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
PS PLAN FOR EMPLOYEES OF SECURITY MUTUAL LIFE INSURANCE

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1988

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

100 COURT STREET
BINGHAMTON, NY 13902

2b Employer Identification Number (EIN)
15-0442730

2c Plan Sponsor's telephone number
607-723-3551

2d Business code (see instructions)
524140

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	RICHARD SHAW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	RICHARD SHAW
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

LORRAINE A. CASEY
SEC. MUT. LIFE INSURANCE CO/NY
P.O. BOX 1625
BINGHAMTON, NY 13902

3b Administrator's EIN: 16-1323889

3c Administrator's telephone number: 607-338-7411

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	464
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)**	352
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	355
b	Retired or separated participants receiving benefits	**6b**	11
c	Other retired or separated participants entitled to future benefits	**6c**	83
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	449
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	451
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	419
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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:
2E 2F 2G 2J 2K 2R 2T 2H 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	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)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
PS PLAN FOR EMPLOYEES OF SECURITY MUTUAL LIFE INSURANCE

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
SECURITY MUTUAL LIFE INSURANCE COMPANY

D Employer Identification Number (EIN)
15-0442730

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

1 Coverage Information:

(a) Name of insurance carrier

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
15-0442730	68772	01005617	5	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1	1

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

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

SML AGENSY SERVICES 0C96000
PO BOX 5235
BINGHAMTON, NY 13902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1	SERVICE FEES/QUALITY FEES	3

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

BART P BOZZI JR 0080813
PO BOX 5235
BINGHAMTON, NY 13902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	SERVICE FEES/QUALITY FEES	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ RATES FILED WITH DEPT.OF INS.

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a [ ] Health (other than dental or vision) **b** [ ] Dental **c** [ ] Vision **d** [X] Life insurance

e [ ] Temporary disability (accident and sickness) **f** [ ] Long-term disability **g** [ ] Supplemental unemployment **h** [ ] Prescription drug

i [ ] Stop loss (large deductible) **j** [ ] HMO contract **k** [ ] PPO contract **l** [ ] Indemnity contract

m [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ..... [ ] Yes [X] No

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

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
PS PLAN FOR EMPLOYEES OF SECURITY MUTUAL LIFE INSURANCE

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
SECURITY MUTUAL LIFE INSURANCE COMPANY

D Employer Identification Number (EIN)
15-0442730

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

INVESCO TRUST COMPANY

84-0591534

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

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

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

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

MASSMUTUAL RETIREMENT SERVICES, LLC

26-1589907

(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?
15 37 38 49 59 60 62 63 64 65 72 99 50	N/A	21952	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

INVESCO TRUST COMPANY

84-0591534

(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?
50 51	N/A	33234	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

RELIANCE TRUST COMPANY

58-1428634

(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?
19 99 25	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	282	Yes [ ] No [X]

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)

MORNINGSTAR ASSOCIATES, LLC

36-4317381

(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?
49	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	16	Yes [ ] No [X]

(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
MASSMUTUAL RETIREMENT SERVICES, LLC	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEE ATTACHED SCHEDULE C REPORT 26-1589907	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RELIANCE TRUST COMPANY	19 25 99	282

(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.
MASSMUTUAL RETIREMENT SERVICES, LLC 26-1589907	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR ASSOCIATES, LLC	49	16

(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.
MASSMUTUAL RETIREMENT SERVICES, LLC 26-1589907	SEE ATTACHED

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
PS PLAN FOR EMPLOYEES OF SECURITY MUTUAL LIFE INSURANCE

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SECURITY MUTUAL LIFE INSURANCE COMPANY

D Employer Identification Number (EIN)
15-0442730

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

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO 500 INDEX FUND

b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-1251725-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE VALUE FUND

b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-1142974-001	C	6579281

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
PS PLAN FOR EMPLOYEES OF SECURITY MUTUAL LIFE INSURANCE

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
SECURITY MUTUAL LIFE INSURANCE COMPANY

D Employer Identification Number (EIN)
15-0442730

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1339081	1436832
(9) Value of interest in common/collective trusts	1c(9)	7606524	6579281
(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)	30904957	34574505
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	51658	53881
(15) Other	1c(15)	1879535	1762940

			(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	41781755	44407439
	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	41781755	44407439

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.

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1914615	
	(B) Participants	2a(1)(B)	1478676	
	(C) Others (including rollovers)	2a(1)(C)	3688	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3396979
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	72030	
	(F) Other	2b(1)(F)	1244	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		73274
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2275975	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2275975
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		174715
(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)		-142662
c Other income	2c		-166041
d Total income. Add all **income** amounts in column (b) and enter total	2d		5612240
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2923882	
(2) To insurance carriers for the provision of benefits	2e(2)	7575	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2931457
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	46480	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	8619	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		55099
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2986556
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2625684
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: JOHNSON LAUDER & SAVIDGE, LLP **(2)** EIN: 16-0919630

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
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		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	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
PS PLAN FOR EMPLOYEES OF SECURITY MUTUAL LIFE INSURANCE

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
SECURITY MUTUAL LIFE INSURANCE COMPANY

D Employer Identification Number (EIN)
15-0442730

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): 04-1590850

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

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

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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):

JOHNSON · LAUDER & SAVIDGE, LLP
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

To the Plan Administrator of the
Security Mutual Life Insurance Company of
New York Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Security Mutual Life Insurance Company of New York Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits - modified cash basis 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 the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the trustee of the Plan and a private trust bank, and Security Mutual Life Insurance Company of New York, a regulated insurance company custodian, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee and insurance company custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the trustee and insurance company custodian as of and for the years ended December 31, 2014 and , that the information provided to the plan administrator by the trustee and insurance company is complete and accurate.

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To the Plan Administrator of the
Security Mutual Life Insurance Company of
New York Profit Sharing Plan

Disclaimer of Opinion

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

Other Matter – Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and the supplemental schedule are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Other Matter – Supplemental Schedule

The supplemental schedule of Schedule of Assets (Held at End of Year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the 2014 financial statements and supplemental schedule, other than that derived from the information certified by the trustee and insurance company, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



JOHNSON, LAUDER & SAVIDGE, LLP

October 8, 2015
Binghamton, New York

THE SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

THE SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK
PROFIT SHARING PLAN

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JOHNSON · LAUDER & SAVIDGE, LLP
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

To the Plan Administrator of the
Security Mutual Life Insurance Company of
New York Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Security Mutual Life Insurance Company of New York Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits - modified cash basis 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 the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the trustee of the Plan and a private trust bank, and Security Mutual Life Insurance Company of New York, a regulated insurance company custodian, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee and insurance company custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the trustee and insurance company custodian as of and for the years ended December 31, 2014 and , that the information provided to the plan administrator by the trustee and insurance company is complete and accurate.

jls@jlscpa.com 2 COURT STREET, BINGHAMTON, NY 13901 (607) 723-8216

To the Plan Administrator of the
Security Mutual Life Insurance Company of
New York Profit Sharing Plan

Disclaimer of Opinion

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

Other Matter – Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and the supplemental schedule are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Other Matter – Supplemental Schedule

The supplemental schedule of Schedule of Assets (Held at End of Year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the 2014 financial statements and supplemental schedule, other than that derived from the information certified by the trustee and insurance company, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



JOHNSON, LAUDER & SAVIDGE, LLP

October 8, 2015
Binghamton, New York

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR
BENEFITS - MODIFIED CASH BASIS

DECEMBER 31, 2014 AND 2013

	2014	2013
Participant - directed investments, at fair value	$ 42,960,665	$ 40,433,711
Notes receivable from participants	1,436,832	1,339,081
Participant individual insurance – accumulated value	9,942	8,963
Net assets available for benefits	$ 44,407,439	$ 41,781,755

The accompanying notes are an integral part of these financial statements

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE
FOR BENEFITS - MODIFIED CASH BASIS

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
Additions to net assets attributed to:		
Investment income:		
Net realized and unrealized appreciation in value of investments	$ -	$ 4,163,399
Interest and dividends	2,377,811	1,418,440
Interest on notes receivable from participants	73,274	73,295
Contributions:		
Participants' salary deferral	1,478,676	1,442,497
Participants' rollovers	3,688	23,919
Employer's matching	335,989	324,025
Employer's profit sharing (discretionary)	399,774	392,021
Employer's profit sharing (fixed)	1,178,852	1,135,314
Miscellaneous income	7,598	-
Total additions	5,855,662	8,972,910
Deductions from net assets attributed to:		
Net realized and unrealized depreciation in value of investments	243,422	-
Benefits paid and deemed distributions to participants or beneficiaries	2,923,882	1,276,527
Fees and miscellaneous	54,055	30,736
Forfeitures	8,619	57,846
Total deductions	3,229,978	1,365,109
Net increase	2,625,684	7,607,801
Net assets available for benefits:		
Beginning of year	41,781,755	34,173,954
End of year	$ 44,407,439	$ 41,781,755

The accompanying notes are an integral part of these financial statements

NOTE 1: DESCRIPTION OF THE PLAN

The following brief description of The Security Mutual Life Insurance Company of New York Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Plan Sponsor: Security Mutual Life Insurance Company of New York
Plan Name: The Security Mutual Life Insurance Company of New York Profit Sharing Plan
Plan No: 004

Participating Employers' Identification Numbers:
15-0442730 Plan Sponsor
16-1209645 Security Administrators Inc. (Affiliate)

General

The Plan is a defined contribution profit sharing plan covering substantially all employees of Security Mutual Life Insurance Company of New York (the "Company") (see Note 6) who have met certain requirements as to length of service and age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by the Plan Sponsor and utilizes Reliance Trust Company, the trustee of the Plan and a private trust bank and Security Mutual Life Insurance Company of New York, a regulated insurance custodian.

Amendments to Plan

The Plan was restated with an effective date of January 1, 2006.

Eligibility

Employees are eligible to defer compensation once they attain age 21. Employees are eligible for the employer matching contribution upon completion of six months of service (500 hours) and attainment of age 21 with entry dates of January 1 and July 1. Employees are eligible for the fixed non-elective contribution and the discretionary contribution upon completion of one year of service and attainment of age 21 with an entry date of last day of the month they become eligible.

Contributions

Employees can defer their salary up to statutory amounts allowed by the Internal Revenue Code, which is $17,500 for both 2014 and . In addition, individuals who will be at least 50 years of age by the end of the calendar year, are eligible to make "catch-up" contributions beyond regular limits is permitted. The maximum "catch-up" contribution by employees was $5,500 for 2014 and . Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Contributions (continued)

The Company contributes to the Plan as follows: (1) by a matching contribution up to a maximum of 2% of total compensation, (2) by a 6% of total compensation fixed non-elective contribution, and (3) a discretionary contribution determined by the Company, which was 3% for both 2014 and . The Company's policy is to fund contributions accrued. All investments are fully participant directed.

Participant Accounts

Individual accounts are maintained for each plan participant. Each participant's account is credited with the participant's contributions and Company matching and discretionary supplemental contributions, and allocations of plan earnings. Each participant's account is charged with allocations of plan gains, losses and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments are held within various investment funds offered and maintained by Reliance Trust Company and Security Mutual Life Insurance Company of New York. Contributions to the Plan are invested, at the discretion of the participant, in one or a combination of available investment options.

Vesting

All contributions other than the fixed non-elective contribution are 100% vested. The employer's fixed non-elective contribution is vested on a 6-year graded schedule effective January 1, 2007 as follows:

Years of Service	**Vested Percentage**
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or more	100%

Notes Receivable from Participants

Participants may borrow from the Plan a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested balance. The notes are collateralized by the vested balance in the participant's account and bear interest at 2% above the prime rate. Principal and interest is paid through wage withholdings over 5 or 15 years.

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Payment of Benefits

Benefits under the Plan are paid to retirees and beneficiaries principally in the form of lump sum distributions, although other options are available as permitted by law.

Life Insurance

The Plan instituted the option of life insurance to its participants with an initial enrollment period of December 1, 2000 (and annually thereafter). The products include Ultra Security and Customizer 4.

The life insurance consists of a 20% premium discount with the annual premium not to exceed 50% of contributions made to the participant's account, including Company contributions. The Company may limit the premium to no more than 25% of participant's 401(k) payroll deferral. The premium is deducted from the participant's account on a pro rata basis. To be eligible, the participant must have entered the profit sharing/401(k) Plan no later than July 1 of enrollment year (minimum one year service).

Hardship Withdrawals

Hardship withdrawals from the Plan are permitted from the vested portion of the participant accounts. All hardship withdrawals must comply with specific rules relating to hardships, which are uniformly applicable to all participants

Forfeited Accounts

Forfeited participant accounts are used to reduce the Company's contributions to the Plan. A total of $8,619 and $57,846 was utilized in 2014 and , respectively, to reduce employer contributions.

At December 31 2014 and , forfeited non-vested accounts totaled $24,060 and $8,612, respectively.

Administrative Expenses and Exempt Parties in Interest Transactions

Administrative expenses may be paid for by the Plan or the Company. Fees associated with plan loans by participants are deducted from the participant accounts. Investment related expenses are included in the net appreciation of fair value of investments. Administrative costs charged to the Plan were $46,522 for 2014 and $31,800 for .

Reliance Trust Company, as trustee, holds the funds for the Plan and is responsible for managing the Plan's investment assets and executing all investment transactions. Notes receivable from participants qualify as party-in-interest transactions, as defined by ERISA.

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Terminated Participants

The value of participant accounts which are owned by participants who are classified as terminated at December 31, 2014 and 2013 aggregated $4,372,571 and $5,096,711, respectively.

Plan Termination

The Plan is administered by a Plan Administrator appointed by the Chief Executive Officer of the Company. The Company anticipates and believes the Plan will continue; however, in the event of a termination of the Plan, the Plan provides that the net assets of the Plan are to be set aside for the exclusive benefit of the participants. Benefits accrued to the date of the Plan termination, to the extent funded, shall be non-forfeitable.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements for The Security Mutual Life Insurance Company of New York Profit Sharing Plan (formerly known as The Profit Sharing Plan for Employees of Security Mutual Life Insurance Company and Security Administrators, Inc.) (the "Plan") have been prepared on the modified cash basis of accounting as permitted by the Department of Labor. The modified cash basis of accounting is a comprehensive basis of accounting other than generally accepted accounting principles.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Shares of registered investment companies and common/collective trusts are valued at fair value based on publicly traded prices, which is the modification to a strict cash basis presentation. Participant loans are valued at cost based on actual outstanding principal amounts of all individual loans. In the event of default a distribution of retirement benefit is deemed to occur for the unpaid balance. Insurance company auxiliary fund deposits are increased for actual interest earnings credited and reduced by actual withdrawals as permitted.

Reliance Trust Company reports on a cash basis and uses a daily valuation system for valuing plan investments.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

The system is designed so that each plan participant has their own individual account. Contributions and investment earnings are allocated upon receipt to each participant's account. The plan assets are calculated daily using the Net Asset Value (NAV) for each investment option.

Cost is the amount paid for an asset. The recordkeeping system tracks historical cost for all purchases and sales of each investment option at the participant level. This cost is reported on a moving-average cost basis and is used to calculate the realized gain/loss included in the Summary of 5% Reportable Transactions Report, the Trial Balance Report and the Administrative Report.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in a stable value fund through a common collective trust with investment objectives to provide preservation of principal, maintaining a stable interest rate and provide daily liquidity at contract value for participant withdrawals and transfers through investing in a variety of synthetic guaranteed investment contracts, a short-term investment fund and traditional guaranteed investment contracts. Contract value for this fund is based on contributions and earnings to the trust less withdrawals from the trust as reported by the trustee. See Note 3 for discussion of fair values. The statement of net assets available for benefits is prepared on a fair value basis. The fair value of the common collective trust fund approximates contract value at December 31, 2014 and . Certain events limit the ability of the Plan to transact at contract value with the issuer. However, management of the Plan does not believe that such events are probable of occurring.

Participant Loan Interest

Interest on participant loans is aggregated with investment income.

Contributions and Benefits Paid

Contributions from the sponsor are recorded on the modified cash basis. Benefits are recorded when paid.

Reclassifications

Certain amounts in the prior-year financial statements have been reclassified for comparative purposes to conform to the presentation in the current-year financial statements.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Events Occurring After Reporting Date

The Company has evaluated events and transactions that occurred between December 31, 2014 and the report date, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements. The Company did not find any transactions or events during that period that would require adjustment to, or disclosure in, these financial statements.

NOTE 3: INVESTMENTS AND FAIR VALUE MEASUREMENTS

The data in the following table summarizes financial information of the Plan certified as complete and accurate by Reliance Trust Company, the trustee of the Plan and a private trust bank, and Security Mutual Life Insurance Company of New York, a regulated insurance company custodian, in accordance with 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

	2014	
	Bank	Insurance Co.
Interest and dividends	$ 2,449,848	$ 1,244
Net change in realized and unrealized gain (loss)	(243,422)	-
Market value at end of period	44,353,558	43,939

	2013	
	Bank	Insurance Co.
Interest and dividends	$ 1,490,527	$ 1,208
Net change in realized and unrealized gain (loss)	4,163,396	-
Market value at end of period	41,735,376	42,695

The Plan utilizes the Reliance Trust Company service to determine its securities' fair values. The fair value of an asset is the amount at which that asset could be bought or sold in a current transaction between willing parties, that is, other than a forced liquidation sale. The Plan's financial assets carried at fair value have been classified, for disclosure purposes, and are based on hierarchy defined by FASB Codification Section 820. The Plan does not have any financial liabilities applicable under this guidance. The levels of fair value hierarchy are as follows:

Level 1: Values are unadjusted quoted prices for identical assets in an active market accessible at the measurement date (December 31, 2014 and). Assets measured at fair value on a recurring basis and classified as Level 1 include actively traded listed common stocks.

Level 2: Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability.

NOTE 3: INVESTMENTS AND FAIR VALUE MEASUREMENTS (Continued)

Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in markets that are not active;
- Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals); and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3: Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

Investment levels by investment category for 2014 are:

Investment Category	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Collective Trust Funds	$ 6,579,281	$ -	$ 6,579,281	$ -
Mutual Funds				
Fixed Income	5,606,700	5,606,700	-	-
Large Value Equity	21,625,195	21,625,195	-	-
Mid Cap Equity	3,114,331	3,114,331	-	-
Small Cap Equity	2,524,658	2,524,658	-	-
Foreign Equity	1,703,621	1,703,621	-	-
Self-Directed Brokerage Accounts	1,762,940	1,762,940	-	-
Insurance Company Auxiliary Funds	43,939	43,939	-	-
Total	$ 42,960,665	$ 36,381,384	$ 6,579,281	$ -

NOTE 3: INVESTMENTS AND FAIR VALUE MEASUREMENTS (Continued)

Investment levels by investment category for are:

Investment Category	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Collective Trust Funds	$ 7,606,525	$ -	$ 7,606,525	$ -
Mutual Funds				
Fixed Income	4,968,419	4,968,419	-	-
Large Value Equity	18,195,216	18,195,216	-	-
Mid Cap Equity	3,167,379	3,167,379	-	-
Small Cap Equity	2,370,488	2,370,488	-	-
Foreign Equity	2,203,454	2,203,454	-	-
Self-Directed Brokerage Accounts	1,879,535	1,879,535	-	-
Insurance Company Auxiliary Funds	42,695	42,695	-	-
Total	$ 40,433,711	$ 32,827,186	$ 7,606,525	$ -

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques 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 investments measured at fair value:

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common collective trust funds: Valued using the net asset value (NAV) as provided by the trustee of the Plan. NAV is based on the unit value of the underlying assets owned by the fund less any liabilities. See Note 2 for accounting policies related to this fully benefit-responsive fund. The fund's objective is to provide a stable environment for participating plan funds by investing in such assets as guaranteed investment contracts, security-backed investment contracts, and money market funds.

Self-directed brokerage accounts: Valued at the aggregate value of the investments held. Money market accounts are valued at cost plus accrued interest. Mutual funds are valued at the daily closing price as reported by the fund. Corporate stocks are valued at closing price reported on the active market on which the individual securities are traded.

NOTE 3: INVESTMENTS AND FAIR VALUE MEASUREMENTS (Continued)

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

The following schedule represents the investments at December 31, 2014 and 2013 whose fair market value is 5% or more of net assets available for benefits:

2014		2013	
Invesco Stable Value Trust	$ 6,579,281	Invesco Stable Value Trust	$ 6,724,574
Blackrock Equity Dividend	5,325,978	Blackrock Equity Dividend	5,061,274
Invesco American Franchise Fund	2,299,255	PIMCO Total Return	4,968,419
Prudential Total Return Bond	5,403,897	Dodge & Cox Balanced	4,275,412
		Janus Overseas	2,203,454
		Invesco American Franchise Fund	1,860,721

During 2014, the Plan's mutual funds and self-directed brokerage funds (including realized and unrealized gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $251,512.

These investments are not deemed "reportable transactions". A complete schedule of assets held for investment purposes may be found on Pages 19 and 20 as of December 31, 2014. The Plan's net assets available to pay benefits equals the sum of participants' individual account balances. Accordingly, the Plan's ability to pay benefits relates to the Plan's ability to pay individual participants the then current value of their account balances when due.

NOTE 4: RISKS AND UNCERTAINTIES

Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in their values in the near term would materially affect the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

NOTE 5: INCOME TAX STATUS

The Plan obtained its latest determination letter on June 13, 1995, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter for the most recent legislative changes and any changes listed in Note 1. 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 Plan's 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 Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2014 and , 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 .

NOTE 6: RELATED PARTIES

The Plan allowed participants an additional investment option starting in 2006 which was the Security Mutual Life Insurance Company of New York Auxiliary Fund. This is essentially an annuity type contract within the General Account of the Plan Sponsor where separate accounting is maintained. The balances in the Auxiliary Fund were $43,939 and $42,695 at December 31, 2014 and 2013, respectively.

The loan trustee of the Plan and the Plan administrator are employees of the Plan sponsor.

Security Administrators, Inc. is a partially owned non-life insurance subsidiary of Security Mutual Life Insurance Company of New York, the sponsor of the Plan.

Plan participants are permitted to purchase insurance from the Plan sponsor as part of their self-directed investment choices. Five participants paid premiums totaling $8,516 in 2014 and seven participants paid premiums totaling $29,988 in for this life insurance which is representative of competitive prices that are offered by the plan sponsor in the marketplace.

NOTE 7: CONTINGENT LIFE INSURANCE SURRENDER CHARGES

A total of five participants elected to obtain life insurance policies with contracts in force at December 31, 2014. The statement of net assets available for benefits – modified cash basis includes a total of $9,942 and $8,963 of accumulated value for these policies and others in force at the time in aggregate as of December 31, 2014 and 2013, respectively. The value is determined based on the individual cash surrender amounts of each universal life policy prior to potential surrender charges if coverage is cancelled. The total potential surrender charges related to these policies at December 31, 2014 and 2013 was $21,133 and $22,959, respectively.

NOTE 8: RECONCILIATION OF CERTIFICATIONS TO FINANCIAL STATEMENT

The following schedule identifies the primary adjustment to the financial statement and Form 5500 figures from the certification information in Note 3, excluding grouping presentations between the data.

Net assets available for benefits-modified cash basis	
Per certifications	$ 44,397,497
Add: participant insurance - accumulated value	9,942
Per financial statement and Form 5500	$ 44,407,439

SUPPLEMENTAL SCHEDULE
SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK
PROFIT SHARING PLAN
PLAN NUMBER – 004
EIN 15-0442730
Page 19, Support Schedule H, Line 4i – Schedule of
Assets (Held at End of Year)

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(EMPLOYER EIN 15-0442730, PLAN 002)
(Reference: Form 5500, Schedule H, Line 4i)

DECEMBER 31, 2014

(a)	(b) & (c) Identity and description of investment	(d) Cost ^	(e) Current Value
	Collective Investment Trust:		
	Invesco Stable Value Trust		$ 6,579,281
	Mutual Funds:		
	American Funds Capital World Growth		539,671
	Blackrock Equity Dividend		5,325,978
	Davis Financial Fund		230,016
	Dodge & Cox Balanced		4,723,480
	Fidelity Advisor Freedom 2010		448,659
	Fidelity Advisor Freedom 2020		1,546,388
	Fidelity Advisor Freedom 2030		1,570,562
	Fidelity Advisor Freedom 2040		696,822
	Fidelity Advisor Freedom 2050		259,247
	Goldman Sachs Growth Fund		877,929
	Goldman Sachs High Yield		13,032
	Invesco American Franchise Fund		2,299,255
	Invesco Charter		613,273
	Invesco Global Health Care		1,001,342
	Invesco Small Cap Growth		355,612
	Invesco Technology		482,782
	Loomis Sayles Bond		107,875
	Lord Abbett Fundamental Equity		478,531
	MFS International Diversification Fund		1,703,621
	Perkins Mid Cap Value		1,256,518
	Perkins Small Cap Value		1,070,993
	Prudential Total Return Bond		5,403,897
	Vanguard 500 Index Admiral		1,409,189
	Vanguard Inflation Prote Sec Inv		81,896
	Vanguard Mid Cap Index Admiral		979,884
	Vanguard Small Cap Index		1,098,053
	Subtotal to next page		$ 41,153,786

^ Cost data omitted for participant directed individual account plan
* Denotes a party in interest asset

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(EMPLOYER EIN 15-0442730, PLAN 002)
(Reference: Form 5500, Schedule H, Line 4i)

DECEMBER 31, 2014

(a)	(b) & (c) Identity and description of investment	(d) Cost ^	(e) Current Value
	Subtotal from prior page		$ 41,153,786
*	Insurance Company Auxiliary Funds		43,939
	Participant-Directed Brokerage Accounts		1,762,940
			42,960,665
*	Participant Loans (6.00%-10.50%), various maturities		1,436,832
*	Participant individual insurance contracts		9,942
			$ 44,407,439

^ Cost data omitted for participant directed individual account plan
* Denotes a party in interest asset

Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in completing the Form 5500 Schedule C[1] by identifying different types of compensation paid with respect to the product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2014 - 12/31/2014 and indirect compensation is presented on a calendar year basis ending 12/31/2014.

This report includes compensation actually paid to or by MassMutual within the indicated plan year as part of your MassMutual-serviced product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your MassMutual customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than MassMutual). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

Please contact your MassMutual Service Team should you require additional information regarding the compensation paid to or by MassMutual with respect to your plan.

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Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan's service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

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[1]Please refer to the Schedule C of the Form 5500 and its instructions (available at: http://www.dol.gov/ebsa/5500main.html), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

SECURITY MUTUAL LIFE INS CO NY PSP (001225)
EIN #: 15-0442730

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2014 - 12/31/2014 and indirect compensation is presented on a calendar year basis ending 12/31/2014.

For use with lines 2(h), 3(c), 3(d), 3(e)

Total Direct Compensation Paid **$55,186.45**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

Recipient: MassMutual Retirement Services, LLC EIN: 26-1589907

Service Codes: 15, 37, 38, 49, 59, 60, 61, 63, 64, 65, 72, 99, 50 (if direct compensation amount reflected below)

Direct Compensation **$55,186.45**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2014 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to MassMutual Retirement Services, LLC ("MMRS") are the net result of aggregating direct compensation after the effects of adjustments processed in 2014, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

Indirect Compensation

Float compensation Payor: Reliance Trust Company EIN: 58-1428634 **$157.30**

This is an estimate based on the average annual rate of float compensation (0.17% for 2014) earned on certain processing bank accounts for the 2014 calendar year multiplied by an estimate of the assets related to uncashed checks.* This estimate does not include float earned for any other reason (e.g., if amounts remitted to MassMutual cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

* A complete listing of distribution checks that remain outstanding for your plan is available on the Retirement Plan Access web site under the Standard Reports section (Report R03998-Outstanding Distribution Checks). Uncashed check assets will continue to remain in a float-earning bank account until such time direction is received from the Plan Sponsor, subject to applicable regulation. The Plan Sponsor should consult with the Plan's/Plan Sponsor's tax advisor or benefits counsel to determine if assets attributable to uncashed checks should be included on the Form 5500 filing.

Plan Expense Payment Payor: Charles Schwab & Co., Inc. EIN: 94-1737782 **$271.88**

This is the total amount paid during the calendar year to MassMutual for assets held in the plan's self-directed brokerage account(s).

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. MassMutual's Code of Conduct generally restricts MassMutual employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including MassMutual, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual.

Please consult with your legal or tax advisors if you have any questions.

Compensation paid with respect to Funds

Investment Option Name	*EIN*	*Rate of Fees and Payments Received By MassMutual with Respect to the Fund (rates as of 12/31/2014)*	*Total Fund Annual Operating Expenses (Fund Expense Ratio) (as of 12/31/2014)*
AMERICAN FUNDS CAP WLD GR&INC-R4	95-1411037	0.35% x assets	0.80%
AMERICAN FUNDS CAP WLD GR&INC-R5	95-1411037	0.05% x assets	0.49%
BLACKROCK EQUITY DIVIDEND FUND-A	13-3806694	0.55% x assets	0.95%
BLACKROCK EQUITY DIVIDEND-I	13-3806694	0.20% x assets	0.70%
BROKERAGE ACCESS ACCOUNT	NA[1]	0.00% x assets	0.00%
DAVIS FINANCIAL FUND-A	36-2926440	0.35% x assets plus $12/participant	0.88%
DAVIS FINANCIAL-Y	36-2926440	0.10% x assets plus $12/participant	0.71%
DODGE & COX BALANCED	94-6067274	0.10% x assets	0.53%
DREYFUS MIDCAP INDEX	13-3618129	0.35% x assets	0.51%
DREYFUS SMALL CAP INDEX FUND	13-3554128	0.35% x assets	0.51%
FIDELITY ADVISOR FREEDOM 2010-A	04-3022712	0.25% x assets	0.87%
FIDELITY ADVISOR FREEDOM 2010-I	04-3022712	0.25% x assets	0.62%
FIDELITY ADVISOR FREEDOM 2020-A	04-3022712	0.25% x assets	0.93%
FIDELITY ADVISOR FREEDOM 2020-I	04-3022712	0.25% x assets	0.68%
FIDELITY ADVISOR FREEDOM 2030-A	04-3022712	0.25% x assets	1.02%
FIDELITY ADVISOR FREEDOM 2030-I	04-3022712	0.25% x assets	0.77%
FIDELITY ADVISOR FREEDOM 2040-A	04-3022712	0.25% x assets	1.03%
FIDELITY ADVISOR FREEDOM 2040-I	04-3022712	0.25% x assets	0.78%
FIDELITY ADVISOR FREEDOM 2050 I	04-3022712	0.25% x assets	0.78%
FIDELITY ADVISOR FREEDOM 2050-A	04-3022712	0.25% x assets	1.03%
GOLDMAN SACHS GROWTH OPP-I	13-4166989	0.15% x assets	1.00%
GOLDMAN SACHS GROWTH OPPS FD-A	13-4166989	0.55% x assets	1.40%
GOLDMAN SACHS HIGH YIELD INSTL	13-4166989	0.15% x assets	0.72%
INVESCO 500 INDEX TRUST	84-1251725	0.00% x assets	0.27%
INVESCO AMERICAN FRANCHISE-A	76-0343427	0.55% x assets	1.08%
INVESCO AMERICAN FRANCHISE-Y	76-0343427	0.20% x assets	0.83%
INVESCO CHARTER FUND-A	13-2576643	0.55% x assets	1.09%
INVESCO CHARTER-R6	13-2576643	0.00% x assets	0.67%
INVESCO GLOBAL HEALTH CARE-Y	76-0343427	0.00% x assets	0.87%
INVESCO GLOBL HEALTH CARE FUND-A	76-0343427	0.55% x assets	1.12%
INVESCO SMALL CAP GROWTH FUND-A	94-2362417	0.55% x assets	1.21%
INVESCO SMALL CAP GROWTH R5	94-2362417	0.35% x assets	0.83%

Investment Option Name	*EIN*	*Rate of Fees and Payments Received By MassMutual with Respect to the Fund (rates as of 12/31/2014)*	*Total Fund Annual Operating Expenses (Fund Expense Ratio) (as of 12/31/2014)*
INVESCO STABLE VALUE TRUST	84-1251725	0.18% x assets	0.65%
INVESCO TECHNOLOGY-INV	84-0933032	0.55% x assets	1.36%
INVESCO TECHNOLOGY-R5	84-0933032	0.35% x assets	0.89%
JANUS OVERSEAS-T	84-0592523	0.25% x assets	0.68%
JANUS-S	84-0592523	0.50% x assets	1.03%
LOOMIS SAYLES BOND INSTL	04-3219179	0.20% x assets	0.63%
LORD ABBETT FNDAMENTAL EQUITY-R3	13-3712440	0.50% x assets plus $16/participant	1.21%
LORD ABBETT FUNDAMENTAL EQUITY-I	13-3712440	0.10% x assets	0.71%
MFS INTL DIVERSIFICATION FUND-R4	04-3158862	0.20% x assets	0.99%
PERKINS MID CAP VALUE-I	84-0592523	0.10% x assets	0.63%
PERKINS MID CAP VALUE-T	84-0592523	0.25% x assets	0.74%
PERKINS SMALL CAP VALUE-I	84-0592523	0.00% x assets	0.73%
PERKINS SMALL CAP VALUE-T	84-0592523	0.25% x assets	0.83%
PIMCO TOTAL RETURN ADMIN	95-2632339	0.25% x assets	0.71%
PIMCO TOTAL RETURN INSTL	95-2632339	0.00% x assets	0.46%
PRUDENTIAL TOTAL RETURN BOND-Q	13-3851144	0.00% x assets	0.51%
VANGUARD 500 INDEX-ADMIRAL	23-1999755	0.00% x assets	0.05%
VANGUARD INFLATION PROTE SEC INV	23-1899003	0.00% x assets	0.20%
VANGUARD MID CAP INDEX-ADMIRAL	23-1999755	0.00% x assets	0.09%
VANGUARD SMALL CAP INDEX-ADMIRAL	23-1999755	0.00% x assets	0.09%

[1] At the time this report was generated this information was not available.

The list includes any investment option held by the plan on at least one month end during the 2014 calendar year. To arrive at an estimate of the dollar amount that MassMutual received from each fund, multiply the rate of fees received from each fund by your plan's year-end balance (or if the fund was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the fund at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

Recipient: Morningstar Associates, LLC EIN: 36-4317381

Service Code: 49

Indirect Compensation

"Managed by You" services fee Payor: Massachusetts Mutual Life Insurance Company EIN: 04-1590850 **$16.36**

This is an estimate determined by dividing a flat annual fee paid to Morningstar by the number of plans to whom this feature is made available.

Recipient: Reliance Trust Company EIN: 58-1428634

Indirect Compensation

Trust Service Fee (if Reliance Trust Company is acting as directed trustee) **$150.00**
Service Codes: 25, 99

Payors: Massachusetts Mutual Life Insurance Company EIN: 04-1590850
MassMutual Retirement Services, LLC EIN: 26-1589907

Custodial Fee **$131.79**
Service Codes: 19, 25, 99

Payors: Massachusetts Mutual Life Insurance Company EIN: 04-1590850
MassMutual Retirement Services, LLC EIN: 26-1589907

This is an estimate determined by dividing a flat annual fee paid to Reliance Trust Company by the number of plans to whom this feature is made available.

Direct Revenue Detail

Recipient: ***MassMutual Retirement Services, LLC***

Fee Description	**Dollar Amount**
Holding Account: Collective Trust Fee	$49.55
Loan Set-up Fee	$3,900.00
Collective Trust Fee	$33,184.66
Recordkeeping Fee	$6,294.31
One-Time Distribution Fee	$585.00
Loan Administration Fee	$4,863.85
Ad-Hoc Fee	$6,309.08
Total Direct Revenue:	**$55,186.45**
Grand Total Direct Fees:	**$55,186.45**

SUPPLEMENTAL SCHEDULE
SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK
PROFIT SHARING PLAN
PLAN NUMBER – 004
EIN 15-0442730
Page 19, Support Schedule H, Line 4i – Schedule of
Assets (Held at End of Year)

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(EMPLOYER EIN 15-0442730, PLAN 002)
(Reference: Form 5500, Schedule H, Line 4i)

DECEMBER 31, 2014

(a)	(b) & (c) Identity and description of investment	(d) Cost ^	(e) Current Value
	Collective Investment Trust:		
	Invesco Stable Value Trust		$ 6,579,281
	Mutual Funds:		
	American Funds Capital World Growth		539,671
	Blackrock Equity Dividend		5,325,978
	Davis Financial Fund		230,016
	Dodge & Cox Balanced		4,723,480
	Fidelity Advisor Freedom 2010		448,659
	Fidelity Advisor Freedom 2020		1,546,388
	Fidelity Advisor Freedom 2030		1,570,562
	Fidelity Advisor Freedom 2040		696,822
	Fidelity Advisor Freedom 2050		259,247
	Goldman Sachs Growth Fund		877,929
	Goldman Sachs High Yield		13,032
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	Invesco Charter		613,273
	Invesco Global Health Care		1,001,342
	Invesco Small Cap Growth		355,612
	Invesco Technology		482,782
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	Perkins Mid Cap Value		1,256,518
	Perkins Small Cap Value		1,070,993
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	Vanguard 500 Index Admiral		1,409,189
	Vanguard Inflation Prote Sec Inv		81,896
	Vanguard Mid Cap Index Admiral		979,884
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	Subtotal to next page		$ 41,153,786

^ Cost data omitted for participant directed individual account plan
* Denotes a party in interest asset

THE SECURITY MUTUAL LIFE INSURANCE
COMPANY OF NEW YORK PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(EMPLOYER EIN 15-0442730, PLAN 002)
(Reference: Form 5500, Schedule H, Line 4i)

DECEMBER 31, 2014

(a)	(b) & (c) Identity and description of investment	(d) Cost ^	(e) Current Value
	Subtotal from prior page		$ 41,153,786
*	Insurance Company Auxiliary Funds		43,939
	Participant-Directed Brokerage Accounts		1,762,940
			42,960,665
*	Participant Loans (6.00%-10.50%), various maturities		1,436,832
*	Participant individual insurance contracts		9,942
			$ 44,407,439

^ Cost data omitted for participant directed individual account plan
* Denotes a party in interest asset