FUND	\$ 939,385.58	\$ 1,040,476.47
	PIMCO Funds	Registered Investment Company PIM COM REAL RET STRA INSTL FD	\$ 313,115.42	\$ 336,041.58
	PIMCO Funds	Registered Investment Company PIMCO INV GD CORP BD INSTL FD	\$ 2,289,558.13	\$ 2,355,911.51
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN CORE PLUS BOND I SA-Z	\$ 2,252,837.64	\$ 2,288,530.30
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN HIGH YIELD SEP ACCT-Z	\$ 626,200.67	\$ 656,254.25
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LGCP S&P 500 INDEX SA-Z	\$ 2,755,338.26	\$ 3,096,753.26
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MIDCAP VALUE III SA-Z	\$ 501,007.78	\$ 568,873.68
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MONEY MARKET SEP ACCT-Z	\$ 132,649.74	\$ 132,648.24
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN SMCAP GROWTH I SEP ACCT-Z	\$ 178,342.19	\$ 191,096.19
	Virtus	Registered Investment Company VIRTUS REAL ESTATE SEC I FUND	\$ 315,567.18	\$ 355,655.04

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
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

▶ **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 INTEGRITY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INTEGRITY MUTUAL INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0367560
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date:	Month <u>7</u>	Day <u>1</u>	Year <u>2013</u>
2 Assets:			
a Market value	2a		11,582,530
b Actuarial value	2b		11,277,808
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	41	3,523,956
b For terminated vested participants.....	3b	54	2,333,431
c For active participants:			
(1) Non-vested benefits	3c(1)		23,901
(2) Vested benefits	3c(2)		3,401,507
(3) Total active.....	3c(3)	61	3,425,408
d Total.....	3d	156	9,282,795
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		6.38 %
6 Target normal cost	6		359,385

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		07/08/2014
	Signature of actuary	Date
SONDRA L. HEETER	Type or print name of actuary	14-00997
		Most recent enrollment number
MCCREADY & KEENE, INC.	Firm name	(317) 849-4333
		Telephone number (including area code)
7941 CASTLEWAY DRIVE		
P.O. BOX 50460		
INDIANAPOLIS	IN 46250-0460	
	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)	0	1,341,306
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)	0	1,341,306
10 Interest on line 9 using prior year's actual return of <u>13.28</u> %		178,125
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		245,855
b Interest on (a) using prior year's effective interest rate of <u>7.09</u> % except as otherwise provided (see instructions)		17,431
c Total available at beginning of current plan year to add to prefunding balance		263,286
d Portion of (c) to be added to prefunding balance		263,286
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)	0	1,782,717

Part III Funding Percentages

14 Funding target attainment percentage	14	102.28 %
15 Adjusted funding target attainment percentage	15	121.49 %
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	110.15 %
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
06/09/2014	399,330				
Totals ►			18(b)	399,330	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	376,783

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:
4.94 %2nd segment:
6.15 %3rd segment:
6.76 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

0

22 Weighted average retirement age**22**

65

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** 359,385**b** Excess assets, if applicable, but not greater than line 31a **31b** 212,296**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****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .. **34** 147,089

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement..... 0 0**36** Additional cash requirement (line 34 minus line 35)..... **36** 147,089**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 376,783**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 229,694**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 LINE 19 - DISCOUNTED EMPLOYER CONTRIBUTIONS

(July 1, 2013 - June 30, 2014)

PLAN NAME: Integrity Pension Plan
 EIN: 39-0367560 Plan Number: 001

Plan Year Beginning:	7/1/2013	Valuation Date:	7/1/2014
Effective Interest Rate:	6.38%		
Interest Rate for Late Quarterlies:	11.38%		

Contribution Classification	Schedule SB Line	Classified Amount	Date Made	Date Due	Days Late	Days to Discount to 7/1/2013	Late Discount	Remaining Discount	Discounted Value
1	19c	\$ 0	10/15/2013	10/15/2013	0	106	1.000000	0.982199	\$ 0
2	19c	\$ 0	1/15/2014	1/15/2014	0	198	1.000000	0.967006	0
3	19c	\$ 0	4/15/2014	4/15/2014	0	288	1.000000	0.952371	0
4	19c	\$ 0	7/15/2014	7/15/2014	0	379	1.000000	0.937799	0
5	19c	399,330	6/9/2014	3/15/2015	0	343	1.000000	0.943537	376,783

Total	\$ 399,330		\$ 376,783
		BOY MRC	147089
Classification	Description		SB Line
1-4	Number of Quarterly Contribution		19c
5	Other Contributions for Minimum Funding		19c
6	Contributions to Avoid Benefit Restrictions (not included in Prefunding		19b
7	Contributions to Meet Funding Deficiency (prior years' minimum funding		19a
8	Contributions Necessary to Meet Liquidity Requirements		19c

Schedule B, line 22 - Description of Weighted Average Retirement Age

Plan Name:	Integrity Pension Plan
EIN:	39-0367560
Plan Number:	001
Plan Year:	July 1, 2013 to June 30, 2014

(a)	(b)	(c)
Retirement Age	Retirement Rate	Survival to Age (a) x (b) x (c)
65	1.000	1.000
		65.0
AVERAGE RETIREMENT AGE		65.0

Schedule SB Line 26 - Schedule of Active Participant Data

Plan Name: Integrity Pension Plan

Plan Number: 001

Plan Number: 001

ANALYSIS OF EMPLOYEES BY AGE AND SERVICE AS OF JULY 1, 2013

YEARS OF CREDITED SERVICE

Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
	Avg. No. Acchen.	Avg. No. Acchen.	Avg. No. Acchen.	Avg. No. Acchen.	Avg. No. Acchen.	Avg. No. Acchen.	Avg. No. Acchen.	Avg. No. Acchen.	Avg. No. Acchen.	Avg. No. Acchen.
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	6	4	0	0	0	0	0	0
35 to 39	0	0	6	2	1	0	0	0	0	0
40 to 44	0	0	0	1	0	1	0	0	0	0
45 to 49	0	0	3	1	4	1	0	0	0	0
50 to 54	0	0	2	1	1	1	0	1	2	0
55 to 59	0	0	8	0	1	1	3	0	0	0
60 to 64	0	0	3	3	0	0	1	1	0	2
65 to 69	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0

For any cell that has 20 or more participants, the average compensation is also shown.

Schedule SB, Part V - Statement Of Actuarial Assumptions / Methods

Plan Name: Integrity Pension Plan
EIN: 39-0367560
Plan Number: 001
Plan Year: July 1, 2013 to June 30, 2014

ACTUARIAL METHODS

	PPA Funding	Suggested Maximum Contribution	FASB ASC
ACTUARIAL COST METHOD	Accrued Benefit (Unit Credit)	Projected Unit Credit	Accrued Benefit (Unit Credit)
ASSET VALUATION METHOD	See Below	See Below	Market Value

Accrued Benefit (Unit Credit)

The funding target is equal to the sum of the individual accrued liabilities for all participants. The individual's accrued liability is the present value of the benefit accrued in prior plan years. The target normal cost is the present value of benefits accruing in the plan year. Experience gains and losses are included in the calculation of the funding target and are amortized as part of the shortfall amortization.

Projected Unit Credit

Under this method, the actuarial accrued liability is calculated for each participant as the actuarial present value of the portion of the projected benefit earned to date calculated by applying the plan's benefit formula to service for all plan years before the current plan year and the average earnings projected to retirement or other termination date. The normal cost is the portion of the accrued liability allocated to the current plan year.

Actuarial Value of Assets

The Actuarial Value of Assets is a 24-month average determined in accordance with Notice 2009-22. Actuarial Value of Assets must fall within 90% to 110% of market value.

Assumed rate of return is the lesser of 7.00% or the segment rate specified in Notice 2009-22.

Schedule SB, Part V - Statement Of Actuarial Assumptions / Methods

Plan Name: Integrity Pension Plan
EIN: 39-0367560
Plan Number: 001
Plan Year: July 1, 2013 to June 30, 2014

ACTUARIAL ASSUMPTIONS

	Maximum, ASC 960 and PBGC		PPA Funding (MAP-21)	
Segmented Interest Rates				
Segment 1 (0-5 years)	1.41%		5.54%	
Segment 2 (5-20 years)	4.07%		6.85%	
Segment 3 (20+ years)	5.11%		7.52%	
Applicable Month	July		July	
Effective Interest Rate	4.53%		7.09%	
Future Salary Increases	6.00%		6.00%	
Mortality	2013 Applicable Table (combined)		2013 Applicable Table (combined)	
Mortality Improvement	None Assumed		None Assumed	
Disability	None Assumed		None Assumed	
Termination	Sarason T-2		Sarason T-2	
Assumed Retirement Age (Active)	*		*	
Assumed Retirement Age (Terminated Vested)	Age 65		Age 65	
Percent Married	80%		80%	
Age Difference in Participant & Spouse	Males two years older than females		Males two years older than females	
Administrative Expense	Anticipated Administrative Expenses		Anticipated Administrative Expenses	

* Later of Age 65 and 5 years of plan participation.

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Integrity Pension Plan
EIN: 39-0367560
Plan Number: 001
Plan Year: July 1, 2013 to June 30, 2014

SUMMARY OF PLAN PROVISIONS

EFFECTIVE DATE July 1, 1950. Last restatement July 1, 2010.

PARTICIPATION One year of service and age 21 (Entry occurs on July 1 or January 1).
Participation is frozen for new hires and rehires after June 30, 2008.

ELIGIBILITY FOR BENEFITS:

Normal Retirement	Later of age 65 and 5 years of plan participation.
Early Retirement	Age 55 and 10 years of vesting service.
Late Retirement	Subject to continued employment after normal retirement.
Termination	Five years of vesting service.
Death Benefit	Payable to a surviving spouse or other designated beneficiary upon death after eligibility for retirement or termination benefits.

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Integrity Pension Plan
EIN: 39-0367560
Plan Number: 001
Plan Year: July 1, 2013 to June 30, 2014

SUMMARY OF PLAN PROVISIONS

-Continued-

AMOUNT OF BENEFITS:

Normal Retirement Benefit	The standard retirement benefit is a monthly pension guaranteed for a period certain of 120 months and payable for life thereafter in an amount determined as follows: 1.25% of Monthly Plan Compensation multiplied by service at normal retirement date.
Early Retirement Benefit	The accrued retirement benefit as of the early retirement date shall be payable commencing at normal retirement. However, a participant may elect to have his benefit commence prior to normal retirement in a monthly amount reduced 5/12ths of 1% for each month prior to normal retirement age (or reduced 4/12ths of 1% for each month prior to normal retirement date if retirement occurs after age 62).
Late Retirement Benefit	The greater of the accrued retirement benefit as of late retirement date or the actuarial equivalent of the accrued retirement benefit as of the date of adoption of the restatement of the plan shall be payable commencing at late retirement.

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Integrity Pension Plan
 EIN: 39-0367560
Plan Number: 001
Plan Year: July 1, 2013 to June 30, 2014

SUMMARY OF PLAN PROVISIONS

-Continued-

Termination Benefit The accrued retirement benefit as of the termination date, multiplied by the vested percentage, shall be payable at normal retirement date. The vested percentage is based on the following table:

<u>Years of Service</u>	<u>Vested Percentage</u>
less than 5 years	0%
5 or more years	100%

Notwithstanding the foregoing, all participants who have not incurred a break in service as of June 30, 1985 shall be 100% vested in their Accrued Retirement Benefit determined as of June 30, 1985. Any additional benefits to which a participant may become entitled that accrue after June 30, 1985, shall be subject to the preceding vesting schedule.

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Integrity Pension Plan
EIN: 39-0367560
Plan Number: 001
Plan Year: July 1, 2013 to June 30, 2014

SUMMARY OF PLAN PROVISIONS

-Continued-

Death Benefit

If a married participant dies while employed or after termination, the death benefit payable to a participant's surviving spouse or designated beneficiary is the benefit that would be payable if the participant had retired or terminated the day before his death with a joint and survivor option (with 50% continuing to his spouse) in effect.

If a married participant dies on or after his normal retirement date or actual retirement, but prior to the commencement of benefits, the benefit payable to his surviving spouse shall be the benefit that would be payable had he retired the day before his death with a joint and survivor option (with 100% continuation to his spouse) in effect.

Optional Forms of Payment

Single life annuity. Life annuity with 60, 120, 180, or 240 monthly payments guaranteed. 50%, 66 2/3%, or 100% Joint & Survivor benefit. Lump Sums less than \$10,000.

Actuarial Equivalence

For determining actuarially equivalent forms of payment, UP-1984 Mortality Table (50/50 male/female) and 7.0% interest.

Note:

If information given in this Summary disagrees or appears to disagree with the provisions of the plan legal document, the provisions of the document prevail.

Retirement plan administrative and recordkeeping services provided by
MCCREADY AND KEENE, INC. | *a ONEAMERICA® company*

Integrity Pension Plan

Plan's EIN #39-0367560 Plan #001

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended June 30, 2014

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Principal*	Core Plus Bond I Separate Account	\$2,258,119	N/A	N/A	\$0	\$2,258,119	\$2,258,119	\$0
Principal*	Core Plus Bond I Separate Account	N/A	\$5,323	N/A	0	5,281	5,323	42
Principal*	High Yield Separate Account	627,255	N/A	N/A	0	627,255	627,255	0
Principal*	High Yield Separate Account	N/A	1,089	N/A	0	1,054	1,089	35
Principal*	Large Cap S&P 500 Index	2,759,923	N/A	N/A	0	2,759,923	2,759,923	0
Principal*	Large Cap S&P 500 Index	N/A	4,988	N/A	0	4,585	4,988	403
PIMCO	Investment Grade Corporate Bond Institutional Fund	2,293,415	N/A	N/A	0	2,293,415	2,293,415	0
PIMCO	Investment Grade Corporate Bond Institutional Fund	N/A	3,921	N/A	0	3,857	3,921	64
American Funds	EuroPacific Growth R6 Fund	940,883	N/A	N/A	0	940,883	940,883	0
American Funds	EuroPacific Growth R6 Fund	N/A	1,634	N/A	0	1,517	1,634	117

Integrity Pension Plan

Plan's EIN #39-0367560 Plan #001

Schedule H, Line 4j - Schedule of Reportable Transactions (Continued)

Year Ended June 30, 2014

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction	
							Date	Net Gain
Harbor Capital Advisors International Institution Fund		\$940,883	N/A	N/A	\$0	\$940,883	\$940,883	\$0
Harbor Capital Advisors International Institution Fund		N/A	\$1,634	N/A	0	1,498	1,634	136
JP Morgan Chase Bank* Equity Index Fund		194,121	N/A	N/A	0	194,121	194,121	0
JP Morgan Chase Bank* Equity Index Fund		N/A	1,394,246	N/A	0	1,112,974	1,394,246	281,272
JP Morgan Chase Bank* Core Bond Fund R6		307,678	N/A	N/A	0	307,678	307,678	0
JP Morgan Chase Bank* Core Bond Fund R6		N/A	3,317,096	N/A	0	3,227,081	3,317,096	90,015
JP Morgan Chase Bank* U.S. Large Cap Core Plus Fund		179,673	N/A	N/A	0	179,673	179,673	0
JP Morgan Chase Bank* U.S. Large Cap Core Plus Fund		N/A	2,114,261	N/A	0	1,600,011	2,114,261	514,250
JP Morgan Chase Bank* Intrepid America Fund R5		29,138	N/A	N/A	0	29,138	29,138	0
JP Morgan Chase Bank* Intrepid America Fund R5		N/A	2,351,250	N/A	0	1,702,406	2,351,250	648,844

Integrity Pension Plan

Plan's EIN #39-0367560 Plan #001

Schedule H, Line 4j - Schedule of Reportable Transactions (Continued)

Year Ended June 30, 2014

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction	
							Date	Net Gain
JP Morgan Chase Bank*	Market Expansion Index Fund	\$88,867	N/A	N/A	\$0	\$88,867	\$88,867	\$0
JP Morgan Chase Bank*	Market Expansion Index Fund	N/A	\$1,061,209	N/A	0	833,539	1,061,209	227,670
JP Morgan Chase Bank*	Prime Money Market Fund	12,376,288	N/A	N/A	0	12,376,288	12,376,288	0
JP Morgan Chase Bank*	Prime Money Market Fund	N/A	12,491,655	N/A	0	12,491,655	12,491,655	0

*Party-in-interest