Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CENTRAL STATES INDEMNITY CO. OF OMAHA EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1995

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
CENTRAL STATES INDEMNITY CO. OF OMAHA

P.O. BOX 34888
OMAHA, NE 68134-9723

1212 N 96TH ST
OMAHA, NE 68114

2b Employer Identification Number (EIN)
47-0591908

2c Plan Sponsor's telephone number
402-997-8000

2d Business code (see instructions)
524290

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/25/2015	KEVIN MORAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/25/2015	KEVIN MORAN
	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	223
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	56
a(2) Total number of active participants at the end of the plan year	**6a(2)**	47
b Retired or separated participants receiving benefits	**6b**	62
c Other retired or separated participants entitled to future benefits	**6c**	46
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	155
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f Total. Add lines **6d** and **6e**.	**6f**	163
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	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 3H

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)	[X]	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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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
CENTRAL STATES INDEMNITY CO. OF OMAHA EMPLOYEES 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
CENTRAL STATES INDEMNITY CO. OF OMAHA

D Employer Identification Number (EIN)
47-0591908

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014

2 Assets:

a Market value	**2a**	15301693
b Actuarial value	**2b**	13893284

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	68	3225513	3225513
b For terminated vested participants	99	2188631	2188631
c For active participants	56	4649629	4649629
d Total	223	10063773	10063773

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**	6.57%
6 Target normal cost	**6**	239599

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

07/24/2015
Date

GREGG RUESCHHOFF, A.S.A.
Type or print name of actuary

14-04349
Most recent enrollment number

MILLIMAN, INC.
Firm name

402-393-9400
Telephone number (including area code)

1120 SOUTH 101ST STREET, SUITE 400
OMAHA, NE 68124-1088
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)	1216743	2265473
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)	1216743	2265473
10	Interest on line 9 using prior year's actual return of 24.14%	293722	546885
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		593570
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.39 %		37929
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		631499
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1510465	2812358

Part III Funding Percentages

14	Funding target attainment percentage	14	95.09 %
15	Adjusted funding target attainment percentage	15	138.05 %
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	101.63 %
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
			Totals ► 18(b)		18(c)

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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ 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**	
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**	239599
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

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**	239599

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	239599		239599

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

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

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

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CENTRAL STATES INDEMNITY CO. OF OMAHA EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL STATES INDEMNITY CO. OF OMAHA

D Employer Identification Number (EIN)
47-0591908

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

WESTCHESTER CAPITAL MANAGEMENT INC

801 N. 96TH STREET
OMAHA, NE 68114

(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?
28	NONE	93032	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MILLIMAN, INC.

1120 SOUTH 101ST STREET, SUITE 400
OMAHA, NE 68124

(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?
11	NONE	38545	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LUTZ & COMPANY, PC

13616 CALIFORNIA STREET, SUITE 300
OMAHA, NE 68154

(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?
10	NONE	14500	Yes [ ] No [X]	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)

BAIRD HOLM

1700 FARNAM ST #1500
OMAHA, NE 68102-2068

(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?
29	NONE	6622	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CENTRAL STATES INDEMNITY CO. OF OMAHA EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL STATES INDEMNITY CO. OF OMAHA

D Employer Identification Number (EIN)
47-0591908

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	9603	10497
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	13375	11895
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2333184	688493
(2) U.S. Government securities	1c(2)	357156	227292
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	110033	110220
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	12492257	12531463
(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)		
(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)	0	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	15315608	13579860
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	15315608	13579860

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)	0	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	162	
	(B) U.S. Government securities	2b(1)(B)	6809	
	(C) Corporate debt instruments	2b(1)(C)	3874	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10845
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	356708	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		356708
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2461387	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2197227	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		264160
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	440583	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		440583

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1072296
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2653903	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2653903
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	59667	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	93032	
(4) Other	2i(4)	1442	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		154141
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2808044
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1735748
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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 [X] No

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

(1) Name: LUTZ & COMPANY, PC **(2)** EIN: 47-0625816

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CENTRAL STATES INDEMNITY CO. OF OMAHA EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL STATES INDEMNITY CO. OF OMAHA

D Employer Identification Number (EIN)
47-0591908

Part I Distributions

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

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

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

EIN(s): 47-0591908

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** 59

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% 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):

Central States Indemnity Co. of Omaha Employees' Pension Plan

Financial Statements and Independent Auditors' Report

December 31, 2014 and 2013

Central States Indemnity Co. of Omaha Employees' Pension Plan

Index

	Page
Independent Auditors' Report	1-2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-13
Supplemental Information	
Schedule of Assets (Held at End of Year) – Schedule H – Item 4i	14-15
Schedule of Reportable Transactions – Schedule H – Item 4j	16

Note: Schedules required by the Employee Retirement Income Security Act of 1974 that have not been included herein are not applicable.

Lutz
mind what matters

INDEPENDENT AUDITORS' REPORT

Retirement Committee
Central States Indemnity Co. of Omaha Employees' Pension Plan
Omaha, Nebraska

Report on the Financial Statements

We have audited the accompanying financial statements of Central States Indemnity Co. of Omaha Employees' Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2014 and 2013, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Other Matter - Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information as of or for the year ended December 31, 2014 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Lutz & Company, P.C.

July 23, 2015

Central States Indemnity Co. of Omaha Employees' Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

	2014	2013
ASSETS		
Investments at Fair Value (Notes 5 and 6)		
Common Stocks	$ 12,531,463	$ 12,492,257
Government and Municipal Bonds	227,292	357,156
Corporate Bonds	110,220	110,033
Money Market Funds	688,493	2,333,184
Total Investments	13,557,468	15,292,630
Accrued Investment Income Receivable	11,895	13,375
Cash	10,497	9,603
NET ASSETS AVAILABLE FOR BENEFITS	**$ 13,579,860**	**$ 15,315,608**

See Notes to Financial Statements.

Central States Indemnity Co. of Omaha Employees' Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2014 and 2013

	2014	2013
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment Income		
Net Appreciation in Fair Value of Investments (Notes 5 and 6)	$ 704,743	$ 2,717,814
Interest from Investments	10,845	22,013
Dividends from Investments	356,708	302,036
Total Investment Income	1,072,296	3,041,863
Employer Contributions (Note 4)	-	900,000
Total Additions	1,072,296	3,941,863
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits Paid Directly to Participants	2,653,903	318,029
Administrative Expenses and Other Fees	154,141	126,562
Total Deductions	2,808,044	444,591
NET INCREASE (DECREASE)	(1,735,748)	3,497,272
Net Assets Available for Benefits, Beginning of Year	15,315,608	11,818,336
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	**$ 13,579,860**	**$ 15,315,608**

See Notes to Financial Statements.

1. Plan Description

The following brief description of the Central States Indemnity Co. of Omaha Employees' Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering certain employees of Central States Indemnity Co. of Omaha (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective June 1, 2006, the Plan was amended to close participation in the Plan to employees who are first employed by the Company after May 31, 2006. Employees hired prior to June 1, 2006 were included in the Plan on the first day of the month after satisfying the eligibility requirements of attaining age 19 and completing one year of employment with 1,000 hours of service.

Pension Benefits

Eligible employees are entitled to pension benefits at the normal retirement of age 65 equal to 1.5% of final average compensation times years of credited service less .62% of the final average compensation, up to covered compensation, times years of credited service. Final average compensation is the average of base salary over the five consecutive years prior to the employees' normal retirement date or for the period of employment, if shorter, which would produce the highest average. Covered compensation is the average of the taxable wage bases for 35 years ending with a participant's social security retirement age. Credited service is limited to 25 years. The Plan also provides for pre-retirement death benefits, late retirement benefits and early retirement benefits. Early retirement benefits commence at age 55, with a reduction in the normal retirement benefit. Participants may elect to receive their pension benefits in the form of a life annuity or a joint and survivor annuity with three available options. If the participant terminates employment before the normal retirement age or the early retirement age, the Company may require the participant to accept a lump-sum payment of their vested benefits for any amounts below $5,000. The Plan requires that lump-sum payments between $1,000 and $5,000 be directly rolled over to an individual retirement account designated by the plan administrator in the event the participant does not elect otherwise. Lump-sum payments under $1,000 will be paid out to the participant in the event the participant does not elect one of two options. Benefits are recorded when paid.

The Plan provided a limited time election window, beginning October 1, 2014 and continuing through December 10, 2014, to certain terminated participants to receive the distribution of their vested accrued benefit at an early distribution date of December 31, 2014 and provide certain terminated participants who are eligible for early retirement a right to receive the distribution of their vested accrued benefit in the form of a single lump sum distribution.

Death and Disability Benefits

If a married, vested participant dies prior to being eligible for early retirement, the participant's surviving spouse will be eligible to receive a monthly benefit beginning on the participant's early retirement date. The monthly benefit is equal to 50% of the vested accrued benefit reduced for early retirement and to reflect payment in the form of a joint and 50% survivor annuity. If a married participant, who is eligible for early retirement dies, the participant's spouse is entitled to an immediate monthly benefit. The benefit is equal to the monthly annuity the spouse would have received if the participant had retired the day before the participant's death and had elected the "joint and 50% survivor" option. Active employees who become totally disabled will remain active Plan participants. If the employee remains disabled until the normal retirement date, the employee will receive retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as the last complete year of employment prior to disability. Benefit payments are recorded when paid.

Vesting

Participants become 100% vested in their benefits after five years of service or attainment of age 55.

2. Summary of Significant Accounting Policies

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements is set forth below.

Basis of Presentation

The accompanying financial statements are prepared on the accrual basis of accounting and in conformity with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of plan assets available for benefits and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an investment in an orderly transaction between market participants at the measurement date. See Note 6 for further discussion of fair value measurements.

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

Risks and Uncertainties

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

Other

Administrative expenses, audit and investment management fees of the Plan are paid by the Plan and are included in administrative expenses and other fees.

Reclassifications

Certain reclassifications were made to the 2013 financial statements to conform to the 2014 presentation.

Subsequent Events

Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued and may require potential recognition or disclosure in the financial statements. Management has considered such events or transactions through July 23, 2015, noting no items requiring disclosure.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary, Milliman, Inc. (Milliman), and is that amount that 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 date of payment. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2015 and 2014. Had the valuations been performed as of December 31, 2014 and 2013 there would be no material differences.

The significant actuarial assumptions used in these valuations are (a) life expectancy of participants (the RP-2014 Mortality Table with SSA projection scale improvements and the RP-2000 Mortality Table with generational mortality improvements as of January 1, 2015 and 2014, respectively), (b) 5% annual increase in current salary levels, (c) retirement age assumptions (the assumed retirement age was 65) and (d) an assumed long-term rate of return of 6.0%. 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.

At January 1, 2015 and 2014, actuarial present value of accumulated plan benefits for the Plan is as follows:

	2014	2013
Vested Benefits		
Participants Currently Receiving Benefits	$ 3,875,077	$ 3,293,427
Other Participants	6,119,565	7,478,107
Total Actuarial Present Value of Accumulated Plan Benefits	$ 9,994,642	$ 10,771,534

The changes in accumulated plan benefits of the Plan for the years ended January 1, 2015 and 2014 are as follows:

	2014	2013
Actuarial Present Value of Accumulated Benefits at Beginning of Year	$ 10,771,534	$ 8,978,766
Increase (Decrease) During the Year Attributable to:		
Increase Due to the Passage of Time	567,835	617,571
Benefits Accumulated	285,301	278,003
Benefits Paid Directly to Participants	(2,653,903)	(318,029)
Change in Assumptions	563,846	1,297,842
Actuarial (Gain) Loss	460,029	(82,619)
Net Increase (Decrease)	(776,892)	1,792,768
Actuarial Present Value of Accumulated Benefits at End of Year	$ 9,994,642	$ 10,771,534

The change in actuarial assumptions related to the early distributions during 2014 (see Note 1, Pension Benefits) and the change in the mortality table as of January 1, 2015 (see above).

4. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's contributions to the Plan totaled $0 and $900,000 for 2014 and 2013, respectively. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Board of Directors with the direction of the Retirement Committee and Milliman. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2014 and 2013.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions set forth by ERISA.

5. Investments

The following presents investments at December 31, 2014 and 2013 that represent 5% or more of the Plan's net assets:

	2014	2013
Charles Schwab Advisor Cash Premier Fund	$ 688,493	$ 2,333,184
Other Investments Less than 5% of Net Assets	12,868,975	12,959,446
	$ 13,557,468	$ 15,292,630

During 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $704,743 and $2,717,814, respectively, as follows:

	2014	2013
Government and Municipal Bonds	$ (4,864)	$ (1,702)
Corporate Bonds	1,187	(2,718)
Common Stocks	708,420	2,722,234
	$ 704,743	$ 2,717,814

6. Fair Value Measurements

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

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.

The 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 December 31, 2014 and 2013.

Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate Bonds and Government and Municipal Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value of yields currently available on comparable securities of issuers with similar credit ratings.

Money Market Funds: Valued at the daily closing price as reported by the fund.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

The following table presents by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014.

	Level 1	Level 2	Level 3	Total
Common Stocks:				
Health Care	$ 2,484,870	$ -	$ -	$ 2,484,870
Basic Materials	2,213,079	-	-	2,213,079
Technology	2,093,171	-	-	2,093,171
Industrial Goods	1,998,553	-	-	1,998,553
Consumer Goods	1,736,544	-	-	1,736,544
Services	1,453,494	-	-	1,453,494
Financial	551,752	-	-	551,752
Total Common Stocks	12,531,463	-	-	12,531,463
Government and Municipal Bonds	-	227,292	-	227,292
"A" Rated Corporate Bonds	-	110,220	-	110,220
Money Market Fund	688,493	-	-	688,493
Total Investments at Fair Value	$ 13,219,956	$ 337,512	$ -	$ 13,557,468

The following table presents by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2013.

	Level 1	Level 2	Level 3	Total
Common Stocks:				
Basic Materials	$ 2,366,645	$ -	$ -	$ 2,366,645
Consumer Goods	2,280,910	-	-	2,280,910
Technology	1,912,279	-	-	1,912,279
Health Care	1,730,248	-	-	1,730,248
Industrial Goods	1,709,912	-	-	1,709,912
Services	1,431,662	-	-	1,431,662
Financial	1,060,601	-	-	1,060,601
Total Common Stocks	12,492,257	-	-	12,492,257
Government and Municipal Bonds	-	357,156	-	357,156
"A" Rated Corporate Bonds	-	110,033	-	110,033
Money Market Funds	2,333,184	-	-	2,333,184
Total Investments at Fair Value	$ 14,825,441	$ 467,189	$ -	$ 15,292,630

7. Tax Status

The Plan is qualified as a defined benefit pension plan under Section 401(a) of the Internal Revenue Code and is exempt from federal income taxation under Section 501(a) of the Internal Revenue Code.

The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authority. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

8. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations.

Generally, the Pension Benefit Guaranty Corporation (PBGC) guarantees most vested normal retirement age benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically on the amount of an individual's monthly benefit that the PBGC guarantees.

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

9. Related Party Transaction

Certain Plan investments are shares of money market funds managed by Charles Schwab and Company, Inc. (Charles Schwab). Charles Schwab is the custodian of the Plan, and therefore, these transactions qualify as party-in-interest transactions.

SUPPLEMENTAL INFORMATION

Central States Indemnity Co. of Omaha Employees' Pension Plan

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

Year Ended December 31, 2014

Employer Identification Number	47-0591908
Plan Number	001

	Description of Investment	Shares	Cost	Current Value
AbbVie, Inc.	Common Stock	8,000	$ 412,820	$ 523,520
Apple Inc.	Common Stock	5,150	370,361	568,457
BP PLC	Common Stock	7,950	326,213	303,054
Becton Dickinson & Company	Common Stock	3,925	269,443	546,203
CVS Caremark Corporation	Common Stock	6,000	172,937	577,860
Caterpillar, Inc.	Common Stock	5,975	191,475	546,892
Chicago Bridge and Iron Company	Common Stock	8,500	547,457	356,830
Cisco Systems, Inc.	Common Stock	17,700	322,409	492,326
Devon Energy Corporation	Common Stock	8,650	518,333	529,467
E.I. du Pont be Nemours & Company	Common Stock	7,525	385,086	556,399
EMC Corporation	Common Stock	18,500	441,915	550,190
Ensco PLC	Common Stock	10,825	553,668	324,209
General Electric Company	Common Stock	20,275	493,623	512,349
Honda Motor Co., Ltd.	Common Stock	9,000	291,071	265,680
Intel Corporation	Common Stock	15,000	334,807	544,350
Johnson & Johnson	Common Stock	4,350	237,505	454,879
Mattel, Inc.	Common Stock	11,500	485,140	355,867
McDonald's Corporation	Common Stock	3,800	253,997	356,060
Microsoft Corporation	Common Stock	10,900	243,459	506,305
Pfizer Inc.	Common Stock	13,350	287,640	415,852
Procter & Gamble	Common Stock	6,000	365,279	546,540
The Bank of New York Mellon Corp	Common Stock	13,600	400,759	551,752
Valero Energy Corporation	Common Stock	10,100	329,921	499,950
Wal-Mart Stores, Inc.	Common Stock	6,050	295,624	519,574
Waste Management Inc.	Common Stock	11,350	382,718	582,482
Zimmer Holdings, Inc.	Common Stock	4,800	300,205	544,416
Total Common Stocks			9,213,865	12,531,463
Brownsville Texas Utility 4.964%	Municipal Bond	100,000	100,278	103,103
Tennessee Valley 0.00%	Government Bond	125,000	73,740	124,189
Total Government and Municipal Bonds			174,018	227,292

Central States Indemnity Co. of Omaha Employees' Pension Plan

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

Year Ended December 31, 2014

	Description of Investment	Shares	Cost	Current Value
Bank of America 5.49%	Corporate Bond	100,000	$ 96,005	$ 110,220
* Charles Schwab Advisor Cash Premier Fund	Money Market Fund	688,493	688,493	688,493
Total Investment Assets			**$ 10,172,381**	**$13,557,468**

*Indicates party-in-interest

Central States Indemnity Co. of Omaha Employees' Pension Plan

Schedule of Reportable Transactions – Schedule H – Item 4j

Year Ended December 31, 2014

Employer Identification Number	47-0591908
Plan Number	001

	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)	Number of Transactions
* Charles Schwab Advisor Cash Premier Fund	$ 2,815,877	$ -	$ 2,815,877	$ 2,815,877	$ -	75
* Charles Schwab Advisor Cash Premier Fund	-	4,460,733	4,460,733	4,460,733	-	20

*Indicates party-in-interest

Lutz

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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

Central States Indemnity Co. of Omaha Employees 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

Central States Indemnity Co. of Omaha

D Employer Identification Number (EIN)

47-0591908

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2014

2 Assets:

a Market value	2a	15,301,693
b Actuarial value	2b	13,893,284

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	68	3,225,513	3,225,513
b For terminated vested participants	99	2,188,631	2,188,631
c For active participants	56	4,649,629	4,649,629
d Total	223	10,063,773	10,063,773

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	6.57 %
6 Target normal cost	6	239,599

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

07/24/2015
Date

Gregg Rueschhoff, A.S.A.
Type or print name of actuary

14-04349
Most recent enrollment number

Milliman, Inc.
Firm name

(402) 393-9400
Telephone number (including area code)

1120 South 101st Street, Suite 400

Omaha NE 68124-1088
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)	1,216,743	2,265,473
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	1,216,743	2,265,473
10	Interest on line 9 using prior year's actual return of 24.14%	293722	546885
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		593570
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.39%		37929
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		631499
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1,510,465	2812358

Part III Funding Percentages

14	Funding target attainment percentage	14	95.09 %
15	Adjusted funding target attainment percentage	15	138.05 %
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	101.63 %
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
			Totals ▶ 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ 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	
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	239,599
b Excess assets, if applicable, but not greater than line 31a	31b	

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	239,599

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	239,599	0	239,599

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
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 22 – Calculation of Weighted Average Retirement Age
Plan Name: Central States Indemnity Co. of Omaha Employees Pension Plan
EIN/PN: 47-0591908/001

We assume retirement at age 65 or current age if older.

Attachment to Schedule SB, Line 26, Schedule of Active Participants
Central States Indemnity Co of Omaha Employees Pension Plan
EIN/PN: 47-0591908/001

	Years of Credited Service										
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	Total
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	1	-	-	-	-	-	-	1
35-39	-	-	2	3	-	-	-	-	-	-	5
40-44	-	1	1	-	3	1	1	-	-	-	7
45-49	-	-	2	4	2	3	8	-	-	-	19
50-54	-	-	1	1	-	1	2	1	-	-	6
55-59	-	-	1	1	2	1	-	-	-	-	5
60-64	-	-	2	3	-	2	2	-	1	1	11
65-69	-	-	-	2	-	-	-	-	-	-	2
70&Up	-	-	-	-	-	-	-	-	-	-	-
Total	-	1	9	15	7	8	13	1	1	1	56

Interest rates
For purposes of determining the Adjusted Funding Target Attainment Percentage (AFTAP) and minimum required contribution, the valuation interest rates used are the HATFA rates issued by the Department of the Treasury:

Segment one	Segment two	Segment three
4.99%	6.32%	6.99%

For all other purposes, the valuation interest rates are the three segmented rates as of January 1, 2014.

Segment one	Segment two	Segment three
1.25%	4.06%	5.08%

The interest rate used to determine the present value of accumulated benefits for FASB ASC Topic 960 is 6.00%

Mortality rates - PPA Funding
Post-retirement: Annuitant tables as prescribed on the valuation date
Pre-retirement: Non-annuitant tables as prescribed on the valuation date

Mortality rates - FASB ASC Topic 960 and Accounting Expense
RP-2000 (generational) Mortality Table

Withdrawal Rates
A table of annual withdrawal rates illustrated below:

Service	Male	Female
1	20%	25%
2	20	25
3	20	25
4	6	25
5	6	15
6	6	15
7	6	15
8	0	15
9	0	15
10	0	15
11 - 19	0	5
20+	0	0

Retirement Age
Age 65 or attained age, if later.

Salary Increases
5.0% per annum, as illustrated by the table below:

Age	Salary Increase Factor*
25	6.096
30	4.777
35	3.743
40	2.932
45	2.298
50	1.800

55	1.411

* Ratio of projected average salary to present salary.

Future Social Security Wage Base Increases
5% per annum, compounded annually.

Future Administrative Expenses
Assumed to be paid by the employer outside of the plan fund.

Name of Plan
Central States Indemnity Company of Omaha Employees' Pension Plan.

Effective Date
January 1, 1995.

Plan Provisions

Employees Covered
All employees of the Employer hired before June 1, 2006.

Eligibility
Employees will become participants on the first of the month coincident with or next following age 19 and completion of at least 1,000 hours of employment in the 12 month period beginning on date of employment or any subsequent 12 month period beginning on an Anniversary Date.

Credited Service
A year of Service is accrued for each calendar year with 1,000 or more hours of employment. Credited service for periods prior to January 1, 1995 under the Central States Health & Life Co. of Omaha Employees Pension Plan shall be included as credited service under this plan.

Basic Compensation
W-2 pay excluding overtime, commission and bonuses.

Final Average Compensation
Average Base Compensation for the five consecutive plan years prior to Normal Retirement Date which produce the highest average.

Retirement Dates

Normal Retirement
First of the month coincident with or next following 65th birthday and completion of five years of service.

Early Retirement
Attained age 55.

Late Retirement
Retirement subsequent to Normal Retirement Date.

Retirement Benefits

Normal Retirement:
a) 1.5% times years of Credited Service times Final Average Compensation less b) .62% times Years of Credited Service times Final Average Compensation up to Covered Compensation. Credited Service is limited to 25 years. For terminations after age 60, a minimum benefit is provided equal to $5 times years of service, not in excess of 25 years.

Early Retirement
The Normal Retirement Benefit computed using Years of Credited Service to Early Retirement Date, reduced by 1/15 per year for the first 5 years and 1/30 per year for the next 5 years that Early Retirement precedes Normal Retirement.

Late Retirement
Normal retirement benefit as of late retirement date, or normal retirement benefit with actuarial increase, if greater.

Vesting

Requirement
Age 55 with no service requirement or 5 years of service without regard to age.

Benefit
The Normal Retirement computed using Credited Service to date of termination, then multiplied by the appropriate percentage from the following table:

Service	Percent
less than 5	0%
5 or more	100%

Pre-Retirement Spouse's Benefit

Requirement
Five years of vesting service.

Benefit
The amount that the Spouse would receive if the Participant had terminated employment on his date of death, and then retired at the later of his earliest retirement date or his date of death and had elected the Joint and 50% Contingent Survivor form of income.

Normal Form of Benefit

Life Annuity.

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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

Central States Indemnity Co. of Omaha Employees 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

Central States Indemnity Co. of Omaha

D Employer Identification Number (EIN)

47-0591908

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2014

2 Assets:

a Market value	2a	15,301,693
b Actuarial value	2b	13,893,284

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	68	3,225,513	3,225,513
b For terminated vested participants	99	2,188,631	2,188,631
c For active participants	56	4,649,629	4,649,629
d Total	223	10,063,773	10,063,773

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	6.57 %
6 Target normal cost	6	239,599

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

07/24/2015
Date

Gregg Rueschhoff, A.S.A.
Type or print name of actuary

14-04349
Most recent enrollment number

Milliman, Inc.
Firm name

(402) 393-9400
Telephone number (including area code)

1120 South 101st Street, Suite 400

Omaha NE 68124-1088
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)	1,216,743	2,265,473
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	1,216,743	2,265,473
10	Interest on line 9 using prior year's actual return of 24.14%	293722	546885
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		593570
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.39%		37929
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		631499
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1,510,465	2812358

Part III Funding Percentages

14	Funding target attainment percentage	14	95.09 %
15	Adjusted funding target attainment percentage	15	138.05 %
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	101.63 %
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
			Totals ▶ 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ 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	
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	239,599
b Excess assets, if applicable, but not greater than line 31a	31b	

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	239,599

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	239,599	0	239,599

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
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 22 – Calculation of Weighted Average Retirement Age
Plan Name: Central States Indemnity Co. of Omaha Employees Pension Plan
EIN/PN: 47-0591908/001

We assume retirement at age 65 or current age if older.

Attachment to Schedule SB, Line 26, Schedule of Active Participants
Central States Indemnity Co of Omaha Employees Pension Plan
EIN/PN: 47-0591908/001

	Years of Credited Service										
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	Total
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	1	-	-	-	-	-	-	1
35-39	-	-	2	3	-	-	-	-	-	-	5
40-44	-	1	1	-	3	1	1	-	-	-	7
45-49	-	-	2	4	2	3	8	-	-	-	19
50-54	-	-	1	1	-	1	2	1	-	-	6
55-59	-	-	1	1	2	1	-	-	-	-	5
60-64	-	-	2	3	-	2	2	-	1	1	11
65-69	-	-	-	2	-	-	-	-	-	-	2
70&Up	-	-	-	-	-	-	-	-	-	-	-
Total	-	1	9	15	7	8	13	1	1	1	56

Interest rates
For purposes of determining the Adjusted Funding Target Attainment Percentage (AFTAP) and minimum required contribution, the valuation interest rates used are the HATFA rates issued by the Department of the Treasury:

Segment one	Segment two	Segment three
4.99%	6.32%	6.99%

For all other purposes, the valuation interest rates are the three segmented rates as of January 1, 2014.

Segment one	Segment two	Segment three
1.25%	4.06%	5.08%

The interest rate used to determine the present value of accumulated benefits for FASB ASC Topic 960 is 6.00%

Mortality rates - PPA Funding
Post-retirement: Annuitant tables as prescribed on the valuation date
Pre-retirement: Non-annuitant tables as prescribed on the valuation date

Mortality rates - FASB ASC Topic 960 and Accounting Expense
RP-2000 (generational) Mortality Table

Withdrawal Rates
A table of annual withdrawal rates illustrated below:

Service	Male	Female
1	20%	25%
2	20	25
3	20	25
4	6	25
5	6	15
6	6	15
7	6	15
8	0	15
9	0	15
10	0	15
11 - 19	0	5
20+	0	0

Retirement Age
Age 65 or attained age, if later.

Salary Increases
5.0% per annum, as illustrated by the table below:

Age	Salary Increase Factor*
25	6.096
30	4.777
35	3.743
40	2.932
45	2.298
50	1.800

55	1.411

* Ratio of projected average salary to present salary.

Future Social Security Wage Base Increases
5% per annum, compounded annually.

Future Administrative Expenses
Assumed to be paid by the employer outside of the plan fund.

Name of Plan
Central States Indemnity Company of Omaha Employees' Pension Plan.

Effective Date
January 1, 1995.

Plan Provisions

Employees Covered
All employees of the Employer hired before June 1, 2006.

Eligibility
Employees will become participants on the first of the month coincident with or next following age 19 and completion of at least 1,000 hours of employment in the 12 month period beginning on date of employment or any subsequent 12 month period beginning on an Anniversary Date.

Credited Service
A year of Service is accrued for each calendar year with 1,000 or more hours of employment. Credited service for periods prior to January 1, 1995 under the Central States Health & Life Co. of Omaha Employees Pension Plan shall be included as credited service under this plan.

Basic Compensation
W-2 pay excluding overtime, commission and bonuses.

Final Average Compensation
Average Base Compensation for the five consecutive plan years prior to Normal Retirement Date which produce the highest average.

Retirement Dates

Normal Retirement
First of the month coincident with or next following 65th birthday and completion of five years of service.

Early Retirement
Attained age 55.

Late Retirement
Retirement subsequent to Normal Retirement Date.

Retirement Benefits

Normal Retirement:
a) 1.5% times years of Credited Service times Final Average Compensation less b) .62% times Years of Credited Service times Final Average Compensation up to Covered Compensation. Credited Service is limited to 25 years. For terminations after age 60, a minimum benefit is provided equal to $5 times years of service, not in excess of 25 years.

Early Retirement
The Normal Retirement Benefit computed using Years of Credited Service to Early Retirement Date, reduced by 1/15 per year for the first 5 years and 1/30 per year for the next 5 years that Early Retirement precedes Normal Retirement.

Late Retirement
Normal retirement benefit as of late retirement date, or normal retirement benefit with actuarial increase, if greater.

Vesting

Requirement
Age 55 with no service requirement or 5 years of service without regard to age.

Benefit
The Normal Retirement computed using Credited Service to date of termination, then multiplied by the appropriate percentage from the following table:

Service	Percent
less than 5	0%
5 or more	100%

Pre-Retirement Spouse's Benefit

Requirement
Five years of vesting service.

Benefit
The amount that the Spouse would receive if the Participant had terminated employment on his date of death, and then retired at the later of his earliest retirement date or his date of death and had elected the Joint and 50% Contingent Survivor form of income.

Normal Form of Benefit

Life Annuity.

Central States Indemnity Co. of Omaha Employees' Pension Plan

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

Year Ended December 31, 2014

Employer Identification Number	47-0591908
Plan Number	001

	Description of Investment	Shares	Cost	Current Value
AbbVie, Inc.	Common Stock	8,000	$ 412,820	$ 523,520
Apple Inc.	Common Stock	5,150	370,361	568,457
BP PLC	Common Stock	7,950	326,213	303,054
Becton Dickinson & Company	Common Stock	3,925	269,443	546,203
CVS Caremark Corporation	Common Stock	6,000	172,937	577,860
Caterpillar, Inc.	Common Stock	5,975	191,475	546,892
Chicago Bridge and Iron Company	Common Stock	8,500	547,457	356,830
Cisco Systems, Inc.	Common Stock	17,700	322,409	492,326
Devon Energy Corporation	Common Stock	8,650	518,333	529,467
E.I. du Pont be Nemours & Company	Common Stock	7,525	385,086	556,399
EMC Corporation	Common Stock	18,500	441,915	550,190
Ensco PLC	Common Stock	10,825	553,668	324,209
General Electric Company	Common Stock	20,275	493,623	512,349
Honda Motor Co., Ltd.	Common Stock	9,000	291,071	265,680
Intel Corporation	Common Stock	15,000	334,807	544,350
Johnson & Johnson	Common Stock	4,350	237,505	454,879
Mattel, Inc.	Common Stock	11,500	485,140	355,867
McDonald's Corporation	Common Stock	3,800	253,997	356,060
Microsoft Corporation	Common Stock	10,900	243,459	506,305
Pfizer Inc.	Common Stock	13,350	287,640	415,852
Procter & Gamble	Common Stock	6,000	365,279	546,540
The Bank of New York Mellon Corp	Common Stock	13,600	400,759	551,752
Valero Energy Corporation	Common Stock	10,100	329,921	499,950
Wal-Mart Stores, Inc.	Common Stock	6,050	295,624	519,574
Waste Management Inc.	Common Stock	11,350	382,718	582,482
Zimmer Holdings, Inc.	Common Stock	4,800	300,205	544,416
Total Common Stocks			9,213,865	12,531,463
Brownsville Texas Utility 4.964%	Municipal Bond	100,000	100,278	103,103
Tennessee Valley 0.00%	Government Bond	125,000	73,740	124,189
Total Government and Municipal Bonds			174,018	227,292

Central States Indemnity Co. of Omaha Employees' Pension Plan

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

Year Ended December 31, 2014

	Description of Investment	Shares	Cost	Current Value
Bank of America 5.49%	Corporate Bond	100,000	$ 96,005	$ 110,220
* Charles Schwab Advisor Cash Premier Fund	Money Market Fund	688,493	688,493	688,493
Total Investment Assets			**$ 10,172,381**	**$13,557,468**

*Indicates party-in-interest

Central States Indemnity Co. of Omaha Employees' Pension Plan

Schedule of Reportable Transactions – Schedule H – Item 4j

Year Ended December 31, 2014

Employer Identification Number	47-0591908
Plan Number	001

	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)	Number of Transactions
* Charles Schwab Advisor Cash Premier Fund	$ 2,815,877	$ -	$ 2,815,877	$ 2,815,877	$ -	75
* Charles Schwab Advisor Cash Premier Fund	-	4,460,733	4,460,733	4,460,733	-	20

*Indicates party-in-interest

Central States Indemnity Co. of Omaha Employees' Pension Plan

Financial Statements and Independent Auditors' Report

December 31, 2014 and 2013

Central States Indemnity Co. of Omaha Employees' Pension Plan

Index

	Page
Independent Auditors' Report	1-2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-13
Supplemental Information	
Schedule of Assets (Held at End of Year) – Schedule H – Item 4i	14-15
Schedule of Reportable Transactions – Schedule H – Item 4j	16

Note: Schedules required by the Employee Retirement Income Security Act of 1974 that have not been included herein are not applicable.

Lutz
mind what matters

INDEPENDENT AUDITORS' REPORT

Retirement Committee
Central States Indemnity Co. of Omaha Employees' Pension Plan
Omaha, Nebraska

Report on the Financial Statements

We have audited the accompanying financial statements of Central States Indemnity Co. of Omaha Employees' Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2014 and 2013, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Other Matter - Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information as of or for the year ended December 31, 2014 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Lutz & Company, P.C.

July 23, 2015

Central States Indemnity Co. of Omaha Employees' Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

	2014	2013
ASSETS		
Investments at Fair Value (Notes 5 and 6)		
Common Stocks	$ 12,531,463	$ 12,492,257
Government and Municipal Bonds	227,292	357,156
Corporate Bonds	110,220	110,033
Money Market Funds	688,493	2,333,184
Total Investments	13,557,468	15,292,630
Accrued Investment Income Receivable	11,895	13,375
Cash	10,497	9,603
NET ASSETS AVAILABLE FOR BENEFITS	**$ 13,579,860**	**$ 15,315,608**

See Notes to Financial Statements.

Central States Indemnity Co. of Omaha Employees' Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2014 and 2013

	2014	2013
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment Income		
Net Appreciation in Fair Value of Investments (Notes 5 and 6)	$ 704,743	$ 2,717,814
Interest from Investments	10,845	22,013
Dividends from Investments	356,708	302,036
Total Investment Income	1,072,296	3,041,863
Employer Contributions (Note 4)	-	900,000
Total Additions	1,072,296	3,941,863
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits Paid Directly to Participants	2,653,903	318,029
Administrative Expenses and Other Fees	154,141	126,562
Total Deductions	2,808,044	444,591
NET INCREASE (DECREASE)	(1,735,748)	3,497,272
Net Assets Available for Benefits, Beginning of Year	15,315,608	11,818,336
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	**$ 13,579,860**	**$ 15,315,608**

See Notes to Financial Statements.

1. Plan Description

The following brief description of the Central States Indemnity Co. of Omaha Employees' Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering certain employees of Central States Indemnity Co. of Omaha (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective June 1, 2006, the Plan was amended to close participation in the Plan to employees who are first employed by the Company after May 31, 2006. Employees hired prior to June 1, 2006 were included in the Plan on the first day of the month after satisfying the eligibility requirements of attaining age 19 and completing one year of employment with 1,000 hours of service.

Pension Benefits

Eligible employees are entitled to pension benefits at the normal retirement of age 65 equal to 1.5% of final average compensation times years of credited service less .62% of the final average compensation, up to covered compensation, times years of credited service. Final average compensation is the average of base salary over the five consecutive years prior to the employees' normal retirement date or for the period of employment, if shorter, which would produce the highest average. Covered compensation is the average of the taxable wage bases for 35 years ending with a participant's social security retirement age. Credited service is limited to 25 years. The Plan also provides for pre-retirement death benefits, late retirement benefits and early retirement benefits. Early retirement benefits commence at age 55, with a reduction in the normal retirement benefit. Participants may elect to receive their pension benefits in the form of a life annuity or a joint and survivor annuity with three available options. If the participant terminates employment before the normal retirement age or the early retirement age, the Company may require the participant to accept a lump-sum payment of their vested benefits for any amounts below $5,000. The Plan requires that lump-sum payments between $1,000 and $5,000 be directly rolled over to an individual retirement account designated by the plan administrator in the event the participant does not elect otherwise. Lump-sum payments under $1,000 will be paid out to the participant in the event the participant does not elect one of two options. Benefits are recorded when paid.

The Plan provided a limited time election window, beginning October 1, 2014 and continuing through December 10, 2014, to certain terminated participants to receive the distribution of their vested accrued benefit at an early distribution date of December 31, 2014 and provide certain terminated participants who are eligible for early retirement a right to receive the distribution of their vested accrued benefit in the form of a single lump sum distribution.

Death and Disability Benefits

If a married, vested participant dies prior to being eligible for early retirement, the participant's surviving spouse will be eligible to receive a monthly benefit beginning on the participant's early retirement date. The monthly benefit is equal to 50% of the vested accrued benefit reduced for early retirement and to reflect payment in the form of a joint and 50% survivor annuity. If a married participant, who is eligible for early retirement dies, the participant's spouse is entitled to an immediate monthly benefit. The benefit is equal to the monthly annuity the spouse would have received if the participant had retired the day before the participant's death and had elected the "joint and 50% survivor" option. Active employees who become totally disabled will remain active Plan participants. If the employee remains disabled until the normal retirement date, the employee will receive retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as the last complete year of employment prior to disability. Benefit payments are recorded when paid.

Vesting

Participants become 100% vested in their benefits after five years of service or attainment of age 55.

2. Summary of Significant Accounting Policies

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements is set forth below.

Basis of Presentation

The accompanying financial statements are prepared on the accrual basis of accounting and in conformity with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of plan assets available for benefits and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an investment in an orderly transaction between market participants at the measurement date. See Note 6 for further discussion of fair value measurements.

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

Risks and Uncertainties

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

Other

Administrative expenses, audit and investment management fees of the Plan are paid by the Plan and are included in administrative expenses and other fees.

Reclassifications

Certain reclassifications were made to the 2013 financial statements to conform to the 2014 presentation.

Subsequent Events

Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued and may require potential recognition or disclosure in the financial statements. Management has considered such events or transactions through July 23, 2015, noting no items requiring disclosure.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary, Milliman, Inc. (Milliman), and is that amount that 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 date of payment. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2015 and 2014. Had the valuations been performed as of December 31, 2014 and 2013 there would be no material differences.

The significant actuarial assumptions used in these valuations are (a) life expectancy of participants (the RP-2014 Mortality Table with SSA projection scale improvements and the RP-2000 Mortality Table with generational mortality improvements as of January 1, 2015 and 2014, respectively), (b) 5% annual increase in current salary levels, (c) retirement age assumptions (the assumed retirement age was 65) and (d) an assumed long-term rate of return of 6.0%. 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.

At January 1, 2015 and 2014, actuarial present value of accumulated plan benefits for the Plan is as follows:

	2014	2013
Vested Benefits		
Participants Currently Receiving Benefits	$ 3,875,077	$ 3,293,427
Other Participants	6,119,565	7,478,107
Total Actuarial Present Value of Accumulated Plan Benefits	$ 9,994,642	$ 10,771,534

The changes in accumulated plan benefits of the Plan for the years ended January 1, 2015 and 2014 are as follows:

	2014	2013
Actuarial Present Value of Accumulated Benefits at Beginning of Year	$ 10,771,534	$ 8,978,766
Increase (Decrease) During the Year Attributable to:		
Increase Due to the Passage of Time	567,835	617,571
Benefits Accumulated	285,301	278,003
Benefits Paid Directly to Participants	(2,653,903)	(318,029)
Change in Assumptions	563,846	1,297,842
Actuarial (Gain) Loss	460,029	(82,619)
Net Increase (Decrease)	(776,892)	1,792,768
Actuarial Present Value of Accumulated Benefits at End of Year	$ 9,994,642	$ 10,771,534

The change in actuarial assumptions related to the early distributions during 2014 (see Note 1, Pension Benefits) and the change in the mortality table as of January 1, 2015 (see above).

4. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's contributions to the Plan totaled $0 and $900,000 for 2014 and 2013, respectively. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Board of Directors with the direction of the Retirement Committee and Milliman. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2014 and 2013.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions set forth by ERISA.

5. Investments

The following presents investments at December 31, 2014 and 2013 that represent 5% or more of the Plan's net assets:

	2014	2013
Charles Schwab Advisor Cash Premier Fund	$ 688,493	$ 2,333,184
Other Investments Less than 5% of Net Assets	12,868,975	12,959,446
	$ 13,557,468	$ 15,292,630

During 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $704,743 and $2,717,814, respectively, as follows:

	2014	2013
Government and Municipal Bonds	$ (4,864)	$ (1,702)
Corporate Bonds	1,187	(2,718)
Common Stocks	708,420	2,722,234
	$ 704,743	$ 2,717,814

6. Fair Value Measurements

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

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.

The 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 December 31, 2014 and 2013.

Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate Bonds and Government and Municipal Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value of yields currently available on comparable securities of issuers with similar credit ratings.

Money Market Funds: Valued at the daily closing price as reported by the fund.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

The following table presents by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014.

	Level 1	Level 2	Level 3	Total
Common Stocks:				
Health Care	$ 2,484,870	$ -	$ -	$ 2,484,870
Basic Materials	2,213,079	-	-	2,213,079
Technology	2,093,171	-	-	2,093,171
Industrial Goods	1,998,553	-	-	1,998,553
Consumer Goods	1,736,544	-	-	1,736,544
Services	1,453,494	-	-	1,453,494
Financial	551,752	-	-	551,752
Total Common Stocks	12,531,463	-	-	12,531,463
Government and Municipal Bonds	-	227,292	-	227,292
"A" Rated Corporate Bonds	-	110,220	-	110,220
Money Market Fund	688,493	-	-	688,493
Total Investments at Fair Value	$ 13,219,956	$ 337,512	$ -	$ 13,557,468

The following table presents by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2013.

	Level 1	Level 2	Level 3	Total
Common Stocks:				
Basic Materials	$ 2,366,645	$ -	$ -	$ 2,366,645
Consumer Goods	2,280,910	-	-	2,280,910
Technology	1,912,279	-	-	1,912,279
Health Care	1,730,248	-	-	1,730,248
Industrial Goods	1,709,912	-	-	1,709,912
Services	1,431,662	-	-	1,431,662
Financial	1,060,601	-	-	1,060,601
Total Common Stocks	12,492,257	-	-	12,492,257
Government and Municipal Bonds	-	357,156	-	357,156
"A" Rated Corporate Bonds	-	110,033	-	110,033
Money Market Funds	2,333,184	-	-	2,333,184
Total Investments at Fair Value	$ 14,825,441	$ 467,189	$ -	$ 15,292,630

7. Tax Status

The Plan is qualified as a defined benefit pension plan under Section 401(a) of the Internal Revenue Code and is exempt from federal income taxation under Section 501(a) of the Internal Revenue Code.

The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authority. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

8. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations.

Generally, the Pension Benefit Guaranty Corporation (PBGC) guarantees most vested normal retirement age benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically on the amount of an individual's monthly benefit that the PBGC guarantees.

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

9. Related Party Transaction

Certain Plan investments are shares of money market funds managed by Charles Schwab and Company, Inc. (Charles Schwab). Charles Schwab is the custodian of the Plan, and therefore, these transactions qualify as party-in-interest transactions.

SUPPLEMENTAL INFORMATION

Central States Indemnity Co. of Omaha Employees' Pension Plan

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

Year Ended December 31, 2014

Employer Identification Number	47-0591908
Plan Number	001

	Description of Investment	Shares	Cost	Current Value
AbbVie, Inc.	Common Stock	8,000	$ 412,820	$ 523,520
Apple Inc.	Common Stock	5,150	370,361	568,457
BP PLC	Common Stock	7,950	326,213	303,054
Becton Dickinson & Company	Common Stock	3,925	269,443	546,203
CVS Caremark Corporation	Common Stock	6,000	172,937	577,860
Caterpillar, Inc.	Common Stock	5,975	191,475	546,892
Chicago Bridge and Iron Company	Common Stock	8,500	547,457	356,830
Cisco Systems, Inc.	Common Stock	17,700	322,409	492,326
Devon Energy Corporation	Common Stock	8,650	518,333	529,467
E.I. du Pont be Nemours & Company	Common Stock	7,525	385,086	556,399
EMC Corporation	Common Stock	18,500	441,915	550,190
Ensco PLC	Common Stock	10,825	553,668	324,209
General Electric Company	Common Stock	20,275	493,623	512,349
Honda Motor Co., Ltd.	Common Stock	9,000	291,071	265,680
Intel Corporation	Common Stock	15,000	334,807	544,350
Johnson & Johnson	Common Stock	4,350	237,505	454,879
Mattel, Inc.	Common Stock	11,500	485,140	355,867
McDonald's Corporation	Common Stock	3,800	253,997	356,060
Microsoft Corporation	Common Stock	10,900	243,459	506,305
Pfizer Inc.	Common Stock	13,350	287,640	415,852
Procter & Gamble	Common Stock	6,000	365,279	546,540
The Bank of New York Mellon Corp	Common Stock	13,600	400,759	551,752
Valero Energy Corporation	Common Stock	10,100	329,921	499,950
Wal-Mart Stores, Inc.	Common Stock	6,050	295,624	519,574
Waste Management Inc.	Common Stock	11,350	382,718	582,482
Zimmer Holdings, Inc.	Common Stock	4,800	300,205	544,416
Total Common Stocks			9,213,865	12,531,463
Brownsville Texas Utility 4.964%	Municipal Bond	100,000	100,278	103,103
Tennessee Valley 0.00%	Government Bond	125,000	73,740	124,189
Total Government and Municipal Bonds			174,018	227,292

Central States Indemnity Co. of Omaha Employees' Pension Plan

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

Year Ended December 31, 2014

	Description of Investment	Shares	Cost	Current Value
Bank of America 5.49%	Corporate Bond	100,000	$ 96,005	$ 110,220
* Charles Schwab Advisor Cash Premier Fund	Money Market Fund	688,493	688,493	688,493
Total Investment Assets			**$ 10,172,381**	**$13,557,468**

*Indicates party-in-interest

Central States Indemnity Co. of Omaha Employees' Pension Plan

Schedule of Reportable Transactions – Schedule H – Item 4j

Year Ended December 31, 2014

Employer Identification Number	47-0591908
Plan Number	001

	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)	Number of Transactions
* Charles Schwab Advisor Cash Premier Fund	$ 2,815,877	$ -	$ 2,815,877	$ 2,815,877	$ -	75
* Charles Schwab Advisor Cash Premier Fund	-	4,460,733	4,460,733	4,460,733	-	20

*Indicates party-in-interest

Lutz

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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

Central States Indemnity Co. of Omaha Employees 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

Central States Indemnity Co. of Omaha

D Employer Identification Number (EIN)

47-0591908

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2014

2 Assets:

a Market value	2a	15,301,693
b Actuarial value	2b	13,893,284

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	68	3,225,513	3,225,513
b For terminated vested participants	99	2,188,631	2,188,631
c For active participants	56	4,649,629	4,649,629
d Total	223	10,063,773	10,063,773

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	6.57 %
6 Target normal cost	6	239,599

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

07/24/2015
Date

Gregg Rueschhoff, A.S.A.
Type or print name of actuary

14-04349
Most recent enrollment number

Milliman, Inc.
Firm name

(402) 393-9400
Telephone number (including area code)

1120 South 101st Street, Suite 400

Omaha NE 68124-1088
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)	1,216,743	2,265,473
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	1,216,743	2,265,473
10	Interest on line 9 using prior year's actual return of 24.14%	293722	546885
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		593570
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.39%		37929
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		631499
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1,510,465	2812358

Part III Funding Percentages

14	Funding target attainment percentage	14	95.09 %
15	Adjusted funding target attainment percentage	15	138.05 %
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	101.63 %
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
			Totals ▶ 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ 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	
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	239,599
b Excess assets, if applicable, but not greater than line 31a	31b	

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	239,599

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	239,599	0	239,599

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
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 22 – Calculation of Weighted Average Retirement Age
Plan Name: Central States Indemnity Co. of Omaha Employees Pension Plan
EIN/PN: 47-0591908/001

We assume retirement at age 65 or current age if older.

Attachment to Schedule SB, Line 26, Schedule of Active Participants
Central States Indemnity Co of Omaha Employees Pension Plan
EIN/PN: 47-0591908/001

	Years of Credited Service										
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	Total
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	1	-	-	-	-	-	-	1
35-39	-	-	2	3	-	-	-	-	-	-	5
40-44	-	1	1	-	3	1	1	-	-	-	7
45-49	-	-	2	4	2	3	8	-	-	-	19
50-54	-	-	1	1	-	1	2	1	-	-	6
55-59	-	-	1	1	2	1	-	-	-	-	5
60-64	-	-	2	3	-	2	2	-	1	1	11
65-69	-	-	-	2	-	-	-	-	-	-	2
70&Up	-	-	-	-	-	-	-	-	-	-	-
Total	-	1	9	15	7	8	13	1	1	1	56

Interest rates
For purposes of determining the Adjusted Funding Target Attainment Percentage (AFTAP) and minimum required contribution, the valuation interest rates used are the HATFA rates issued by the Department of the Treasury:

Segment one	Segment two	Segment three
4.99%	6.32%	6.99%

For all other purposes, the valuation interest rates are the three segmented rates as of January 1, 2014.

Segment one	Segment two	Segment three
1.25%	4.06%	5.08%

The interest rate used to determine the present value of accumulated benefits for FASB ASC Topic 960 is 6.00%

Mortality rates - PPA Funding
Post-retirement: Annuitant tables as prescribed on the valuation date
Pre-retirement: Non-annuitant tables as prescribed on the valuation date

Mortality rates - FASB ASC Topic 960 and Accounting Expense
RP-2000 (generational) Mortality Table

Withdrawal Rates
A table of annual withdrawal rates illustrated below:

Service	Male	Female
1	20%	25%
2	20	25
3	20	25
4	6	25
5	6	15
6	6	15
7	6	15
8	0	15
9	0	15
10	0	15
11 - 19	0	5
20+	0	0

Retirement Age
Age 65 or attained age, if later.

Salary Increases
5.0% per annum, as illustrated by the table below:

Age	Salary Increase Factor*
25	6.096
30	4.777
35	3.743
40	2.932
45	2.298
50	1.800

55	1.411

* Ratio of projected average salary to present salary.

Future Social Security Wage Base Increases
5% per annum, compounded annually.

Future Administrative Expenses
Assumed to be paid by the employer outside of the plan fund.

Name of Plan
Central States Indemnity Company of Omaha Employees' Pension Plan.

Effective Date
January 1, 1995.

Plan Provisions

Employees Covered
All employees of the Employer hired before June 1, 2006.

Eligibility
Employees will become participants on the first of the month coincident with or next following age 19 and completion of at least 1,000 hours of employment in the 12 month period beginning on date of employment or any subsequent 12 month period beginning on an Anniversary Date.

Credited Service
A year of Service is accrued for each calendar year with 1,000 or more hours of employment. Credited service for periods prior to January 1, 1995 under the Central States Health & Life Co. of Omaha Employees Pension Plan shall be included as credited service under this plan.

Basic Compensation
W-2 pay excluding overtime, commission and bonuses.

Final Average Compensation
Average Base Compensation for the five consecutive plan years prior to Normal Retirement Date which produce the highest average.

Retirement Dates

Normal Retirement
First of the month coincident with or next following 65th birthday and completion of five years of service.

Early Retirement
Attained age 55.

Late Retirement
Retirement subsequent to Normal Retirement Date.

Retirement Benefits

Normal Retirement:
a) 1.5% times years of Credited Service times Final Average Compensation less b) .62% times Years of Credited Service times Final Average Compensation up to Covered Compensation. Credited Service is limited to 25 years. For terminations after age 60, a minimum benefit is provided equal to $5 times years of service, not in excess of 25 years.

Early Retirement
The Normal Retirement Benefit computed using Years of Credited Service to Early Retirement Date, reduced by 1/15 per year for the first 5 years and 1/30 per year for the next 5 years that Early Retirement precedes Normal Retirement.

Late Retirement
Normal retirement benefit as of late retirement date, or normal retirement benefit with actuarial increase, if greater.

Vesting

Requirement
Age 55 with no service requirement or 5 years of service without regard to age.

Benefit
The Normal Retirement computed using Credited Service to date of termination, then multiplied by the appropriate percentage from the following table:

Service	Percent
less than 5	0%
5 or more	100%

Pre-Retirement Spouse's Benefit

Requirement
Five years of vesting service.

Benefit
The amount that the Spouse would receive if the Participant had terminated employment on his date of death, and then retired at the later of his earliest retirement date or his date of death and had elected the Joint and 50% Contingent Survivor form of income.

Normal Form of Benefit

Life Annuity.

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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

Central States Indemnity Co. of Omaha Employees 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

Central States Indemnity Co. of Omaha

D Employer Identification Number (EIN)

47-0591908

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2014

2 Assets:

a Market value	2a	15,301,693
b Actuarial value	2b	13,893,284

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	68	3,225,513	3,225,513
b For terminated vested participants	99	2,188,631	2,188,631
c For active participants	56	4,649,629	4,649,629
d Total	223	10,063,773	10,063,773

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	6.57 %
6 Target normal cost	6	239,599

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

07/24/2015
Date

Gregg Rueschhoff, A.S.A.
Type or print name of actuary

14-04349
Most recent enrollment number

Milliman, Inc.
Firm name

(402) 393-9400
Telephone number (including area code)

1120 South 101st Street, Suite 400

Omaha NE 68124-1088
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)	1,216,743	2,265,473
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	1,216,743	2,265,473
10	Interest on line 9 using prior year's actual return of 24.14%	293722	546885
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		593570
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.39%		37929
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		631499
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1,510,465	2812358

Part III Funding Percentages

14	Funding target attainment percentage	14	95.09 %
15	Adjusted funding target attainment percentage	15	138.05 %
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	101.63 %
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
			Totals ▶ 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ 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	
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	239,599
b Excess assets, if applicable, but not greater than line 31a	31b	

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	239,599

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	239,599	0	239,599

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
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 22 – Calculation of Weighted Average Retirement Age
Plan Name: Central States Indemnity Co. of Omaha Employees Pension Plan
EIN/PN: 47-0591908/001

We assume retirement at age 65 or current age if older.

Attachment to Schedule SB, Line 26, Schedule of Active Participants
Central States Indemnity Co of Omaha Employees Pension Plan
EIN/PN: 47-0591908/001

	Years of Credited Service										
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	Total
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	1	-	-	-	-	-	-	1
35-39	-	-	2	3	-	-	-	-	-	-	5
40-44	-	1	1	-	3	1	1	-	-	-	7
45-49	-	-	2	4	2	3	8	-	-	-	19
50-54	-	-	1	1	-	1	2	1	-	-	6
55-59	-	-	1	1	2	1	-	-	-	-	5
60-64	-	-	2	3	-	2	2	-	1	1	11
65-69	-	-	-	2	-	-	-	-	-	-	2
70&Up	-	-	-	-	-	-	-	-	-	-	-
Total	-	1	9	15	7	8	13	1	1	1	56

Interest rates
For purposes of determining the Adjusted Funding Target Attainment Percentage (AFTAP) and minimum required contribution, the valuation interest rates used are the HATFA rates issued by the Department of the Treasury:

Segment one	Segment two	Segment three
4.99%	6.32%	6.99%

For all other purposes, the valuation interest rates are the three segmented rates as of January 1, 2014.

Segment one	Segment two	Segment three
1.25%	4.06%	5.08%

The interest rate used to determine the present value of accumulated benefits for FASB ASC Topic 960 is 6.00%

Mortality rates - PPA Funding
Post-retirement: Annuitant tables as prescribed on the valuation date
Pre-retirement: Non-annuitant tables as prescribed on the valuation date

Mortality rates - FASB ASC Topic 960 and Accounting Expense
RP-2000 (generational) Mortality Table

Withdrawal Rates
A table of annual withdrawal rates illustrated below:

Service	Male	Female
1	20%	25%
2	20	25
3	20	25
4	6	25
5	6	15
6	6	15
7	6	15
8	0	15
9	0	15
10	0	15
11 - 19	0	5
20+	0	0

Retirement Age
Age 65 or attained age, if later.

Salary Increases
5.0% per annum, as illustrated by the table below:

Age	Salary Increase Factor*
25	6.096
30	4.777
35	3.743
40	2.932
45	2.298
50	1.800

55	1.411

* Ratio of projected average salary to present salary.

Future Social Security Wage Base Increases
5% per annum, compounded annually.

Future Administrative Expenses
Assumed to be paid by the employer outside of the plan fund.

Name of Plan
Central States Indemnity Company of Omaha Employees' Pension Plan.

Effective Date
January 1, 1995.

Plan Provisions

Employees Covered
All employees of the Employer hired before June 1, 2006.

Eligibility
Employees will become participants on the first of the month coincident with or next following age 19 and completion of at least 1,000 hours of employment in the 12 month period beginning on date of employment or any subsequent 12 month period beginning on an Anniversary Date.

Credited Service
A year of Service is accrued for each calendar year with 1,000 or more hours of employment. Credited service for periods prior to January 1, 1995 under the Central States Health & Life Co. of Omaha Employees Pension Plan shall be included as credited service under this plan.

Basic Compensation
W-2 pay excluding overtime, commission and bonuses.

Final Average Compensation
Average Base Compensation for the five consecutive plan years prior to Normal Retirement Date which produce the highest average.

Retirement Dates

Normal Retirement
First of the month coincident with or next following 65th birthday and completion of five years of service.

Early Retirement
Attained age 55.

Late Retirement
Retirement subsequent to Normal Retirement Date.

Retirement Benefits

Normal Retirement:
a) 1.5% times years of Credited Service times Final Average Compensation less b) .62% times Years of Credited Service times Final Average Compensation up to Covered Compensation. Credited Service is limited to 25 years. For terminations after age 60, a minimum benefit is provided equal to $5 times years of service, not in excess of 25 years.

Early Retirement
The Normal Retirement Benefit computed using Years of Credited Service to Early Retirement Date, reduced by 1/15 per year for the first 5 years and 1/30 per year for the next 5 years that Early Retirement precedes Normal Retirement.

Late Retirement
Normal retirement benefit as of late retirement date, or normal retirement benefit with actuarial increase, if greater.

Vesting

Requirement
Age 55 with no service requirement or 5 years of service without regard to age.

Benefit
The Normal Retirement computed using Credited Service to date of termination, then multiplied by the appropriate percentage from the following table:

Service	Percent
less than 5	0%
5 or more	100%

Pre-Retirement Spouse's Benefit

Requirement
Five years of vesting service.

Benefit
The amount that the Spouse would receive if the Participant had terminated employment on his date of death, and then retired at the later of his earliest retirement date or his date of death and had elected the Joint and 50% Contingent Survivor form of income.

Normal Form of Benefit

Life Annuity.

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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

Central States Indemnity Co. of Omaha Employees 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

Central States Indemnity Co. of Omaha

D Employer Identification Number (EIN)

47-0591908

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2014

2 Assets:

a Market value	2a	15,301,693
b Actuarial value	2b	13,893,284

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	68	3,225,513	3,225,513
b For terminated vested participants	99	2,188,631	2,188,631
c For active participants	56	4,649,629	4,649,629
d Total	223	10,063,773	10,063,773

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	6.57 %
6 Target normal cost	6	239,599

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

07/24/2015
Date

Gregg Rueschhoff, A.S.A.
Type or print name of actuary

14-04349
Most recent enrollment number

Milliman, Inc.
Firm name

(402) 393-9400
Telephone number (including area code)

1120 South 101st Street, Suite 400

Omaha NE 68124-1088
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)	1,216,743	2,265,473
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	1,216,743	2,265,473
10	Interest on line 9 using prior year's actual return of 24.14%	293722	546885
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		593570
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.39%		37929
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		631499
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1,510,465	2812358

Part III Funding Percentages

14	Funding target attainment percentage	14	95.09 %
15	Adjusted funding target attainment percentage	15	138.05 %
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	101.63 %
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
			Totals ▶ 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ 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	
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	239,599
b Excess assets, if applicable, but not greater than line 31a	31b	

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	239,599

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	239,599	0	239,599

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
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 22 – Calculation of Weighted Average Retirement Age
Plan Name: Central States Indemnity Co. of Omaha Employees Pension Plan
EIN/PN: 47-0591908/001

We assume retirement at age 65 or current age if older.

Attachment to Schedule SB, Line 26, Schedule of Active Participants
Central States Indemnity Co of Omaha Employees Pension Plan
EIN/PN: 47-0591908/001

	Years of Credited Service										
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	Total
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	1	-	-	-	-	-	-	1
35-39	-	-	2	3	-	-	-	-	-	-	5
40-44	-	1	1	-	3	1	1	-	-	-	7
45-49	-	-	2	4	2	3	8	-	-	-	19
50-54	-	-	1	1	-	1	2	1	-	-	6
55-59	-	-	1	1	2	1	-	-	-	-	5
60-64	-	-	2	3	-	2	2	-	1	1	11
65-69	-	-	-	2	-	-	-	-	-	-	2
70&Up	-	-	-	-	-	-	-	-	-	-	-
Total	-	1	9	15	7	8	13	1	1	1	56

Interest rates
For purposes of determining the Adjusted Funding Target Attainment Percentage (AFTAP) and minimum required contribution, the valuation interest rates used are the HATFA rates issued by the Department of the Treasury:

Segment one	Segment two	Segment three
4.99%	6.32%	6.99%

For all other purposes, the valuation interest rates are the three segmented rates as of January 1, 2014.

Segment one	Segment two	Segment three
1.25%	4.06%	5.08%

The interest rate used to determine the present value of accumulated benefits for FASB ASC Topic 960 is 6.00%

Mortality rates - PPA Funding
Post-retirement: Annuitant tables as prescribed on the valuation date
Pre-retirement: Non-annuitant tables as prescribed on the valuation date

Mortality rates - FASB ASC Topic 960 and Accounting Expense
RP-2000 (generational) Mortality Table

Withdrawal Rates
A table of annual withdrawal rates illustrated below:

Service	Male	Female
1	20%	25%
2	20	25
3	20	25
4	6	25
5	6	15
6	6	15
7	6	15
8	0	15
9	0	15
10	0	15
11 - 19	0	5
20+	0	0

Retirement Age
Age 65 or attained age, if later.

Salary Increases
5.0% per annum, as illustrated by the table below:

Age	Salary Increase Factor*
25	6.096
30	4.777
35	3.743
40	2.932
45	2.298
50	1.800

55	1.411

* Ratio of projected average salary to present salary.

Future Social Security Wage Base Increases
5% per annum, compounded annually.

Future Administrative Expenses
Assumed to be paid by the employer outside of the plan fund.

Name of Plan
Central States Indemnity Company of Omaha Employees' Pension Plan.

Effective Date
January 1, 1995.

Plan Provisions

Employees Covered
All employees of the Employer hired before June 1, 2006.

Eligibility
Employees will become participants on the first of the month coincident with or next following age 19 and completion of at least 1,000 hours of employment in the 12 month period beginning on date of employment or any subsequent 12 month period beginning on an Anniversary Date.

Credited Service
A year of Service is accrued for each calendar year with 1,000 or more hours of employment. Credited service for periods prior to January 1, 1995 under the Central States Health & Life Co. of Omaha Employees Pension Plan shall be included as credited service under this plan.

Basic Compensation
W-2 pay excluding overtime, commission and bonuses.

Final Average Compensation
Average Base Compensation for the five consecutive plan years prior to Normal Retirement Date which produce the highest average.

Retirement Dates

Normal Retirement
First of the month coincident with or next following 65th birthday and completion of five years of service.

Early Retirement
Attained age 55.

Late Retirement
Retirement subsequent to Normal Retirement Date.

Retirement Benefits

Normal Retirement:
a) 1.5% times years of Credited Service times Final Average Compensation less b) .62% times Years of Credited Service times Final Average Compensation up to Covered Compensation. Credited Service is limited to 25 years. For terminations after age 60, a minimum benefit is provided equal to $5 times years of service, not in excess of 25 years.

Early Retirement
The Normal Retirement Benefit computed using Years of Credited Service to Early Retirement Date, reduced by 1/15 per year for the first 5 years and 1/30 per year for the next 5 years that Early Retirement precedes Normal Retirement.

Late Retirement
Normal retirement benefit as of late retirement date, or normal retirement benefit with actuarial increase, if greater.

Vesting

Requirement
Age 55 with no service requirement or 5 years of service without regard to age.

Benefit
The Normal Retirement computed using Credited Service to date of termination, then multiplied by the appropriate percentage from the following table:

Service	Percent
less than 5	0%
5 or more	100%

Pre-Retirement Spouse's Benefit

Requirement
Five years of vesting service.

Benefit
The amount that the Spouse would receive if the Participant had terminated employment on his date of death, and then retired at the later of his earliest retirement date or his date of death and had elected the Joint and 50% Contingent Survivor form of income.

Normal Form of Benefit

Life Annuity.