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
FDLIC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1992

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

6550 DIRECTORS PARKWAY
ABILENE, TX 79606

2b Employer Identification Number (EIN)
74-1001040

2c Plan Sponsor's telephone number
325-695-3412

2d Business code (see instructions)
524210

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.	10/14/2015	B. KRIS SEALE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	166
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)**	149
a(2) Total number of active participants at the end of the plan year	**6a(2)**	161
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	18
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	179
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	179
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	170
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
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:
2F 2G 2J 2K 2E 2S 2R 2T 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [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)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
FDLIC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1001040

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

PARKWAY ADVISORS, L.P.
6550 DIRECTORS PARKWAY
ABILENE, TX 79606

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

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

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

PARKWAY ADVISORS, LP

75-2930899

(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?
27 50	NONE	31804	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASCENSUS

11-3665754

(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?
55 64 37 99 15 50	NONE	16186	Yes [X] No [ ]	Yes [ ] No [X]	555	Yes [ ] No [X]

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

TD AMERITRADE

82-0543156

(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?
33 50	NONE	1758	Yes [X] No [ ]	Yes [X] No [ ]	0	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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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 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
FDLIC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1001040

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)	10149	9834
(2) Participant contributions	1b(2)	32759	34756
(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)	412338	319751
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8034430	8636435
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	522582	589716

			(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	9012258	9590492
	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	9012258	9590492

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	289485	
	(B) Participants	2a(1)(B)	708163	
	(C) Others (including rollovers)	2a(1)(C)	8463	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1006111
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)	15445	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15445
	(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)	91603	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		91603
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		316239
c Other income	2c		23710
d Total income. Add all **income** amounts in column (b) and enter total	2d		1453108
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	804056	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		804056
f Corrective distributions (see instructions)	2f		21070
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)	16186	
(3) Investment advisory and management fees	2i(3)	33562	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		49748
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		874874
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		578234
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 LAMBERT & CO. LLP **(2)** EIN: 52-1446779

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		500000
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
FDLIC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1001040

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): 45-0404698

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):

Funeral Directors Life Insurance Company 401(k) Plan

Financial Statements and Supplemental Schedule

Years ended December 31, 2014 and 2013
with Report of Independent Auditors

Funeral Directors Life Insurance Company 401(k) Plan

Financial Statements and Supplemental Schedule

Years ended December 31, 2014 and 2013

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JOHNSON LAMBERT LLP

Report of Independent Auditors

To the Participants and Administrator of
Funeral Directors Life Insurance Company 401(k) Plan

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of the Funeral Directors Life Insurance Company 401(k) Plan (the Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2014 and 2013, the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

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

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Ascensus, the record keeper of the Plan as agent for Ascensus Trust Company and Frontier Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that Ascensus Trust Company and Frontier Trust Company hold the Plan's investment assets and executes investment transactions in 2014 and 2013 respectively. The Plan administrator has obtained a certification from the trustees as of December 31, 2014 and 2013 and for the years ended that the information provided to the Plan administrator by the trustee is complete and accurate.

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

Other Matter- Supplemental Schedule
The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2014 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and 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 this supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations
The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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.



Arlington Heights, Illinois
October 13, 2015

Funeral Directors Life Insurance
Company 401(k) Plan

Statements of Net Assets Available for Plan Benefits

	December 31, 2014	December 31, 2013
Assets:		
Investments, at fair value	$ 9,226,152	$ 8,557,012
Receivables:		
Employee contributions receivable	34,756	32,759
Employer contributions receivable	9,834	10,149
Notes receivable from participants	319,751	412,339
Net assets available for plan benefits	$ 9,590,493	$ 9,012,259

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

Funeral Directors Life Insurance
Company 401(k) Plan

Statements of Changes in Net Assets Available for Plan Benefits

	Year Ended December 31, 2014	2013
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$ 326,122	$ 1,457,888
Dividends and capital gain distributions	105,430	82,678
	431,552	1,540,566
Contributions:		
Participant	708,163	610,922
Employer	289,485	254,196
Rollovers	8,463	16,506
	1,006,111	881,624
Other additions:		
Participant note receivable interest	15,445	18,151
Total additions	1,453,108	2,440,341
Deductions from net assets attributed to:		
Distributions to participants	825,126	297,817
Administrative expenses	49,748	44,201
Total deductions	874,874	342,018
Changes in net assets available for plan benefits	578,234	2,098,323
Net assets available for plan benefits:		
Beginning of year	9,012,259	6,913,936
End of year	$ 9,590,493	$ 9,012,259

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

Funeral Directors Life Insurance Company 401(k) Plan

Notes to Financial Statements

Years ended December 31, 2014 and 2013

Note 1 - Description of Plan

The following description of the Funeral Directors Life Insurance Company 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan's summary document for a more complete description of the Plan's provisions. Copies of these documents are available from the Funeral Directors Life Insurance Company (FDLIC or Plan Sponsor) or participating companies.

General

The Plan is a controlled group, as defined by Internal Revenue Code (IRC) Section 414(b), defined contribution plan, established January 1, 1992, sponsored by FDLIC. Most full-time employees of FDLIC and participating companies that have elected to adopt the Plan (collectively, Employers) are covered under the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All of the Plan's investments are held by Ascensus Trust Company.

There were no plan amendments adopted in 2014 or 2013.

Contributions

Participants may elect to make voluntary post-tax and salary reduction contributions of up to 100% of their salaries, subject to certain constraints affecting highly compensated employees and IRC limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions of not greater than $5,500 in 2014 and 2013.

In addition to employee contributions, each employer contributes $0.50 for each $1.00 of participant contributions up to $5,000 annually to the Plan. However, total employer and employee contributions in a calendar year for each participant cannot exceed 100% of W-2 compensation for the year or $52,000 in 2014 and $51,000 in 2013, whichever is less.

Participant Accounts

Participants are responsible for directing the investment of their individual account. Each participant's account is credited with the participant's contribution and allocation of (a) the employer's contribution and (b) Plan earnings. Allocations are based on participant deferral (for employer contributions) and account balances (for Plan earnings). The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - Description of Plan (Continued)

Vesting
Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the employer's contribution portion of their account is based on years of continuous service. A participant is 100 percent vested after six years of credited service. All participants will become immediately vested in their accounts when they reach normal retirement age, the Plan is terminated, contributions to the Plan are discontinued, or a participant becomes disabled or dies. Non-vested portions of participants' accounts are forfeited and applied to reduce any Employer contributions. There were $3,101 and $4,832 in forfeiture amounts as of December 31, 2014 and 2013, respectively. The Plan applied no forfeited amounts to reduce Employer contributions in 2014 and 2013, respectively. Forfeited account balances were $3,253 and $8,816 at December 31, 2014 and 2013, respectively.

Plan Expenses
The Plan's administrative expenses are paid from the Plan's assets and are allocated to each participant's account proportionally based on account value.

Notes Receivable from Participants
Participants may borrow from their accounts up to 50% of their vested account balance, with total borrowings not exceeding $50,000 when added to the highest outstanding loan balance. Loan terms range from one to five years but can extend to 15 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined by the Plan Sponsor. During 2014 and 2013, interest rates range from 4.25% to 9.25%. Principal and interest is paid ratably through payroll deductions.

Participant Withdrawals
A participant may request a distribution of vested employer contributions under the following circumstances, (1) the participant becomes disabled, (2) the participant reaches normal retirement age, (3) termination of employment or (4) the participant's death.

Participants who have qualifying expenses may request a hardship withdrawal from participant deferrals only. Prior to taking a hardship distribution, a participant must take all other distributions available under the Plan. Participants under age 59½, may be subject to a 10% penalty tax on hardship distribution amounts.

Note 1 - Description of Plan (Continued)

Payment of Benefits (Continued)
Effective February 19, 2008, participants who are a reservist or National Guardsman; called to active duty after September 11, 2011; and called to active duty for at least 180 days or an indefinite period may take a distribution of elective deferrals under the Plan while on active duty, regardless of age. The 10% premature distribution penalty will not apply to these distributions.

Participants 70 ½ are generally subject to yearly required minimum distributions based on their account value and life expectancy.

Plan Termination
Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan by actions of the Designated Principal(s) subject to the provisions of ERISA. In the event of plan termination, participants would receive the value of their accounts.

Note 2 - Summary of Accounting Policies

The following accounting policies, which conform with accounting principles generally accepted in the United States of America (GAAP), have been used consistently in the preparation of the Plan's financial statements:

Basis of Accounting
The financial statements of the Plan are prepared using the accrual basis of accounting.

Use of Estimates
The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results may differ from these estimates.

Investment Valuation and Income Recognition
GAAP establishes a three-level hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The levels of the fair value hierarchy are described below:

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

Note 2 - Summary of Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)
Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

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

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

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of registered investment companies (mutual funds) are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. Mutual funds held by the Plan are deemed to be actively traded. Equities are valued at the closing price reported on the active market on which the security is traded.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gains distributions are included in dividend income.

The Plan presents in the statement of changes in net assets available for plan benefits the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

Payment of Benefits
In accordance with GAAP, participant requests for benefit withdrawals are recorded in the Plan's financial statements as disbursed. There were no withdrawals requested but unpaid as of December 31, 2014 and 2013.

Note 2 - Summary of Accounting Policies (Continued)

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

Notes Receivable from Participants
Notes receivable from participants are measured at the unpaid principal balance plus any accrued but unpaid interest.

Subsequent Events
The Plan has performed an evaluation of subsequent events through October 13, 2015, which is the date the financial statements were available to be issued and has considered any relevant matters in the preparation of the financial statements and footnotes.

Note 3 - Investments

Investments representing 5% or more of the fair value of net assets available for benefits are as follows.

	2014	2013
T Rowe Price Growth Stock Fund	$ 1,899,035	$ 1,815,506
T Rowe Price Equity Income Fund	1,219,244	1,154,320
Columbia Acorn Fund Z	838,071	810,467
T Rowe Price International Fund	484,804	498,996

During 2014 and 2013, the Plan's participant-directed mutual funds investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $326,122 and $1,457,888, respectively.

Note 4 - Related-Party Transactions and Parties-in-interest

The Plan has an agreement with Parkway Advisors, LP, a participating company in the Plan, under which Parkway provides investment advisory services to the Plan. Parkway is compensated for these services based on the market value of the assets under management for each account. Total fees incurred under this agreement were $44,370 and $39,097 for the years ended December 31, 2014 and 2013, respectively.

Additionally, personnel and facilities of FDLIC have been used to perform administrative functions for the Plan at no cost to the Plan. Loans to participants also represent party-in-interest transactions.

Note 5 - Tax Status

The Plan is exempt from taxation in accordance with the provisions of section 501(a) of the Internal Revenue Code (the Code). Employer contributions and income earned from the Plan investments are not taxable to participants until disbursed.

The Plan Sponsor has adopted the Ascensus Qualified Retirement Plan Basic Plan Document. The Plan Sponsor believes the Plan is currently designed and being operated in compliance with applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan Sponsor has concluded there are no uncertain tax positions as of December 31, 2014 and 2013, in accordance with GAAP.

Note 6 - Information Certified by the Plan's Trustees

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, Ascensus Trust Company and Fronteir Trust Company, the Plan Trustees as of December 31, 2014 and 2013, respectively, have certified the following information, which has not been subject to audit by independent auditors, to be accurate and complete:

The investment balances and notes receivable from participants included in the Statements of Net Assets Available for Plan Benefits as of December 31, 2014 and 2013 and in Note 3.

The interest and dividend income and net appreciation (depreciation) in fair value of investments for the years ended December 31, 2014 and 2013 included in the Statements of Changes in Net Assets Available for Plan Benefits.

Investment balances included in the accompanying Schedule H Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014.

Note 7 - Fair Value Measurement

Investments measured at fair value on a recurring basis at December 31, 2014 consist of the following:

	Level 1 (Measured using quoted market prices)	Total Fair Value
Mutual Funds-Equity	$ 7,051,344	$ 7,051,344
Mutual Funds-Fixed Income	980,069	980,069
Exchange Traded Funds	373,545	373,545
Money Market	394,208	394,208
Equities	426,986	426,986
Total Investments	$ 9,226,152	$ 9,226,152

Investments measured at fair value on a recurring basis at December 31, 2013 consist of the following:

	Level 1 (Measured using quoted market prices)	Total Fair Value
Mutual Funds-Equity	$ 6,639,642	$ 6,639,642
Mutual Funds-Fixed Income	930,272	930,272
Exchange Traded Funds	271,016	271,016
Money Market	357,035	357,035
Equities	359,047	359,047
Total Investments	$ 8,557,012	$ 8,557,012

The total fair value is the published market price per unit multiplied by the number of units held.

Funeral Directors Life Insurance Company 401(k) Plan
Schedule H, line 4i: Schedule of Assets (Held at End of Year)
As of December 31, 2014

Funeral Directors Life Insurance Company 401(k) Plan, EIN 74-1001040
Attachment to Form 5500

(a)	*(b) Identity of issue, borrower, lessor, or similar party*	*(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value*	*(d) Cost***	*(e) Current value*
	AMERICAN CENTURY INFLATION-ADJ BOND INV	Mutual fund		$ 22,027
	COLUMBIA ACORN FUND Z	Mutual fund		838,071
	BLACKROCK ALL-CAP ENERGY & RESOURCES PORTFOLIO-INST	Mutual fund		275,399
	BLACKROCK ALL-CAP ENERGY & RESOURCES PORTFOLIO-INST	Mutual fund		150,879
	AMERICAN CENTURY GOVERNMENT BOND INV	Mutual fund		47,955
	COHEN & STEERS REALTY SHARES FUND	Mutual fund		87,304
	DODGE & COX INTERNATIONAL STOCK FUND	Mutual fund		80,931
	WELLS FARGO ADVANTAGE FUNDS WFA PRECIOUS METALS A	Mutual fund		69,847
	FIDELITY BALANCED FUND	Mutual fund		426,129
	GOLDMAN SACHS FINANCIAL SQUARE PRIME OBLIGATION INSTITUTIONAL	Mutual fund		231,478
	GOLDMAN SACHS GOVERNMENT INCOME INSTITUTIONAL	Mutual fund		10,087
	GOLDMAN SACHS SMALL CAP VALUE FUND A	Mutual fund		433,123
	ISHARES S&P MIDCAP 400 INDEX ETF	Mutual fund		98,952
	ISHARES S&P SMALLCAP 600 INDEX ETF	Mutual fund		78,630
	ISHARES S&P 500 INDEX FUND ETF	Mutual fund		157,699
	ISHARES S&P 500 INDEX FUND ETF	Mutual fund		266,973
	OPPENHEIMER GROBAL FUND A	Mutual fund		47,360
	PRINCIPAL INTERNATIONAL EMERGING MARKETS INSTITUTIONAL	Mutual fund		262,680
	T ROWE PRICE EQUITY INCOME INV	Mutual fund		1,219,244
	T ROWE PRICE GROWTH STOCK INV	Mutual fund		1,899,035
	T ROWE PRICE INTERNATIONAL DISCOVERY INV	Mutual fund		484,804
	PIMCO TOTAL RETURN ADMIN	Mutual fund		225,265
	AMERICAN FUNDS AMERICAN HIGH INC TRUST R5	Mutual fund		112,214
	ROYCE LOW-PRICED STOCK SVC	Mutual fund		21,997
	SCHWAB S&P 500 INDEX FUND OTHER	Mutual fund		397,122
	VANGUARD LONG-TERM BOND INV	Mutual fund		81,054
	VANGUARD TOTAL BOND MARKET INDEX INV	Mutual fund		156,943
	VANGUARD SHORT TERM INVESTMENT GRD INV	Mutual fund		162,251
	VANGUARD SHORT TERM BOND ETF	Mutual fund		38,265
	VANGUARD MID CAP INDEX INV	Mutual fund		48,703
	VANGUARD SMALL CAP GROWTH INDEX INV	Mutual fund		36,726
	VANGUARD SHORT TERM FEDERAL INV	Mutual fund		154,855
	VANGUARD TOTAL WORLD STOCK ETF	Mutual fund		4,080
	VANGUARD TOTAL BOND MARKET ETF	Mutual fund		7,418
	VANGUARD FTSE EMERGING MARKETS ETF	Mutual fund		935
	TOTAL MUTUAL FUNDS			8,636,435
	AMERITRADE SELF-DIRECTED	Participant-directed brokerage account		589,717
	TOTAL INVESTMENTS			9,226,152
*	VARIOUS PARTICIPANTS (maturities range from 1/25/2015 - 12/14/2026)	Notes receivable from participants (interest rates range 4.25% - 9.25%)		319,751
	TOTAL			$ 9,545,903

* Party-in-interest.
** Cost is not required for participant directed investments.

This schedule was prepared based on information certified by Ascensus.

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FDLIC 401(K) PLAN **EIN:** 74-1001040
Plan Sponsor's Name FUNERAL DIRECTORS LIFE INSURANCE COMPANY **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	iShares	iShares S&P 500 Index Fund ETF	0	157,699
	iShares	iShares S&P MidCap 400 Index ETF	0	98,951
	iShares	iShares S&P SmallCap 600 Index ETF	0	78,630
	T. Rowe Price	T. Rowe Price Growth Stock Inv	0	1,899,035
	Schwab	Schwab S&P 500 Index Fund Other	0	397,122
	T. Rowe Price	T. Rowe Price Eqty Income Inv	0	1,219,244
	Columbia	Columbia Acorn Z	0	838,071

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

Plan Name FDLIC 401(K) PLAN **EIN:** 74-1001040
Plan Sponsor's Name FUNERAL DIRECTORS LIFE INSURANCE COMPANY **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Vanguard Mid-Cap Index Inv	0	48,703
	BlackRock	BlackRock Flexible Equity Fund Instl	0	150,879
	Vanguard	Vanguard Small-Cap Growth Index Inv	0	36,726
	Royce	Royce Low-Priced Stock Svc	0	21,997
	Goldman Sachs	Goldman Sachs Small Cap Value A	0	433,123
	Wells Fargo	Wells Fargo Adv Precious Metals A	0	69,847
	BlackRock	BlackRock All-Cap Energy & Res Pt Instl	0	275,399

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

Plan Name FDLIC 401(K) PLAN **EIN:** 74-1001040
Plan Sponsor's Name FUNERAL DIRECTORS LIFE INSURANCE COMPANY **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Cohen & Steers	Cohen & Steers Realty Shares Fund	0	87,304
	Fidelity	Fidelity Balanced Fund	0	426,129
	Oppenheimer	Oppenheimer Global R	0	266,973
	Oppenheimer	Oppenheimer International Growth R	0	47,360
	Dodge & Cox	Dodge & Cox International Stock Fund	0	80,931
	T. Rowe Price	T. Rowe Price Intl Discovery Inv	0	484,804
	Principal	Principal Intl Emerging Markets Inst	0	262,680

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

Plan Name FDLIC 401(K) PLAN **EIN:** 74-1001040
Plan Sponsor's Name FUNERAL DIRECTORS LIFE INSURANCE COMPANY **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Funds	American Funds American Hi Inc Tr R5	0	112,214
	American Century	American Century Infl-Adj Bond Inv	0	22,027
	American Century	American Century Government Bond Inv	0	47,955
	Goldman Sachs	Goldman Sachs Government Income Instl	0	10,087
	PIMCO	PIMCO Total Return Admin	0	225,265
	Vanguard	Vanguard Long-Term Bond Index Inv	0	81,054
	Vanguard	Vanguard Total Bond Market Index Inv	0	156,943

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FDLIC 401(K) PLAN **EIN:** 74-1001040
Plan Sponsor's Name FUNERAL DIRECTORS LIFE INSURANCE COMPANY **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Vanguard Short-Term Investment Grade Inv	0	162,251
	Vanguard	Vanguard Short-Term Federal Inv	0	154,855
	Goldman Sachs	Goldman Sachs Fincl Sq Prime Obl Inst	0	231,478
	Ameritrade	Ameritrade Self-Direct Cash Fund	0	162,732
	Ameritrade	Ameritrade Self-Directed Invest Fd	0	426,986
	Vanguard	Vanguard Total World Stock ETF	0	4,080
	Vanguard	Vanguard Total Bond Market ETF	0	7,418

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FDLIC 401(K) PLAN **EIN:** 74-1001040
Plan Sponsor's Name FUNERAL DIRECTORS LIFE INSURANCE COMPANY **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Vanguard Short-Term Bond ETF	0	38,265
	Vanguard	Vanguard FTSE Emerging Markets ETF	0	935
	Participant's Loan Account	Various Rates and Maturities	0	319,751