

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>09/30/2015</u>	
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 ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>GROUP PENSION PLAN FOR EMPLOYEES OF CENTRAL MUTUAL INSURANCE COMPANY</u>		1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>10/01/1932</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	<u>CENTRAL MUTUAL INSURANCE COMPANY</u> <div style="display: flex; justify-content: space-between;"> <div><u>800 S WASHINGTON ST</u> <u>VAN WERT, OH 45891</u></div> <div><u>800 S WASHINGTON ST</u> <u>VAN WERT, OH 45891</u></div> </div>		2b Employer Identification Number (EIN) <u>34-4202560</u> 2c Plan Sponsor's telephone number <u>419-238-1010</u> 2d Business code (see instructions) <u>524150</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2016	BENJAMIN FAUROUTE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2016	THAD EIKENBARY
	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	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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 947
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) 447
a(2) Total number of active participants at the end of the plan year	6a(2) 461
b Retired or separated participants receiving benefits	6b 284
c Other retired or separated participants entitled to future benefits.....	6c 183
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 928
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 35
f Total. Add lines 6d and 6e	6f 963
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<div>A Name of plan GROUP PENSION PLAN FOR EMPLOYEES OF CENTRAL MUTUAL INSURANCE COMPANY</div>	<div>B Three-digit plan number (PN) 002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CENTRAL MUTUAL INSURANCE COMPANY</div>	<div>D Employer Identification Number (EIN) 34-4202560</div>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2014			
2 Assets:			
a Market value	2a	116960804	
b Actuarial value	2b	111254364	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	318	40409739	40409739
b For terminated vested participants	182	6682322	6682322
c For active participants	492	36081348	36182161
d Total	992	83173409	83274222
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.52%	
6 Target normal cost	6	257210	

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

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>JAMES P VAN VLEET</div> <div>Type or print name of actuary</div> <div>FINDLEY DAVIES, INC</div> <div>Firm name</div> <div>65 EAST STATE STREET SUITE 1300 COLUMBUS, OH 43215</div> <div>Address of the firm</div>	<div>04/05/2016</div> <div>Date</div> <div>14-05701</div> <div>Most recent enrollment number</div> <div>614-453-4669</div> <div>Telephone number (including area code)</div>
----------------------	--	--

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6580880
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	6580880
10 Interest on line 9 using prior year's actual return of <u>13.47</u> %	0	886445
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.34</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7467325

Part III Funding Percentages		
14 Funding target attainment percentage	14	124.63 %
15 Adjusted funding target attainment percentage	15	133.60 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	117.93 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
		0			
			Totals ►	18(b)	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	2572108	
b Excess assets, if applicable, but not greater than line 31a	31b	2572108	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

A Name of plan GROUP PENSION PLAN FOR EMPLOYEES OF CENTRAL MUTUAL INSURANCE COMPANY	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL MUTUAL INSURANCE COMPANY	D Employer Identification Number (EIN) <u>34-4202560</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

(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)

VANGUARD FIDUCIARY TRUST COMPANY

23-2186884

(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?
25	TRUSTEE	15024	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MASS MUTUAL RETIREMENT SERVICES

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	23390	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>09/30/2015</u>		
A Name of plan <u>GROUP PENSION PLAN FOR EMPLOYEES OF CENTRAL MUTUAL INSURANCE COMPANY</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CENTRAL MUTUAL INSURANCE COMPANY</u>		D Employer Identification Number (EIN) <u>34-4202560</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	350881	364896
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)		
	(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)	116609923	113483647
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	116960804	113848543

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	116960804	113848543
---	-----------	-----------	-----------

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	4232288	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4232288
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	13829948	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13331293	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		498655
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-3437317	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-3437317

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1293626

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4321070	
(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)		4321070
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)	9780	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	15024	
(4) Other	2i(4)	60013	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		84817
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4405887

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3112261
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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: PLANTE & MORAN PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
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.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		5000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015					
A Name of plan GROUP PENSION PLAN FOR EMPLOYEES OF CENTRAL MUTUAL INSURANCE COMPANY				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL MUTUAL INSURANCE COMPANY				D Employer Identification Number (EIN) 34-4202560	
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): _____ 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	2
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

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): _____

Group Pension Plan for Employees of Central Mutual Insurance Company

**Financial Report
September 30, 2015**

Group Pension Plan for Employees of Central Mutual Insurance Company

Contents

Report Letter	1-2
Statement of Net Assets Available for Benefits - Modified Cash Basis	3
Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis	4
Notes to Financial Statements	5-13
Schedule of Assets Held at End of Year - Modified Cash Basis	Schedule I

Independent Auditor's Report

To the Participants and the Group Pension Plan
Administrative Committee
Group Pension Plan for Employees of
Central Mutual Insurance Company

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Group Pension Plan for Employees of Central Mutual Insurance Company (the "Plan"), which comprise the statement of net assets available for benefits - modified cash basis as of September 30, 2015 and 2014 and the related statement 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 (ERISA), 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 Vanguard Fiduciary Trust Company (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended September 30, 2015 and 2014 that the information provided to the plan administrator by the Trustee is complete and accurate.

To the Participants and the Group Pension Plan
Administrative Committee
Group Pension Plan for Employees of
Central Mutual Insurance Company

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.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule are prepared on a 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 this matter.

Other Matter

The modified cash basis supplemental schedule of assets held at end of year as of September 30, 2015 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA 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.

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, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moran, PLLC

Auburn Hills, Michigan
July 11, 2016

Group Pension Plan for Employees of Central Mutual Insurance Company

Statement of Net Assets Available for Benefits Modified Cash Basis

	September 30, 2015	September 30, 2014
Assets		
Investments - Mutual funds	\$ 113,483,647	\$ 116,609,923
Cash	364,896	350,881
Net Assets Available for Benefits	\$ 113,848,543	\$ 116,960,804

Group Pension Plan for Employees of Central Mutual Insurance Company

Statement of Changes in Net Assets Available for Benefits Modified Cash Basis

	Year Ended	
	September 30, 2015	September 30, 2014
Additions to Net Assets		
Investment income (loss):		
Interest and dividends	\$ 4,232,288	\$ 3,423,561
Net realized and unrealized (losses) gains on investments	(2,938,662)	10,703,169
Total investment income	1,293,626	14,126,730
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	4,321,070	3,994,088
Administrative expenses	84,817	76,726
Total deductions	4,405,887	4,070,814
Net (Decrease) Increase	(3,112,261)	10,055,916
Net Assets Available for Benefits		
Beginning of year	116,960,804	106,904,888
End of year	<u>\$ 113,848,543</u>	<u>\$ 116,960,804</u>

Group Pension Plan for Employees of Central Mutual Insurance Company

**Notes to Financial Statements
September 30, 2015 and 2014**

Note I - Plan Description

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

General - The Plan is a noncontributory, defined benefit pension plan covering substantially all employees of Central Mutual Insurance Company (the "Company") who have met minimum age and length of service requirements as defined in the plan document. The Plan is administered by the Group Pension Plan Administrative Committee (the "Plan Administrator") and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Pension Benefits and Vesting - Employees with five or more years of vesting service are entitled to monthly pension benefits beginning at their normal retirement age, as defined in the plan document. At normal retirement age, the pension benefit formula is equal to 2 percent of the participant's average monthly compensation multiplied by the participant's credited service, up to 30 years, plus 1/2 percent of the participant's average monthly compensation multiplied by his or her credited service in excess of 30 years, minus 1-2/3 percent of the participant's primary Social Security benefit multiplied by the participant's credited service, up to 30 years (limited to the maximum of 50 percent of the Social Security benefit.) The aforementioned benefit shall not be less than \$50 multiplied by the participant's credited service after October 1, 2004, up to \$250. Beginning on October 1, 1993, the monthly salary used in computing an employee's average monthly compensation is the employee's monthly wage as of October 1 each year, plus 1/12 of any overtime pay or bonus pay received in the prior 12-month period, but excluding commissions or other additions. Average monthly compensation is defined as the total of the monthly salary (as previously defined) for the five highest years of the last 10 years of employment with the Company prior to an employee's retirement date, divided by five.

The Plan permits early retirement up to 10 years prior to normal retirement age. If employees terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions.

Group Pension Plan for Employees of Central Mutual Insurance Company

**Notes to Financial Statements
September 30, 2015 and 2014**

Note I - Plan Description (Continued)

Upon retirement, eligible employees may elect to receive their accrued benefit as a joint and survivor annuity, a life annuity, or through other annuity options permitted by the Plan. Terminated employees with the present value of their accumulated plan benefits not exceeding \$1,000 that have not made an election within 60 days will receive a lump-sum distribution as soon as administratively feasible. Terminated employees with the present value of their accumulated plan benefits between \$1,001 and \$5,000, who have not made an election within 60 days to have their mandatory distribution paid directly to an eligible retirement plan, specified by the employee, in a direct rollover or to receive the distribution directly, will have their account value rolled into a Vanguard Prime Money Market Individual Retirement Account (IRA). The Plan also contains provisions in the event of death or long-term disability and various other provisions related to pension benefits.

Upon retirement or termination, an employee may elect to receive his or her participant contributions plus interest in a lump-sum cash payment, but not Company contributions. See the participant contributions section below for additional details.

Funding - Contributions are made by the Company based on actuarially determined amounts to fund current costs. Contributions are also made based upon their deductibility under the Internal Revenue Code and upon the continued qualification of the Plan as outlined in the plan document. Annual contributions meet the minimum funding requirements of ERISA. There were no contributions required or made for the plan years ended September 30, 2015 or 2014.

Participant Contributions - Prior to October 1, 1987, contributions were mandatory from all plan participants. These contributions are 100 percent vested to the participant. Effective on October 1, 1987, participant contributions are not required or allowed. At September 30, 2015 and 2014, assets attributable to participant contributions made prior to October 1, 1987 in the Plan were \$257,737 and \$305,048, respectively. The participant contributions are invested at the discretion of the Company.

Upon retirement, termination, or death, the participant or elected beneficiary can elect to either withdraw their contributions plus earnings from the Plan, or receive a calculated pension benefit attributable to the participant's contributions plus earnings. Participant contribution accounts are currently credited at the interest rate equal to 120 percent of the federal mid-term rate defined in the Internal Revenue Code in effect for the first month of each plan year. The interest rate credited to employee contribution accounts was 2.22 and 2.31 percent during the years ended September 30, 2015 and 2014, respectively.

Group Pension Plan for Employees of Central Mutual Insurance Company

Notes to Financial Statements September 30, 2015 and 2014

Note 1 - Plan Description (Continued)

Party-in-interest Transactions - Certain plan assets are in investment funds managed by Vanguard Fiduciary Trust Company, the trustee of the Plan, or its affiliates. Additionally, certain expenses were paid by the Company on behalf of the Plan. These transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Modified Cash Basis - The accompanying financial statements have been prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP). On a modified cash basis of accounting, revenue is recognized when cash is received and expenses are recognized when paid. On a GAAP basis of accounting, revenue is recognized as earned and expenses are recognized when the obligation is incurred. Investments are recognized at fair value, which is consistent with a GAAP basis of accounting.

Investment Valuation - The Plan's investments are stated at fair value, based on quoted market values.

See Note 5 for additional information.

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

Benefit Payments - Benefits are recorded when paid.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Group Pension Plan for Employees of Central Mutual Insurance Company

**Notes to Financial Statements
September 30, 2015 and 2014**

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties - Contributions to the Plan and the plan benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

New Accounting Pronouncement - During 2015, the Plan adopted Accounting Standards Update (ASU) No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965) - I. Fully Benefit-Responsive Investment Contracts, II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient*. Part II of the ASU was applicable to the Plan and modified the investment disclosures under ASC 820 and 960. The standard was adopted retrospectively and had no impact on the Plan's net assets or changes in net assets.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including July 11, 2016, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

Vanguard Fiduciary Trust Company (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year - modified cash basis are based solely on information provided by the Trustee.

Note 4 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable, under the Plan's provisions, to the services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to the following:

- a. Retired or terminated employees or their beneficiaries
- b. Beneficiaries of employees who have died
- c. Present employees or their beneficiaries

Group Pension Plan for Employees of Central Mutual Insurance Company

Notes to Financial Statements September 30, 2015 and 2014

Note 4 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

Benefits under the Plan are based on participating employees' credited years of service and average compensation existing at that time. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts of interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of September 30, 2015 and 2014, the most recent actuarial valuations, is as follows:

	<u>2015</u>	<u>2014</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 41,606,797	\$ 39,979,630
Other vested participants	<u>39,058,666</u>	<u>41,119,863</u>
Total vested benefits	80,665,463	81,099,493
Nonvested benefits	<u>2,839,613</u>	<u>97,850</u>
Total benefit obligations	<u>\$ 83,505,076</u>	<u>\$ 81,197,343</u>

Group Pension Plan for Employees of Central Mutual Insurance Company

Notes to Financial Statements September 30, 2015 and 2014

Note 4 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

A summary of significant changes in the actuarial present value of accumulated plan benefits is as follows:

	2015	2014
Actuarial present value of accumulated plan benefits -		
Beginning of year	\$ 81,197,343	\$ 69,955,874
Increase (decrease) during the year		
attributable to:		
Benefits accumulated	2,319,214	1,781,090
Interest accumulated	5,732,909	5,056,144
Benefits paid	(4,321,070)	(3,994,088)
Changes in actuarial assumptions	(1,423,320)	7,339,852
Changes in plan	-	325,897
Other gains, losses, and changes	-	732,574
Net increase	2,307,733	11,241,469
Actuarial present value of accumulated plan benefits -		
End of year	<u>\$ 83,505,076</u>	<u>\$ 81,197,343</u>

The change in actuarial assumptions in 2015 of \$1,423,320 was a result of a change in the mortality table used in 2015 as compared to 2014 as disclosed below. The change in actuarial assumptions in 2014 of \$7,339,852 was the result of a change in the mortality table used in 2014 as compared to 2013.

The significant actuarial assumptions used in the valuation of the Plan at September 30, 2015 and 2014 are summarized as follows:

- Actuarial cost method - Unit Credit Cost Method
- Assumed rate of return - 7.25 percent per annum at September 30, 2015 and September 30, 2014
- Retirement age - Stratified rates from age 55 to 65, as follows:

<u>Age</u>	<u>Rate</u>
55-59	5%
60-61	10
62	50
63-64	25
65	100

Group Pension Plan for Employees of Central Mutual Insurance Company

Notes to Financial Statements September 30, 2015 and 2014

Note 4 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

Mortality basis	- RP-2014 Total Dataset Employee mortality adjusted backward to 2006 with Scale MP-2014 and projected with Scale MP-2015 at September 30, 2015 and RP-2014 Scale MP Non-Annuitants & Annuitants, Generational at September 30, 2014
Employee turnover	- 66.67 percent of select rates and 66.67 percent of ultimate rates from a termination study on financial institutions at September 30, 2015 and 2014
Salary progression	- 5.5 percent of base salary plus 24.1 percent for bonuses at September 31, 2015 and 5.5 percent of base salary plus 22.0 percent for bonuses at September 30, 2014

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

Note 5 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at September 30, 2015 and 2014.

Level 1 - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

Group Pension Plan for Employees of Central Mutual Insurance Company

Notes to Financial Statements September 30, 2015 and 2014

Note 5 - Fair Value Measurements (Continued)

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at September 30, 2015

	<u>Level I</u>
Mutual Funds	<u>\$ 113,483,647</u>

Assets Measured at Fair Value on a Recurring Basis at September 30, 2014

	<u>Level I</u>
Mutual Funds	<u>\$ 116,609,923</u>

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2015 and 2014.

Note 6 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated December 15, 2011 indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying statements.

Group Pension Plan for Employees of Central Mutual Insurance Company

**Notes to Financial Statements
September 30, 2015 and 2014**

Note 7 - Plan Termination

The Company has the right to amend or terminate the Plan at any time. No amendment shall cause any reduction in the amount of accrued benefits or cause the assets of the Plan to be used for purposes other than for the benefit of the participants. Upon termination, the assets in the Plan shall be allocated in the priorities set forth in ERISA and its related regulations and the plan document. In addition, under the provisions of ERISA, if the Plan is terminated, the Company may be obligated to make termination payments to the Plan and participants may be eligible for continuation of benefits under insurance provided by the Pension Benefit Guaranty Corporation (PBGC). Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination; however, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

Group Pension Plan for Employees of Central Mutual Insurance Company

Schedule of Assets Held at End of Year Modified Cash Basis Form 5500, Schedule H, Line 4i EIN 34-4202560, Plan No. 002 September 30, 2015

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds:		
Dodge & Cox	Dodge & Cox International Stock Fund	\$ 7,605,456	\$ 8,619,767
Fidelity	Fidelity New Millennium Fund	4,478,947	4,468,886
T. Rowe Price	T. Rowe Price Mid-Cap Equity Growth Fund	7,342,641	12,333,681
Vanguard Fiduciary Trust Company	Vanguard Institutional Index Fund	26,656,409	41,348,262
Vanguard Fiduciary Trust Company	Vanguard Intermediate-Term Bond Index Fund	26,917,008	27,743,660
Vanguard Fiduciary Trust Company	Vanguard Long-Term Bond Index Fund	17,482,559	18,969,391
	Total	<u>\$ 90,483,020</u>	<u>\$ 113,483,647</u>

ASSET TRANSACTIONS EXCEEDING 5% OF PLAN ASSETS FOR THE YEAR ENDED SEP 30, 2015

GROUP PENSION PLAN FOR EMPLOYEES OF CENTRAL
MUTUAL INSURANCE COMPANY

12 00 1343 3 09

VALUE OF PLAN ASSETS = 115,960,804.00

PART I. TRANSACTIONS OF THE SAME ISSUE EXCEEDING 5% OF THE PLAN ASSETS

ASSET NAME	POST DATE	TRADE DATE	SHARES/FACE	COST BASIS	COST/PROCEEDS	GAIN OR LOSS	BROKER FEE	BROKER CD & NAME	TRAN TYPE
(CUSIP #)									
(92193780R)									
VANGUARD INTERMEDIATE-TERM BOND INDEX FUND ADM				775,000.00	775,000.00	0.00	0.00		PURCHASE
10/01/2014 10/01/2014	67,567.5630					29.24	0.00		SALE
10/16/2014 10/16/2014	52.4510			580.76	610.00	51.60	0.00		SALE
10/27/2014 10/27/2014	105.8280			1,171.77	1,223.37	51.60	0.00		SALE
10/31/2014 10/31/2014	31,728.4500			351,311.36	364,877.18	13,565.82	0.00		SALE
11/03/2014 11/03/2014	9,138.3810			105,000.00	105,000.00	0.00	0.00		PURCHASE
11/10/2014 11/10/2014	107.9530			1,195.59	1,239.30	43.71	0.00		SALE
11/17/2014 11/17/2014	53.1360			588.49	610.00	21.51	0.00		SALE
11/28/2014 11/28/2014	29,813.8070			330,190.54	345,243.88	15,053.34	0.00		SALE
12/11/2014 12/11/2014	108.9240			1,206.47	1,256.98	50.51	0.00		SALE
12/29/2014 12/29/2014	53.3230			590.72	610.00	19.28	0.00		SALE
12/31/2014 12/31/2014	31,432.7220			348,221.56	360,218.99	11,997.43	0.00		SALE
01/05/2015 01/05/2015	58,874.4590			680,000.00	680,000.00	0.00	0.00		PURCHASE
01/14/2015 01/14/2015	482.8770			5,355.58	5,640.00	284.42	0.00		SALE
01/28/2015 01/28/2015	106.3950			1,180.02	1,251.20	71.18	0.00		SALE
01/30/2015 01/30/2015	29,812.9000			330,654.05	352,090.35	21,436.30	0.00		SALE
02/02/2015 02/02/2015	36,864.4070			408,923.18	435,000.00	26,076.82	0.00		SALE
02/04/2015 02/04/2015	4.0030			47.00	47.00	0.00	0.00		PURCHASE
02/09/2015 02/09/2015	107.6680			1,194.32	1,250.02	55.70	0.00		SALE
02/11/2015 02/11/2015	746.1140			8,276.37	8,640.00	363.63	0.00		SALE
02/27/2015 02/27/2015	30,404.4570			337,265.39	352,995.76	15,730.37	0.00		SALE
03/02/2015 03/02/2015	71,861.4730			830,000.00	830,000.00	0.00	0.00		PURCHASE
03/10/2015 03/10/2015	110.7290			1,229.95	1,275.60	45.65	0.00		SALE
03/11/2015 03/11/2015	55.5070			616.56	640.00	23.44	0.00		SALE
03/31/2015 03/31/2015	30,837.1650			342,530.25	359,561.34	17,031.09	0.00		SALE
04/17/2015 04/17/2015	97.2700			1,080.59	1,140.00	59.41	0.00		SALE
04/29/2015 04/29/2015	109.3200			1,214.45	1,269.20	54.75	0.00		SALE
04/30/2015 04/30/2015	31,128.8470			345,815.19	361,405.91	15,590.72	0.00		SALE
05/01/2015 05/01/2015	63,203.4630			730,000.00	730,000.00	0.00	0.00		PURCHASE
05/11/2015 05/11/2015	110.7440			1,231.70	1,269.13	37.43	0.00		SALE
05/13/2015 05/13/2015	55.8460			621.12	640.00	18.88	0.00		SALE
05/29/2015 05/29/2015	6,957.7250			77,384.30	80,292.13	2,907.83	0.00		SALE
06/02/2015 06/02/2015	55,944.0560			640,000.00	640,000.00	0.00	0.00		PURCHASE
06/10/2015 06/10/2015	112.5270			1,252.47	1,269.31	16.84	0.00		SALE
06/19/2015 06/19/2015	48.1390			535.81	550.23	14.42	0.00		SALE
06/22/2015 06/22/2015	4,094.7710			45,465.05	46,403.00	937.95	0.00		SALE
06/30/2015 06/30/2015	7,691.6100			85,610.53	87,376.69	1,766.16	0.00		SALE
07/06/2015 07/06/2015	44,259.4220			505,000.00	505,000.00	0.00	0.00		PURCHASE
07/21/2015 07/21/2015	23.0080			256.22	261.14	4.92	0.00		SALE
07/28/2015 07/28/2015	109.4550			1,218.88	1,246.69	27.81	0.00		SALE
07/31/2015 07/31/2015	31,967.7930			355,991.40	365,711.55	9,720.15	0.00		SALE
08/12/2015 08/12/2015	25.2130			280.79	288.19	7.40	0.00		SALE
08/20/2015 08/20/2015	12.9200			143.89	147.93	4.04	0.00		SALE
08/31/2015 08/31/2015	7,389.8000			82,297.56	84,022.03	1,724.47	0.00		SALE

Schedule SB, Line 26 - Schedule of Active Participant Data

October 1, 2014 Valuation
Group Pension Plan for Employees of Central Mutual Insurance Company
(EIN: 34-4202560; PN: 002)

Attained	Years of Credited Service										Total
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	8	3									11
25 to 29	10	8	17	1							36
30 to 34	8	6	33	22							69
35 to 39	9	4	27	13	9						62
40 to 44	3	5	8	11	6	10					43
45 to 49	3	5	12	10	13	8	12				63
50 to 54	5	1	8	17	8	15	32	2			88
55 to 59		3	6	14	10	5	10	37			85
60 to 64		1	4	7	5	3	4	3	6		33
65 to 69				1					1		2
70 & up											
Total	46	36	115	96	51	41	58	42	7		492

Average compensation is not shown since there are fewer than 1,000 active participants in this plan.

Appendix A

Summary of Principal Plan Provisions

<i>Plan Sponsor</i>	Central Mutual Insurance Company
<i>EIN/PN</i>	34-4202560/002
<i>Effective Date</i>	October 1, 1976; last amended and restated effective October 1, 2015.
<i>Plan Year</i>	The 12-month period beginning each October 1.
<i>Participation</i>	All employees of the Employer are eligible to participate in the Plan on October 1 st after the attainment of age 18 and the completion of 60 days of employment.
<i>Compensation</i>	For any Accrual Computation Period, the Participant's rate of wages from the Employer on the October 1 within that Accrual Computation Period, plus any overtime pay or bonus payment received in the prior Accrual Computation Period, and before any salary reduction under Section 125 or Section 401(k) of the Code.
<i>Average Monthly Compensation</i>	The monthly average of the Compensation of a Participant during his highest five plan years of Compensation during the ten plan years preceding termination.
<i>Vesting Service</i>	A year of service is credited for each year in which an employee works 1,000 hours.
<i>Credited Service</i>	For service prior to October 1, 1976, a year of service is credited for each plan year in which the participant worked at least 1,000 hours. For service after October 1, 1976, a year of service is credited for each plan year in which the participant worked at least 1,820 hours. A partial year of service is credited on a pro rata basis for years of at least 1,000 hours and less than 1,820 hours.
<i>Accrued Benefit</i>	The sum of 1) 2% of Average Monthly Compensation multiplied by the lesser of 30 years and the Participant's Credited Service, and 2) ½% of Average Monthly Compensation multiplied by the Participant's Credited Service in excess of 30 years, minus 3) 1-2/3% of the Primary Social Security benefit multiplied by the lesser of 30 years and the Participant's Credited Service.



Appendix A (Continued)

Accrued Benefit (continued)

The benefit shall not be less than \$50 times Credited Service after October 1, 2004, up to \$250.

Normal Retirement Benefit

Eligibility:

The first day of the month coincident with or next following the attainment of Social Security Retirement Age or, if later, fifth anniversary of plan participation.

Monthly Benefit:

The Accrued Benefit.

Early Retirement Benefit

Eligibility:

Ten years prior to Normal Retirement Date with five Years of Vesting Service.

Monthly Benefit:

The Accrued Benefit reduced for payment prior to Normal Retirement Date. The reduction will depend upon the service earned at termination of employment.

Sample Factors are:

Years <u>Early</u>	<20 Years of <u>Service</u>	Years of Service <u>20-25</u>	Years of Service <u>25-30</u>	>30 Years of <u>Service</u>
0	1.00000	1.00000	1.00000	1.00000
1	0.89728	0.94000	0.96000	0.98000
2	0.80724	0.88000	0.92000	0.96000
3	0.72802	0.82000	0.88000	0.94000
4	0.65807	0.76000	0.83000	0.90000
5	0.59611	0.70000	0.78000	0.86000
6	0.54104	0.64000	0.72000	0.80000
7	0.49197	0.58000	0.66000	0.74000
8	0.44810	0.52000	0.60000	0.68000
9	0.40880	0.46000	0.54000	0.62000
10	0.37349	0.40000	0.48000	0.56000



Appendix A (Continued)

Termination Benefit

Eligibility:

Upon termination of employment prior to retirement after completion of at least five Years of Vesting Service.

Monthly Benefit:

The vested benefit commences in full at Normal Retirement Age, or in a reduced amount under the early retirement provisions.

In the event that the participant had terminated employment prior to completing five Years of Vesting Service and prior to his Normal Retirement Date, the participant will receive a lump sum of the employee's Participant Contribution plus Credited Interest to the date of termination.

Death Benefit

Eligibility:

100% vested.

Monthly Benefit:

A monthly benefit for life commencing at the earliest possible retirement date, but no later than the Normal Retirement Date. The benefit is equal to the vested benefit on the date of death, adjusted as appropriate for early commencement and the 100% Joint and Survivor Annuity form of payment.

If the total of all monthly installments is less than the total of the participant's contributions credited interest at the date of death, the remaining balance, if any, will be payable in a lump sum to the beneficiary of the spouse or if no designated beneficiary of the spouse, payment of any balance shall be paid to the spouse's estate.

In the event of an active non-vested participant's death, the amount of death benefit payable in a lump sum to a beneficiary shall be equal to the total of the participant's contributions accumulated at credited interest to the date of death.

Maximum Benefit Limit

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.



Appendix A (Continued)

Optional Forms of Benefit

Life Annuity – payments for the lifetime of the participant only.

50%, 75%, or 100% Joint and Survivor Annuity – reduced payments for the lifetime of the participant with the elected percentage continuing to the beneficiary named at the time of retirement.

5 or 10 Year Certain – payments for the lifetime of the participant with a minimum of 60 or 120 payments guaranteed respectively.

Lump Sum payments not in excess of \$5,000.

All optional annuity forms are actuarially equivalent and are based on the 1971 Group Annuity Table for Males projected to 1990 by Projection Scale D with an age setback of one year for the participant and five years for any Eligible Spouse, Beneficiary, or Contingent Annuitant and 7% interest.

For Lump Sum purposes, the conversion factors are generally calculated using a Stability Period equal to the Plan year, the Applicable Mortality Table for the year in which the Stability Period begins, and Segment Rate(s) based on all business days in the August immediately preceding the Stability Period (blended with old statutory rates as required).

Changes in Plan Provisions

Long Term disability provisions were amended to no longer project service when determining the benefit.

Appendix B

Statement of Actuarial Assumptions and Methods

Interest Rates

Funding: 24-month segment rates averaged through the end of September 2014 and published in October 2014:

	Before MAP-21/ <u>HATFA</u>	Reflecting MAP-21/ <u>HATFA</u>
a. First Rate, Years 1-5	1.17%	4.99%
b. Second Rate, Years 5-20	4.07%	6.32%
c. Third Rate, Years 20+	5.17%	6.99%
d. Effective Interest Rate using the above rates	4.47%	6.52%
e. Interest rate for developing expected value of assets, prior to applying the statutory cap		8.50%

Salary Scale

5.50% for base salary plus 22% for bonuses. Bonus percentage shall be adjusted annually by weighting 90% assumed percentage and 10% of the actual percentage.

Mortality

Funding: RP-2000 static, non-generational Mortality Table as described in Regulation 1.430(h)(3) projected by Scale AA, to between 7 and 15 years beyond the year of the obligation, male and female, with different rates for annuitants and nonannuitants.

Rates of Retirement

<u>Age(s)</u>	<u>Rate</u>
55-59	5%
60	10
61	10
62	50
63	25
64	25
65	100

Weighted Average Retirement Age is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.



Appendix B (Continued)

Rates of Disability

None.

Rates of Turnover

Based on age and years of service. Sample probabilities are listed below:

Age	Years of Service			
	0	2	4	5+
25	.20000	.14000	.11333	.09301
30	.17333	.11333	.08667	.07034
35	.15333	.09333	.06667	.04934
40	.13333	.08000	.05333	.03434
45	.11333	.06667	.04000	.02233
50	.09333	.05333	.02667	.01667
55	.07333	.04000	.02000	.01133
60	.05333	.02667	.01333	.00667
65	.00000	.00000	.0000	.00000

Assumptions Made In Valuing Spouse's Benefit

Eighty percent of the male and twenty-five percent of the female employees included in the valuation are assumed to be married. Wives are assumed to be three years younger than their husbands.

Optional Form Election

All employees are assumed to elect the life annuity benefit.

Provision for Expenses

\$76,500 for 2014. Two year average of administrative expenses.

Asset Method

Funding: Market Value of Assets plus interest adjusted accrued-but-unpaid contributions as of the valuation date, plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the applicable plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued-but-unpaid contributions).



Appendix B (Continued)

Employees Valued

All active employees who have met the plan's eligibility requirements as of October 1, 2014 are included in the calculations. Former employees or their survivors who are entitled to an immediate or deferred benefit under the provisions of the plan are also included. Data is collected as of October 1, 2014.

***Changes in
Assumptions and
Methods since the Last
Actuarial Valuation***

The segment interest rates used for determining the funding target were 4.94%, 6.15% and 6.76%. These rates were updated to the rates required for the current plan year and adjusted by MAP-21/HATFA.

The mortality table for the funding target was changed as required under PPA '06.

***Justification for
Changes in Actuarial
Assumptions***

The only assumption changes other than to prescribed actuarial assumptions or as a result of At-Risk status did not meet the threshold for requesting IRS approval. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."



Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Group Pension Plan for Employees of Central Mutual Insurance Company
October 1, 2014 Valuation
EIN/PN: 34-4202560 / 002

Rates of Retirement

<u>Age(s)</u>	<u>Rate</u>
55-59	5%
60	10
61	10
62	50
63	25
64	25
65	100

Weighted Average Retirement Age is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Schedule SB, Line 26 - Schedule of Active Participant Data

October 1, 2014 Valuation
Group Pension Plan for Employees of Central Mutual Insurance Company
(EIN: 34-4202560; PN: 002)

Attained	Years of Credited Service										Total
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	8	3									11
25 to 29	10	8	17	1							36
30 to 34	8	6	33	22							69
35 to 39	9	4	27	13	9						62
40 to 44	3	5	8	11	6	10					43
45 to 49	3	5	12	10	13	8	12				63
50 to 54	5	1	8	17	8	15	32	2			88
55 to 59		3	6	14	10	5	10	37			85
60 to 64		1	4	7	5	3	4	3	6		33
65 to 69				1					1		2
70 & up											
Total	46	36	115	96	51	41	58	42	7		492

Average compensation is not shown since there are fewer than 1,000 active participants in this plan.

Appendix B

Statement of Actuarial Assumptions and Methods

Interest Rates

Funding: 24-month segment rates averaged through the end of September 2014 and published in October 2014:

	Before MAP-21/ <u>HATFA</u>	Reflecting MAP-21/ <u>HATFA</u>
a. First Rate, Years 1-5	1.17%	4.99%
b. Second Rate, Years 5-20	4.07%	6.32%
c. Third Rate, Years 20+	5.17%	6.99%
d. Effective Interest Rate using the above rates	4.47%	6.52%
e. Interest rate for developing expected value of assets, prior to applying the statutory cap		8.50%

Salary Scale

5.50% for base salary plus 22% for bonuses. Bonus percentage shall be adjusted annually by weighting 90% assumed percentage and 10% of the actual percentage.

Mortality

Funding: RP-2000 static, non-generational Mortality Table as described in Regulation 1.430(h)(3) projected by Scale AA, to between 7 and 15 years beyond the year of the obligation, male and female, with different rates for annuitants and nonannuitants.

Rates of Retirement

<u>Age(s)</u>	<u>Rate</u>
55-59	5%
60	10
61	10
62	50
63	25
64	25
65	100

Weighted Average Retirement Age is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.



Appendix B (Continued)

Rates of Disability

None.

Rates of Turnover

Based on age and years of service. Sample probabilities are listed below:

Age	Years of Service			
	0	2	4	5+
25	.20000	.14000	.11333	.09301
30	.17333	.11333	.08667	.07034
35	.15333	.09333	.06667	.04934
40	.13333	.08000	.05333	.03434
45	.11333	.06667	.04000	.02233
50	.09333	.05333	.02667	.01667
55	.07333	.04000	.02000	.01133
60	.05333	.02667	.01333	.00667
65	.00000	.00000	.0000	.00000

Assumptions Made In Valuing Spouse's Benefit

Eighty percent of the male and twenty-five percent of the female employees included in the valuation are assumed to be married. Wives are assumed to be three years younger than their husbands.

Optional Form Election

All employees are assumed to elect the life annuity benefit.

Provision for Expenses

\$76,500 for 2014. Two year average of administrative expenses.

Asset Method

Funding: Market Value of Assets plus interest adjusted accrued-but-unpaid contributions as of the valuation date, plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the applicable plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued-but-unpaid contributions).



Appendix B (Continued)

Employees Valued

All active employees who have met the plan's eligibility requirements as of October 1, 2014 are included in the calculations. Former employees or their survivors who are entitled to an immediate or deferred benefit under the provisions of the plan are also included. Data is collected as of October 1, 2014.

***Changes in
Assumptions and
Methods since the Last
Actuarial Valuation***

The segment interest rates used for determining the funding target were 4.94%, 6.15% and 6.76%. These rates were updated to the rates required for the current plan year and adjusted by MAP-21/HATFA.

The mortality table for the funding target was changed as required under PPA '06.

***Justification for
Changes in Actuarial
Assumptions***

The only assumption changes other than to prescribed actuarial assumptions or as a result of At-Risk status did not meet the threshold for requesting IRS approval. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."



Schedule SB, Line 22 – Description of Weighted Average Retirement Age
 Group Pension Plan for Employees of Central Mutual Insurance Company
 October 1, 2014 Valuation
 EIN/PN: 34-4202560 / 002

Rates of Retirement

<u>Age(s)</u>	<u>Rate</u>
55-59	5%
60	10
61	10
62	50
63	25
64	25
65	100

Weighted Average Retirement Age is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.



Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0073

009861.500822.375502.24251 1 MB 0.419 373



CENTRAL MUTUAL INSURANCE COMPANY
800 S WASHINGTON ST
VAN WERT OH 45891-2381

Notice	CP216F
Notice date	May 2, 2016
Employer ID Number	34-4202560
Tax period	September 30, 2015
Form	5500/8955-SSA
Plan number	000
To contact us	Phone 1-877-829-5500

009861

We approved your request for an extension of time to file your return

File your return by JULY 15, 2016

We approved your Form 5558, Application For Extension of Time To File Certain Employee Plan Returns, for a Form 5500 series return and/or Form 8955-SSA for plan number 000.

Your return is now due JULY 15, 2016.

What you need to do

- You must file your return by JULY 15, 2016.
- Keep a copy of this notice for your records.
- If you already filed your return for plan number 000 for the tax period ending September 30, 2015, you can disregard this notice.
- If a tax practitioner or someone else will prepare your return, you should give him or her a copy of this notice.
- Do not attach a copy of this notice to your return.

Additional information

- Visit www.irs.gov/cp216f.
- You can find more information about this notice on our website at www.irs.gov, search term "retirement plan extension of time."
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) <u>CENTRAL MUTUAL INSURANCE COMPANY</u> Number, street, and room or suite no. (If a P.O. box, see instructions) <u>800 S WASHINGTON ST</u> City or town, state, and ZIP code <u>VAN WERT OH 45891</u>	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) <u>34-4202560</u> Social security number (SSN) (9 digits XXX-XX-XXXX)											
C Plan name <u>GROUP PENSION PLAN FOR EMPLOYEES OF CENTRAL MUTUAL INS CO</u>	<table border="1"> <thead> <tr> <th rowspan="2">Plan number</th> <th colspan="3">Plan year ending—</th> </tr> <tr> <th>MM</th> <th>DD</th> <th>YYYY</th> </tr> </thead> <tbody> <tr> <td><u>002</u></td> <td><u>09</u></td> <td><u>30</u></td> <td><u>2015</u></td> </tr> </tbody> </table>	Plan number	Plan year ending—			MM	DD	YYYY	<u>002</u>	<u>09</u>	<u>30</u>	<u>2015</u>
Plan number	Plan year ending—											
	MM	DD	YYYY									
<u>002</u>	<u>09</u>	<u>30</u>	<u>2015</u>									

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1** ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.
- 2** I request an extension of time until 7/15/2016 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3** I request an extension of time until 7/15/2016 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4** I request an extension of time until _____ to file Form 5330.
 You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
- | | |
|---|----------|
| a Enter the Code section(s) imposing the tax ► | a |
| b Enter the payment amount attached ► | b |
| c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ► | c |
- 5** State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ► 3/18/2016

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information <p style="font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</p> <p>► File as an attachment to Form 5500 or 5500-SF.</p>	<small>OMB No. 1210-0110</small> 2014 <p style="font-size: small;">This Form Is Open to Public Inspection</p>																				
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>09/30/2015</u>																						
► Round off amounts to nearest dollar. ► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.																						
A Name of plan Group Pension Plan for Employees of Central Mutual Insurance Company		B Three-digit plan number (PN) 002																				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Central Mutual Insurance Company		D Employer Identification Number (EIN) 34-4202560																				
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500																						
Part I Basic Information																						
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2014</u>																						
2 Assets: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a Market value</td> <td style="width: 10%; text-align: center;">2a</td> <td style="width: 20%; text-align: right;">116960804</td> </tr> <tr> <td>b Actuarial value</td> <td style="text-align: center;">2b</td> <td style="text-align: right;">111254364</td> </tr> </table>			a Market value	2a	116960804	b Actuarial value	2b	111254364														
a Market value	2a	116960804																				
b Actuarial value	2b	111254364																				
3 Funding target/participant count breakdown <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;"></th> <th style="width: 15%; text-align: center;">(1) Number of participants</th> <th style="width: 15%; text-align: center;">(2) Vested Funding Target</th> <th style="width: 20%; text-align: center;">(3) Total Funding Target</th> </tr> <tr> <td>a For retired participants and beneficiaries receiving payment</td> <td style="text-align: center;">318</td> <td style="text-align: center;">40409739</td> <td style="text-align: center;">40409739</td> </tr> <tr> <td>b For terminated vested participants</td> <td style="text-align: center;">182</td> <td style="text-align: center;">6682322</td> <td style="text-align: center;">6682322</td> </tr> <tr> <td>c For active participants</td> <td style="text-align: center;">492</td> <td style="text-align: center;">36081348</td> <td style="text-align: center;">36182161</td> </tr> <tr> <td>d Total</td> <td style="text-align: center;">992</td> <td style="text-align: center;">83173409</td> <td style="text-align: center;">83274222</td> </tr> </table>				(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	a For retired participants and beneficiaries receiving payment	318	40409739	40409739	b For terminated vested participants	182	6682322	6682322	c For active participants	492	36081348	36182161	d Total	992	83173409	83274222
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target																			
a For retired participants and beneficiaries receiving payment	318	40409739	40409739																			
b For terminated vested participants	182	6682322	6682322																			
c For active participants	492	36081348	36182161																			
d Total	992	83173409	83274222																			
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a Funding target disregarding prescribed at-risk assumptions</td> <td style="width: 10%; text-align: center;">4a</td> <td style="width: 20%;"></td> </tr> <tr> <td>b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table>			a Funding target disregarding prescribed at-risk assumptions	4a		b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b															
a Funding target disregarding prescribed at-risk assumptions	4a																					
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b																					
5 Effective interest rate..... 5 6.52%																						
6 Target normal cost..... 6 2572108																						
Statement by Enrolled Actuary <small>To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.</small>																						
SIGN HERE	 Signature of actuary	<u>1/5/2016</u> Date 1405701																				
James P. Van Vleet Type or print name of actuary		Most recent enrollment number 614-453-4669																				
Findley Davies, Inc. Firm name		Telephone number (including area code)																				
65 East State Street Suite 1300 Columbus OH 43215 Address of the firm																						
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐																						

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	☐ N/A, full yield curve used
b Applicable month (enter code)			21b	0
22 Weighted average retirement age			22	63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.		27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

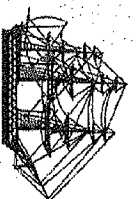
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	2572108
b Excess assets, if applicable, but not greater than line 31a		31b	2572108
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	0
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	0
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	

For the Account of: **GROUP PENSION PLAN FOR EMPLOYEES OF CENTRAL
MUTUAL INSURANCE COMPANY**

Account Number: 12 00 1343 3 09
Date: SEPTEMBER 30, 2015



Vanguard®

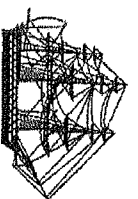
Schedule of Assets

Description	Unit Price/ Shares or Face	Investment Cost Basis	Current Market Value	Market Value 10/01/14 or Acquisition	Unrealized Gain/Loss	Estimated Accrued Income
CASH		364,895.83	364,895.83	364,895.83		
FIXED INCOME						
MF - INVESTMENT GRADE FIXED IN						
VANGUARD LONG-TERM BOND INDE X FUND	13.490 1406181.684	17,482,559.14	18,969,390.91	19,239,298.60	-269,907.69	0.00
VANGUARD INTERMEDIATE-TERM BOND INDEX FUND ADM	11.480 2416695.138	26,917,007.99	27,743,660.18	27,574,146.12	169,514.06	0.00
TOTAL MF - INVESTMENT GRADE FIXED IN		44,399,567.13	46,713,051.09	46,813,444.72	-100,393.63	0.00
TOTAL FIXED INCOME		44,399,567.13	46,713,051.09	46,813,444.72	-100,393.63	0.00
DOMESTIC STOCK						
MF - US EQUITY						
FIDELITY NEW MILLENI	36.240 123313.626	4,478,947.45	4,468,885.80	5,010,089.78	-541,203.98	0.00
T. ROWE PRICE MID-CAP EQUITY GROWTH FUND - INST	43.740 281977.161	7,342,641.27	12,333,681.02	11,971,282.23	362,398.79	0.00
VANGUARD INSTITUTIONAL INDEX FUND INST	175.400 235736.956	26,656,408.79	41,348,262.08	42,682,582.78	-1,334,320.70	0.00
TOTAL MF - US EQUITY		38,477,997.51	58,150,828.90	59,663,954.79	-1,513,125.89	0.00
TOTAL DOMESTIC STOCK		38,477,997.51	58,150,828.90	59,663,954.79	-1,513,125.89	0.00



For the Account of: **GROUP PENSION PLAN FOR EMPLOYEES OF CENTRAL
MUTUAL INSURANCE COMPANY**

Account Number: 12 00 1343 3 09
Date: SEPTEMBER 30, 2015



Vanguard®

Schedule of Assets

Description	Unit Price/ Shares or Face	Investment Cost Basis	Current Market Value	Market Value 10/01/14 or Acquisition	Unrealized Gain/Loss	Estimated Accrued Income
INTERNATIONAL STOCK						
MF - INTERNATIONAL EQUITY						
DODGE & COX INTERNATIONAL STOCK FUND	37.020 232840.826	7,605,456.12	8,619,767.38	10,443,566.32	-1,823,797.94	0.00
TOTAL INTERNATIONAL STOCK		7,605,456.12	8,619,767.38	10,443,566.32	-1,823,797.94	0.00
TOTAL CASH AND INVESTMENTS		90,847,916.59	113,848,543.20	117,285,860.66	-3,437,317.46	0.00
CURRENT PERIOD ACCRUED INCOME			0.00			
TOTAL ASSETS			113,848,543.20			

