

[Print](#) | [Close](#)**Form N-CSRS****LIVE TEST**

Is this a LIVE or TEST Filing?

☒ ☐

YES

Would you like a Return Copy?

☐

Is this an electronic copy of an official filing submitted in paper format?

☐**Submission Contact**

Name

FRANK LEHR

Phone

856-858-3440

Period *

02-29-2012

**SROs**

- ☒ NONE ☐ AMEX ☐ ARCA ☐ BSE
☐ CBOE ☐ CHX ☐ FINRA ☐ ISE
☐ NASD ☐ NSX ☐ NYSE ☐ PCX
☐ PHLX

Filer Information**indicates required field*

Filer CIK *

0001005942

Filer CCC *

Filer Investment Company *

Type

N-1A



Co-Reg CIK

Co-Reg CCC

☐[Add CoRegistrant](#)[Delete CoRegistrant](#)

Form N-CSRS Filer CIK <input type="text" value="0001005942"/> Document Count <input type="text" value="0"/>	<h2>Attached Documents List</h2> <div><i>*indicates required field</i></div> <div><div>Add Document</div><div>Delete Document</div><div>View Document</div><div>Doc Validation</div><div>Move Doc Up</div><div>Move Doc Down</div></div> <table><thead><tr><th></th><th>File Name*</th><th>Type*</th><th>Description</th><th>Errors</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td></td><td></td><td></td><td></td></tr></tbody></table> <div>Display <input type="text" value="25"/></div>		File Name*	Type*	Description	Errors	<input type="checkbox"/>				
	File Name*	Type*	Description	Errors							
<input type="checkbox"/>											

Notification Information

Notify via Filing website only? ☐ YES

Internet Notification Address

<input type="checkbox"/>	joe@mcmutual.com
<input type="checkbox"/>	edgar_mai@mcmutual.com
<input type="checkbox"/>	susan@mcmutual.com

Add **Delete**

Series/Classes (Contracts) Information**indicates required field*

	All?	Series ID	All?	Class (Contract) ID
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="S000023000"/> *	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Delete"/>
<input type="checkbox"/>		<input type="text" value="S000024243"/> *	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Delete"/>
<input type="checkbox"/>		<input type="text" value="S000024244"/> *	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Delete"/>
<input type="checkbox"/>		<input type="text" value="S000024245"/> *	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Delete"/>
<input type="checkbox"/>		<input type="text" value="S000024246"/> *	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Delete"/>
<input type="checkbox"/>		<input type="text" value="S000024247"/> *	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Delete"/>
<input type="checkbox"/>		<input type="text" value="S000024248"/> *	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Delete"/>
<input type="checkbox"/>		<input type="text" value="S000032935"/> *	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Delete"/>

Referenced Module/Segment List

**indicates required field*

	M	S	Module/Segment	CIK	CCC	Type
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add M/S Reference

Delete M/S Reference