# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2013**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1969

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

HOLLAND & KNIGHT LLP

201 NORTH FRANKLIN ST., SUITE 1100
TAMPA, FL 33602

**2b** Employer Identification Number (EIN)
59-0663819

**2c** Sponsor's telephone number
813-769-4382

**2d** Business code (see instructions)
541110

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2014 | LORNA J. PIERCE |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2014 | LORNA J PIERCE |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number (optional)

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 2765 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 2061 |
| **b** | Retired or separated participants receiving benefits | **6b** | 16 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 760 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 2837 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 2837 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 2531 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 44 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2R

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [X] Insurance | **(1)** | [X] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 10 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

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

**1** Coverage Information:

**(a)** Name of insurance carrier

GUARDIAN LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 13-5123390 | 64246 | 3833933 | 3 | 01/01/2013 | 12/31/2013 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| | |

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

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

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

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

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

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

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

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

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

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

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

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|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 1469539 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ NOT PROVIDED

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | 44125 |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

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

(3) [ ] other (specify) ▶

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

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

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 0 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

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

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

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

**1** Coverage Information:

**(a)** Name of insurance carrier

ING USA ANNUITY & LIFE INSURANCE

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 41-0991508 | 80942 | I031718-LM | 1 | 01/01/2013 | 12/31/2013 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 497 | 30 |

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

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

ROBERT MITCHELL
C/O MERRILL LYNCH 510 HIGHWAY A1AN
PONTE VEDRA BEACH, FL 32082

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 497 | 30 | | |

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

JOSH ROGERS
C/O MERRILL LYNCH 510 HIGHWAY A1AN
PONTE VEDRA BEACH, FL 32085

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| **4** | Current value of plan's interest under this contract in the general account at year end | **4** | |
| **5** | Current value of plan's interest under this contract in separate accounts at year end | **5** | 105775 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

Specify nature of costs ▶

**e** Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

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

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

**a** Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | **7b** | |
| **c** | Additions: (1) Contributions deposited during the year | **7c(1)** | | | |
| | (2) Dividends and credits | **7c(2)** | | | |
| | (3) Interest credited during the year | **7c(3)** | | | |
| | (4) Transferred from separate account | **7c(4)** | | | |
| | (5) Other (specify below) | **7c(5)** | | | |
| | ▶ | | | | |
| | (6) Total additions | | | **7c(6)** | |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | **7d** | |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | **7e(1)** | | | |
| | (2) Administration charge made by carrier | **7e(2)** | | | |
| | (3) Transferred to separate account | **7e(3)** | | | |
| | (4) Other (specify below) | **7e(4)** | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | **7e(5)** | |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | **7f** | 0 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

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

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

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

**1** Coverage Information:

**(a)** Name of insurance carrier

JOHN HANCOCK

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 01-0233346 | 65838 | VARIOUS | 2 | 01/01/2013 | 12/31/2013 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 71258 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) [ ] other (specify) ▶

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

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

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 0 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

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

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

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

**1** Coverage Information:

**(a)** Name of insurance carrier

NEW ENGLAND FINANCIAL / METLIFE

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 13-5581829 | 65978 | VARIOUS | 3 | 01/01/2013 | 12/31/2013 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 135 | |

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

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

NEW ENGLAND FINANCIAL
1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 135 | | | |

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 169840 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ NOT PROVIDED

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | 5020 |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

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

(3) [ ] other (specify) ▶

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

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

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 0 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

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

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

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

**1** Coverage Information:

**(a)** Name of insurance carrier

NEW YORK LIFE INSURANCE & ANNUITY CORPORATION

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 13-3044743 | 91596 | VARIOUS | 3 | 01/01/2013 | 12/31/2013 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 715 | |

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

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

WILLIAM E MAHONEY, JR
ONE MONARCH PLACE, SUITE 1840
SPRINGFIELD, MA 01144

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 715 | | | |

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 670121 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ NOT PROVIDED

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | 14690 |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

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

(3) [ ] other (specify) ▶

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

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

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 0 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

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

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

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

**1** Coverage Information:

**(a)** Name of insurance carrier

NORTHWESTERN MUTUAL

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 39-0509570 | 67091 | VARIOUS | 11 | 01/01/2013 | 12/31/2013 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 6790 | 2828 |

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

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

ALLEN L SNYDER III
1 BEACON STREET, 25T FLOOR
BOSTON, MA 02108

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 356 | 313 | | |

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

JAMES L ERB
1511 N WESTSHORE BLVD STE 500
TAMPA, FL 33607

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 3 | 123 | | |

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

JAMES ISAAC CAMPBELL
2039 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | 449 | | |

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

CHARLES G. MORRONGIELLO
1511 N WESTSHORE BLVD STE 500
TAMPA, FL 33607

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 5799 | 1283 | | |

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

TEAGUE FNCL GROUP INC
1511 N WESTSHORE BLVD STE 500
TAMPA, FL 33607

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 528 | 647 | | |

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

MCAVOY FNCL GRP LLC
1 BEACON STREET, FL 25
BOSTON, MA 02108

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 104 | 13 | | |

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 689553 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ NOT PROVIDED

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | 60431 |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

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

(3) [ ] other (specify) ▶

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

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

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 0 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

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

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

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

**1** Coverage Information:

**(a)** Name of insurance carrier

PACIFIC LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 95-1079000 | 67466 | VARIOUS | 18 | 01/01/2013 | 12/31/2013 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 543 | |

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

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

THOMAS FINANCIAL GROUP, INC
5550 W EXECUTIVE DR., SUITE 500
TAMPA, FL 33609

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
| 543 | | | |

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 752782 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ NOT PROVIDED

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | 11358 |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 0 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

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

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

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

**1** Coverage Information:

**(a)** Name of insurance carrier

PHOENIX LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 06-0493340 | 67814 | J00028701 | 1 | 01/01/2013 | 12/31/2013 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 119967 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) [ ] other (specify) ▶

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

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

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 0 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

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

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

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

**1** Coverage Information:

**(a)** Name of insurance carrier

SECURITY BENEFIT

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 48-0409770 | 68675 | 0156633690 | 1 | 01/01/2013 | 12/31/2013 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 7326 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ NOT PROVIDED

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | 1000 |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 0 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

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

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

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

**1** Coverage Information:

**(a)** Name of insurance carrier

SECURITY LIFE OF DENVER INSURANCE COMPANY/ING

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 84-0499703 | 68713 | 600053790 | 1 | 01/01/2013 | 12/31/2013 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 1335 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ NOT PROVIDED

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | 3500 |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 0 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

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

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2013**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST | | 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| HOLLAND & KNIGHT LLP | 59-0663819 | |

## 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

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**(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)

FIDELITY INVESTMENTS INST OPS CO

04-2647786

| (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? |
|---|---|---|---|---|---|---|
| 37 64 65 71 | RECORDKEEPER | -381832 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

CLS

13-4109249

| (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? |
|---|---|---|---|---|---|---|
| 26 27 49 64 | RECORDKEEPER | 78905 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

STRATEGIC ADVISORS, INC.

04-2654524

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 | ADVISOR | 63056 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

JAFFE TILCHIN INVEST

33-1156397

| (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? |
|---|---|---|---|---|---|---|
| 16 26 49 | OTHER SERVICES | 9011 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

CHAS P. SMITH ASSOC

59-2030217

| (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? |
|---|---|---|---|---|---|---|
| 26 49 99 | OTHER SERVICES | 24755 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

GIBRALTAR PRIVATE

59-2372081

| (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? |
|---|---|---|---|---|---|---|
| 26 | INVESTMENT ADVISOR | 9068 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

CLS INVESTMENT FIRM

4020 S. 147TH ST.
OMAHA, NE 68137

| (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? |
|---|---|---|---|---|---|---|
| 26 | INVESTMENT ADVISOR | 8521 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

NEUBERGER BERMAN

13-5521910

| (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? |
|---|---|---|---|---|---|---|
| 26 | INVESTMENT ADVISOR | 11897 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

BNY MELLON

25-0659306

| (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? |
|---|---|---|---|---|---|---|
| 26 | INVESTMENT ADVISOR | 9901 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

MERRILL LYNCH

13-5674085

| (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? |
|---|---|---|---|---|---|---|
| 18 28 33 | BROKERAGE | 5909 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

STOUT, CAUSEY & HORNING

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 | AUDITOR | 38689 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

ROBERT FRIEDMAN C/O HOLLAND&KNIGHT

701 BRICKELL AVE.
MIAMI, FL 33131

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 29 | EMPLOYEE OF PLAN SPONSOR | 34199 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

HOLLAND & KNIGHT LLP

59-0663819

| (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? |
|---|---|---|---|---|---|---|
| 21 | PLAN SPONSOR | 30000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

BROWN & BROWN

P.O. BOX 15519
TAMPA, FL 33684

| (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? |
|---|---|---|---|---|---|---|
| 22 | INSURANCE AGENT | 35998 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MAHONEY & ASSOCIATES

1 MONARCH PL, STE 1840
SPRINGFIELD, MA 01144

| (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? |
|---|---|---|---|---|---|---|
| 23 | LIFE INS ADMINISTRATOR | 15000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

PAVILION ADVISORY GROUP

227 W MONROE ST 2020
CHICAGO, IL 60606

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 | INVESTMENT ADVISOR | 60000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

SHAW & COMPANY

7700 N KENDALL DRIVE
305-595-2740
MIAMI, FL 33156

| (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 | 38925 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

LORNA PIERCE C/O HOLLAND&KNIGHT

201 N FRANKLIN ST, ST1100
TAMPA, FL 33602

| (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? |
|---|---|---|---|---|---|---|
| 14 | EMPLOYEE OF PLAN SPONSOR | 59590 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

TRICAPITAL ADVISORS

52-1855330

| (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? |
|---|---|---|---|---|---|---|
| 16 26 99 | OTHER SERVICES | 19409 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

OTHER

59-1237041

| (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? |
|---|---|---|---|---|---|---|
| 26 27 40 64 | RECORDKEEPER | 7480 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

LPL

95-2834236

| (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? |
|---|---|---|---|---|---|---|
| 26 27 | INVESTMENT ADVISOR | 12191 | Yes [ ] No [X] | 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 |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| ABF LG CAP VAL INV<br><br>43-1581814 | .04% SERVICE CODE 60 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| ALZGI NFJ SMCPVL IS<br>330 W 9TH STREET<br>KANSAS CITY, MO 66160 | .10% SERVICE CODE 60 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| DODGE & COX INTL STK<br>P.O. BOX 8480<br>BOSTON, MO 66160 | .10% SERVICE CODE 60 |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| EAGLE SM CAP GRTH I<br>JP MORGAN INVESTOR SERVICES<br>BOSTON, MA 02108 | .15% SERVICE CODE 60 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| GS MIDCAP VALUE INST<br>13-5108880 | .10% SERVICE CODE 60 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| LZRD EMRG MKTS EQ IS<br>P.O. BOX 8480<br>BOSTON, MA 02266 | .15% SERVICE CODE 60 |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| MSIF MID CAP GRTH I<br>330 W 9TH STREET<br>KANSAS CITY, MO 66160<br><br>13-3799749 | .15% SERVICD CODE 60 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| NUVEEN WIN LGCP GR I<br>P. O. BOX 8480<br>BOSTON, MA 02266 | .25% SERVICE CODE 60 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| OAKMARK EQ & INC I<br>P.O. BOX 8480<br>BOSTON, MA 02266 | .35% SERVICE CODE 60 |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| PIM TOTAL RT INST<br>P.O. BOX 8480<br>BOSTON, MA 02266 | .03% SERVICE CODE 60 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| FID NEW MARKETS INC - FNMIX<br><br>04-2647786 | .66% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| FID RETIRE MMKT - FRTXX<br><br>04-2647786 | .42% |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| SPTN INTL INDEX ADV - FSIVX<br><br>04-2647786 | .06% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| FID CONTRAFUND K - FCNKX<br><br>04-2647786 | .052% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| FID LOW PRICED STK K - FLPKX<br><br>04-2647786 | 0.62% |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| FID FREEDOM K INCOME - FFKAX<br><br>04-2647786 | 0.45%4 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| FID FREEDOM K 2000<br><br>04-2647786 | 0.45%4 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| FID FREEDOM K 2005 - FFKVX<br><br>04-2647786 | 0.50%4 |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| FID FREEDOM K 2010 - FFKCX<br><br>04-2647786 | 0.54%4 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| FID FREEDOM K 2015 - FFKFX<br><br>04-2647786 | 0.57%4 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| FID FREEDOM K 2020 - FFKDX<br><br>04-2647786 | 0.59%4 |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| FID FREEDOM K 2025 - FKTWX<br><br>04-2647786 | 0.62%4 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| FID FREEDOM K 2030 - FFKEX<br><br>04-2647786 | 0.67%4 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| FID FREEDOM K 2035 - FKTHX<br><br>04-2647786 | 0.68%4 |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| FID FREEDOM K 2040 - FFKFX<br><br>04-2647786 | 0.68%4 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| FID FREEDOM K 2045 - FFKGX<br><br>04-2647786 | 0.69%4 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| FID FREEDOM K 2050 - FFKHX<br><br>04-2647786 | 0.69%4 |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| FID FREEDOM K 2055 - FDENX<br><br>04-2647786 | 0.69%4 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| NUVEEN WIN LGCP GR I - NVLIX<br><br>04-2647786 | 0.68% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| PIM TOTAL RT INST - PTTRX<br><br>04-2647786 | 0.46% |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| LZRD EMRG MKTS EQ IS - LZEMX<br><br>04-2647786 | 1.00% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| ALZGI NFJ SMCPVL IS - PSVIX<br><br>04-2647786 | .85% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| MSIF MID CAP GRTH I - MPEGX<br><br>04-2647786 | .50% |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| VANGUARD INST INDEX -VINIX<br><br>04-2647786 | .04% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| TMPL INST FRGN SM CO - TFSCX<br><br>04-2647786 | .95% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| OAKMARK EQ & INC I - OAKBX<br><br>04-2647786 | .67% |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| GS MIDCAP VALUE INST - GSMCX<br><br>04-2647786 | .69% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| DODGE & COX INTL STK - DODFX<br><br>04-2647786 | .60% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| ABF LG CAP VAL INST - AADEX<br><br>04-2647786 | .24% |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| EAGLE SM CAP GRTH I - HSIIX<br><br>04-2647786 | .53% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INST OPS CO | 37 64 65 71 | |

| **(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. |
|---|---|
| JPM HIGH YIELD R6-J.P.<br><br>04-2647786 | .65% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MERRILL LYNCH | 18 28 33 | 140 |

| **(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. |
|---|---|---|
| MERRILL LYNCH PIERCE, FENNER SMITH<br><br>13-5674085 | 4 WORLD FINANCIAL CENTER 250 VESEY<br>NEW YORK, NY 10281 | INVESTMENT MGMT FEE-INDIRECT |

## 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 |
|---|---|---|
| MERRILL LYNCH | 18 28 33 | 430 |

| **(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. |
|---|---|
| MERRILL LYNCH PIERCE, FENNER SMITH 4 WORLD FINANCIAL CENTER 250 VESEY NEW YORK, NY 10281<br><br>13-5674085 | SUB-TRANSFER AGENCY FEES |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MANAGED INCOME PORTFOLIO

**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COM

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-3022712-024 | C | 18363093 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 396593 | 3922 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 15336398 | 15594224 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 6267911 | 6811095 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 42648115 | 45256791 |
| **(2)** U.S. Government securities | 1c(2) | 188301 | 211214 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | 658345 | 579012 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 684885 | 338321 |
| **(B)** Common | 1c(4)(B) | 35818670 | 48194003 |
| **(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) | 19473334 | 18644117 |
| **(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) | 378265544 | 463431892 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 4633457 | 4058631 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 504371553 | 603123222 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | | |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 504371553 | 603123222 |

## 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) | 15481108 | |
| | **(B)** Participants | 2a(1)(B) | 18158438 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 7445129 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 41084675 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 121207 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | 3378 | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | 29677 | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 303613 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 457875 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 28296 | |
| | **(B)** Common stock | 2b(2)(B) | 1005832 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 25072206 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 26106334 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 50395549 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 48745928 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 1649621 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | 6026499 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 6026499 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | -104218 |
| (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) | | 63596047 |
| c Other income | 2c | | 163361 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 138980194 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 39756131 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 123860 | |
| (3) Other | 2e(3) | 40120 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 39920111 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 66291 | |
| (3) Investment advisory and management fees | 2i(3) | 242123 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 308414 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 40228525 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 98751669 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

**(1)** Name: STOUT, CAUSEY & HORNING, P.A. **(2)** EIN: 52-1743645

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

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

## Part IV Compliance Questions

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

During the plan year:

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

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 10000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

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

## Part V Trust Information (optional)

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

# HOLLAND & KNIGHT
# PROFIT SHARING PLAN AND TRUST

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**Financial Statements**
**Together with Independent Auditors' Report**

**For the Years Ended December 31, 2013 and 2012**

STOUT, CAUSEY & HORNING
CERTIFIED PUBLIC ACCOUNTANTS
*Expertise That Works*

# INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
Holland & Knight Profit Sharing Plan and Trust and its Participants:

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Holland & Knight Profit Sharing Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

## Auditors' Responsibility

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

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2013 and 2012 that the information provided to the Plan administrator by the Trustee is complete and accurate.

## Disclaimer of Opinion

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

**Other Matter**

The supplemental schedule of assets (held at end of year) as of December 31, 2013 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion the supplemental schedule referred to above.

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

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

Stark, Causey & Young, P.A.
October 8, 2014

# HOLLAND & KNIGHT
# PROFIT SHARING PLAN AND TRUST

## Statements of Net Assets Available for Benefits

| *As of December 31,* | *2013* | *2012* |
|---|---|---|
| Investments, at fair value | | |
| Cash and cash equivalents | $ 45,260,713 | $ 43,044,708 |
| Interests in registered investment companies | 463,431,892 | 378,265,544 |
| Interest in common/collective trust | 18,644,117 | 19,473,334 |
| Common stocks | 48,194,003 | 35,818,670 |
| Other | 5,186,141 | 6,147,973 |
| Total Investments, at fair value | 580,716,866 | 482,750,229 |
| Receivables | | |
| Contribution receivable - Firm | 15,594,224 | 15,336,398 |
| Notes receivable from participants | 6,811,095 | 6,267,911 |
| Total Receivables | 22,405,319 | 21,604,309 |
| Accrued Interest and Dividends Receivable | 1,037 | 17,015 |
| Total Assets | 603,123,222 | 504,371,553 |
| Liabilities | - | - |
| Net Assets Available for Benefits, at Fair Value | 603,123,222 | 504,371,553 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contract held in common/collective trust | (281,024) | (557,274) |
| Net Assets Available for Benefits | $ 602,842,198 | $ 503,814,279 |

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

# HOLLAND & KNIGHT
# PROFIT SHARING PLAN AND TRUST

## Statements of Changes in Net Assets Available for Benefits

| *For the Years Ended December 31,* | *2013* | *2012* |
|---|---|---|
| Changed in Net Assets Available for Benefits Attributable to: | | |
| Investment Income | | |
| Interest | $ 154,262 | $ 131,696 |
| Dividends | 26,106,334 | 13,269,008 |
| Increase in cash surrender value of life insurance policies | 261,094 | 168,725 |
| Cancellation of life insurance policies | - | (180,900) |
| Other income | 163,361 | 218,688 |
| Net appreciation in fair value of investments (Note 3) | 71,183,105 | 36,364,585 |
| Total Investment Income | 97,868,156 | 49,971,802 |
| Interest on Notes Receivable from Participants | 303,613 | 246,725 |
| Contributions | | |
| Partners | 9,513,559 | 8,846,132 |
| Firm | 15,481,108 | 15,222,478 |
| Participating employees | 8,644,879 | 8,405,522 |
| Rollovers | 7,445,129 | 3,279,277 |
| Total Contributions | 41,084,675 | 35,753,409 |
| Distributions to Participants | (39,796,251) | (23,321,544) |
| Participant Life Insurance Premiums | (123,860) | (165,315) |
| Fees and Commissions | (308,414) | (13,022) |
| Net Increase in Net Assets Available for Benefits | 99,027,919 | 62,472,055 |
| Net Assets Available for Benefits: | | |
| Beginning of year | 503,814,279 | 441,342,224 |
| End of year | $ 602,842,198 | $ 503,814,279 |

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

## 1. DESCRIPTION OF THE PLAN

The following description of the Holland & Knight Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

### General and Eligibility

The Plan is a defined contribution plan covering partners and employees of Holland & Knight LLP (the Firm). The Plan was established effective January 1, 1969. Members of a collective bargaining unit, non-resident aliens and leased employees are not eligible for the Plan. New employees are eligible for the Plan upon employment and are eligible to participate in Firm contributions after completing one year of service (at least 1,000 hours in a 12-consecutive-month period). Employees may begin to contribute to the Plan on January 1 or July 1 following their date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

### Participant Contributions

Participants may contribute up to 75% of their pre-tax annual compensation, as defined by the Plan, not to exceed the maximum allowable contribution under the Internal Revenue Code (the Code). Effective January 1, 2009, employees may also make Roth contributions into the Plan. The maximum allowable contribution under the Code totaled $17,500 and $17,000 for the years ended December 31, 2013 and 2012, respectively. Participants who have attained age 50 before the end of the Plan year may make additional catch-up contributions, subject to limitations imposed by the Code. Participants are permitted to make rollover contributions to the Plan.

### Firm Contributions

The Firm may make matching and non-elective profit sharing contributions to the Plan at its discretion. In order to share in Firm matching and non-elective profit sharing contributions, the participant must complete one year of service and be employed by the Firm as of the last day of the Plan year. Effective January 1, 2009, associate attorneys, senior counsel and contract attorneys are not eligible for matching or profit sharing contributions.

During the years ended December 31, 2013 and 2012, the Firm matched 25% of each eligible participant's contributions to the Plan, not to exceed 8% contributed by the participant for a maximum Firm contribution of 2% of eligible compensation. Firm matching contributions totaled $1,754,439 and $1,695,662 during the years ended December 31, 2013 and 2012, respectively.

## 1. DESCRIPTION OF THE PLAN – cont'd.

### Firm Contributions – cont'd.

The Firm made profit sharing contributions to the accounts of all eligible employees totaling a maximum of 3.81% of compensation for non highly compensated employees and 11.42% for highly compensated employees (not to exceed Section 415 annual limits) for the year ended December 31, 2013. The minimum contribution totaled 3% up to the Social Security base wages of $113,700 and 6% of compensation exceeding the Social Security limits up to the IRS 401(a) compensation limit of $255,000 for the year ended December 31, 2013. Profit sharing contributions totaled $13,839,784 for the year ended December 31, 2013.

The Firm made profit sharing contributions to the accounts of all eligible employees totaling a maximum of 3.83% of compensation for non highly compensated employees and 11.50% for highly compensated employees (not to exceed Section 415 annual limits) during the year ended December 31, 2012. The minimum contribution totaled 3% up to the Social Security base wages of $110,100 and 6% of compensation exceeding the Social Security limits up to the IRS 401(a) compensation limit of $250,000 for the year ended December 31, 2012. Profit sharing contributions totaled $13,640,736 for the year ended December 31, 2012.

### Participant Accounts

Each participant's account is participant-directed and credited with the participant's contributions and allocations of: (a) Firm contributions, (b) Plan earnings, and (c) administrative expenses. Allocations of earnings, losses, and administrative expenses are based on the proportion of each participant's account balance to the total of all account balances within the respective fund.

### Vesting

Participants are immediately vested in participant contributions and rollover contributions. Participating employees are subject to a six-year graduated vesting schedule for amounts credited to the Firm's profit sharing contribution account and the Firm's matching contribution account. Partners are subject to a three-year cliff-vesting schedule for amounts credited to the Firm matching and profit sharing contribution account.

### Forfeitures

Forfeitures of Firm contributions are first applied to pay Plan expenses. The residual amount, if any, may be used by the Firm to offset Firm contributions for the Plan year. As of December 31, 2013 and 2012, forfeited nonvested accounts totaled $207,728 and $162,243, respectively. During the years ended December 31, 2013 and 2012, $207,000 and $150,000 of forfeitures were used to offset Plan expenses, respectively. During the years ended December 31, 2013 and 2012, $208,281 and $225,000 of forfeitures were used to offset Firm contributions, respectively.

## 1. DESCRIPTION OF THE PLAN – cont'd.

### Notes Receivable from Participants

Participants may borrow a minimum of $500 up to an aggregate maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. Note terms range from one to five years or up to 15 years for the purchase of a primary residence. A participant can have up to 5 notes outstanding at any one time. Notes are secured by the vested balance in the participant's account and bear interest at a rate comparable to that charged by an independent lender. The notes must provide at least quarterly repayments paid under a level amortization schedule. Principal and interest payments are made ratably through payroll deductions.

Notes receivable from participants are measured at their unpaid balances plus accrued but unpaid interest. Delinquent notes are reclassified as distributions based upon the terms of the Plan document.

### Payment of Benefits

Upon termination of service due to death, disability, retirement (age 65), or attainment of age 59 ½, a participant or their beneficiary, in the event of death, may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, a life annuity with guaranteed payment for 10 years or periodic installments over a period not exceeding the longer of the life expectancy of the participant or the joint life expectancy of the participant and the participant's spouse. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Upon proof, to the satisfaction of the Plan administrator, of an immediate and heavy financial need, amounts contributed by the participant may be withdrawn for a hardship purpose. Distributions are subject to the applicable provisions of the Plan agreement. Certain income taxes and penalties may apply to withdrawals or distributions prior to age 59 ½. As of December 31, 2013 and 2012, there were no net assets of the Plan allocated to accounts of participants who had elected to withdraw from the Plan but had not received such distributions as of year-end.

### Plan Expenses

All administrative expenses are paid with the assets of the Plan, unless paid by the Firm, at its discretion. During the years ended December 31, 2013 and 2012, the Firm paid a portion of the expenses related to the Plan. Loan and distribution fees are paid by the Plan and its participants. Investment related expenses are included in net appreciation in fair value of investments.

### Plan Termination

Although it has not expressed any intent to do so, the Firm has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants will become 100% vested in their accounts.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

The Plan's financial statements have been prepared on the accrual basis of accounting.

### 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 to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

### Investment Valuation and Income Recognition

All investments other than the cash surrender value of life insurance policies, and the common/collective investment trust are stated at fair value as determined by quoted market prices. Cash surrender values of life insurance policies are valued at their redemption values. Preferred stock has been valued at fair value as determined by independent appraisal. The fair value of the common/collective trust is valued at the fair value of the unit values of the fund. See Note 4 for further information regarding fair value measurements.

As described in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 962, *Plan Accounting – Defined Contribution Pension Plans*, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a common collective trust (the Fidelity Managed Income Portfolio). The statements of net assets available for benefits present the fair value of the Fidelity Managed Income Portfolio and the adjustment from fair value to contract value. The fair value of the Plan's interest in the Fidelity Managed Income Portfolio is based on information reported by the issuer of the common/collective trust at year-end. The contract value of the Fidelity Managed Income Portfolio represents contributions plus earnings, less participant withdrawals and administrative expenses.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - cont'd.

### Investment Valuation and Income Recognition - cont'd.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### Risks and Uncertainties

The Plan provides for investments in assets that, in general, are exposed to risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities may occur and materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

### Payment of Benefits

Benefits are recorded when paid.

### Accounting for Uncertainty in Income Taxes

ASC 740, *Income Taxes*, prescribes a recognition threshold and a measurement attribute for the financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return as well as guidance on de-recognition, classification, interest and penalties and financial statement reporting disclosures. For these benefits to be recognized, a tax position must be more-likely-than-not to be sustained upon examination by taxing authorities. As the Plan is tax exempt and has no unrelated business income, the provisions of ASC 740 do not have an impact on the Plan's financial statements. The Plan recognizes interest and penalties accrued on any unrecognized tax exposures as a component of income tax expense. The Plan does not have any amounts accrued relating to interest and penalties as of December 31, 2013 and 2012.

The Plan is subject to routine audits by the IRS and Department of Labor; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to examinations for Plan years prior to 2010.

### Subsequent Events

The Plan evaluated for disclosure any subsequent events through October 8, 2014, the date the financial statements were available to be issued, and determined there were no material events that warrant disclosure.

## 3. INVESTMENTS

The Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in fair value as follows during the years ended December 31,:

| | 2013 | 2012 |
|---|---|---|
| Cash and cash equivalents | $ (8,274) | $ (4,785) |
| Interests in registered investment companies | 64,059,802 | 33,006,694 |
| Interest in common/collective trust | 172,032 | 220,972 |
| Common stock | 6,734,464 | 3,044,554 |
| Other Investments | 225,081 | 97,150 |
| | $ 71,183,105 | $ 36,364,585 |

The fair values of individual investments that represent 5% or more of the Plan's net assets available for benefits are as follows at December 31,:

| | 2013 | 2012 |
|---|---|---|
| Brokerage Link - Common Stock | $ 47,268,465 | $ 34,061,672 |
| Brokerage Link - Interests in Registered Investment Companies - equity | 30,492,133 | 27,943,555 |
| Fidelity Contrafund K | 74,129,767 | 58,807,748 |
| Fidelity Retirement Money Market | * | 26,996,647 |
| Oakmark Equity & Income I | 96,941,666 | 105,633,360 |
| PIMCO Total Return Institutional Fund | 34,935,484 | 37,736,278 |

* Represents less than 5% of net assets available for benefits.

## 3. INVESTMENTS – cont'd.

The following investment information was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by Fidelity Management Trust Company (Fidelity), the Trustee of the Plan. The fair value of the life insurance contracts and self-directed brokerage investments not held by Fidelity are not certified.

| | 2013 | 2012 |
|---|---|---|
| Investment values certified by the Trustee (inclusive of notes receivable) | $ 578,681,674 | $ 478,841,659 |

| | 2013 | 2012 |
|---|---|---|
| Investment income (loss) certified by Trustee: | | |
| Net appreciation (depreciation) in fair value of investments: | | |
| Cash and cash equivalents | $ (8,274) | $ (4,785) |
| Interests in registered investment companies | 63,596,047 | 32,754,044 |
| Interest in common/collective trust | 172,032 | 220,972 |
| Common stocks | 6,806,326 | 2,919,714 |
| Other investments | 12,053 | 68,495 |
| | $ 70,578,184 | $ 35,958,440 |

| | | |
|---|---|---|
| Interests and dividends certified by the Trustee (inclusive of interest income on notes receivable) | $ 26,412,201 | $ 13,464,845 |

| | 2013 | 2012 |
|---|---|---|
| Information not certified by the Trustee: | | |
| Fair value of common stocks held in self-directed brokerage accounts | $ 925,538 | $ 2,326,509 |
| Fair value of cash and cash equivalents held by self-directed brokerage accounts | 396,422 | 581,108 |
| Fair value of interests in registered investment-companies held in self-directed brokerage accounts | 3,185,710 | 2,093,770 |
| Fair value of other investments | - | 792,818 |
| Cash surrender value of life insurance policies | 4,057,593 | 3,825,002 |

## 4. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurement*, defines fair value and establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

**4. FAIR VALUE MEASUREMENTS – cont'd.**

The following is a description of the valuation methodologies used for assets measured at fair value.

*Cash and cash equivalents*: Valued at amortized cost, which approximates fair value.

*Interests in registered investment companies*: Valued at the closing price reported in the active market in which the funds are traded.

*Interest in common/collective trust*: Valued at fair value based on the unit values of the fund. Unit values are determined by the bank sponsoring such funds by dividing the fund's net assets at fair value by its units outstanding at the valuation date.

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

*Other*: Corporate obligations and U.S. government and government agency securities valued at fair value determined by quoted market prices. Cash surrender values of life insurance policies valued at their redemption values. Preferred stocks valued at fair value determined by independent appraisals.

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 instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2013 and 2012.

**4. FAIR VALUE MEASUREMENTS – cont'd.**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Cash and cash equivalents | $ 45,260,713 | $ - | $ - | $ 45,260,713 |
| Interests in registered investment companies - equity | 287,556,497 | - | - | 287,556,497 |
| Interests in registered investment companies - fixed income | 44,794,889 | - | - | 44,794,889 |
| Interests in registered investment companies - blended | 131,080,506 | - | - | 131,080,506 |
| Interest in common/collective trust | - | 18,644,117 | - | 18,644,117 |
| Common stocks | 48,194,003 | - | - | 48,194,003 |
| Other | - | 5,186,141 | - | 5,186,141 |
| Total | $556,886,608 | $23,830,258 | $ - | $580,716,866 |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Cash and cash equivalents | $ 43,044,708 | $ - | $ - | $ 43,044,708 |
| Interests in registered investment companies - equity | 204,568,873 | - | - | 204,568,873 |
| Interests in registered investment companies - fixed income | 46,805,784 | - | - | 46,805,784 |
| Interests in registered investment companies - blended | 126,890,887 | - | - | 126,890,887 |
| Interest in common/collective trust | - | 19,473,334 | - | 19,473,334 |
| Common stocks | 35,818,670 | - | - | 35,818,670 |
| Other | - | 6,147,973 | - | 6,147,973 |
| Total | $457,128,922 | $25,621,307 | $ - | $482,750,229 |

## 4. FAIR VALUE MEASUREMENTS - cont'd.

In accordance with fair value measurements and disclosure guidance, the following table presents the category, fair value, redemption frequency, and redemption notice period for Plan investments, the fair value of which are estimated using the NAV per share as of December 31,:

| | 2013 | 2012 | Redemption Frequency | Redemption Notice Period |
|---|---|---|---|---|
| Fidelity Managed Income Portfolio (a) | $ 18,644,117 | $ 19,473,334 | Daily | Daily |

a) The portfolio invests in assets (typically fixed-income securities or bond funds and may include derivative instruments such as future contracts and swap agreements) and enters into "wrap" contracts issued by third-parties and invests in cash equivalents represented by shares in money market funds.

## 5. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan is invested in a fully benefit-responsive investment contract. The issuer maintains the contributions in a general account. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the investment funds are fully benefit-responsive, contract value is the relevant measurement for that portion of the net assets available for benefits attributable to the investment funds. Contract value, as reported to the Plan by the issuer, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than zero percent. Such interest rates are reviewed on a periodic basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the Trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

## 5. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT - cont'd.

The investment contract does not permit the issuer to terminate the agreement prior to the scheduled maturity dates.

The average yields of the fully benefit responsive contract are as follows as of and for the years ended December 31,:

| | 2013 | 2012 |
|---|---|---|
| Based on actual earnings | 0.89% | 1.05% |
| Based on interest rate credited to participants | 1.54% | 1.70% |

## 6. INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated November 7, 2003, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the Internal Revenue Service, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

## 7. PARTY-IN-INTEREST TRANSACTIONS

The Plan invests in shares of investment funds managed by Fidelity. An affiliate of Fidelity acts as the Trustee of the Plan. The Plan allows participants to take out notes receivable against their vested account balances. The Firm provides certain accounting and administrative services to the Plan for which no fees are charged. Such transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

## 8. RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31,:

| | 2013 | 2012 |
|---|---|---|
| Net assets available for benefits per financial statements | $ 602,842,198 | $ 503,814,279 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contract held in common/collective trust | 281,024 | 557,274 |
| Net assets available for benefits per Form 5500 | $ 603,123,222 | $ 504,371,553 |

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31,:

| | 2013 | 2012 |
|---|---|---|
| Net increase per the financial statements | $ 99,027,919 | $ 62,472,055 |
| Current year adjustment from fair value to contract value for fully benefit-responsive investment contract held in common/collective trust | 281,024 | 557,274 |
| Prior year adjustment from fair value to contract value for fully benefit-responsive investment contract held in common/collective trust | (557,274) | (390,801) |
| Net increase per the Form 5500 | $ 98,751,669 | $ 62,638,528 |

SUPPLEMENTAL SCHEDULE PROVIDED
PURSUANT TO THE DEPARTMENT OF LABOR'S
RULES AND REGULATIONS

# HOLLAND & KNIGHT
# PROFIT SHARING PLAN AND TRUST
# EIN#: 59-0663819
# Plan #: 001

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
## As of December 31, 2013

| (a) | (b) Identity of issue, borrower, or similar party | (c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value) | (e) Current Value |
|---|---|---|---|
| | **Common Stock** | | |
| | Accenture PLC | Common Stock | $ 2,467 |
| | Actavis PCL (ACT) | Common Stock | 7,224 |
| | Adobe Systems Inc | Common Stock | 8,383 |
| | Aetna Inc | Common Stock | 2,058 |
| | Affiliated Managers Group Inc | Common Stock | 1,301 |
| | Alcatel-Lucent | Common Stock | 6,468 |
| | Allergan Inc | Common Stock | 8,776 |
| | Amazon.com Inc | Common Stock | 14,357 |
| | American Financial Group | Common Stock | 1,270 |
| | American International Group | Common Stock | 3,829 |
| | Ametek Inc New | Common Stock | 1,843 |
| | Amgen inc | Common Stock | 8,556 |
| | Amphenol Corp New - CL A | Common Stock | 1,784 |
| | Ansys Inc. | Common Stock | 2,616 |
| | Aon PLC (AON) | Common Stock | 11,745 |
| | AON PLC SHS CL A | Common Stock | 2,517 |
| | Apple, Inc. | Common Stock | 27,491 |
| | Applied Materials Inc | Common Stock | 1,238 |
| | Assurant | Common Stock | 996 |
| | AT&T Inc | Common Stock | 4,922 |
| | Avago Technologies | Common Stock | 7,932 |
| | Bank of America Corp | Common Stock | 4,282 |
| | Beam Inc | Common Stock | 7,487 |
| | Biogen Idec Inc | Common Stock | 3,917 |
| | Blackrock Inc. | Common Stock | 1,266 |
| | Boeing Co. | Common Stock | 4,095 |
| | Bristol-Myers Squibb Co | Common Stock | 9,036 |
| | Cabot Oil & Gas Corp CL A | Common Stock | 5,426 |

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
## As of December 31, 2013

| (a) | (b) Identity of issue, borrower, or similar party | (c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value) | (e) Current Value |
|---|---|---|---|
| | Capital One Financial Corp | Common Stock | $ 9,959 |
| | Caterpillar Inc | Common Stock | 6,357 |
| | Celanese Corp | Common Stock | 6,637 |
| | Celgene Corp | Common Stock | 2,872 |
| | Centerpoint Energy Inc | Common Stock | 6,722 |
| | Chevron Corp | Common Stock | 8,244 |
| | Chipotle Mexican Grill Inc. | Common Stock | 1,066 |
| | Chubb Corp | Common Stock | 2,416 |
| | CIT Group Inc | Common Stock | 2,607 |
| | Citigroup Inc. | Common Stock | 4,169 |
| | Coca-Cola Co | Common Stock | 6,197 |
| | Cogizant Technology Solutions Corp-CL A | Common Stock | 5,554 |
| | Comcast Corp | Common Stock | 12,991 |
| | Copa Holdings A CL A | Common Stock | 2,242 |
| | Costco Wholesale Corp-New | Common Stock | 10,592 |
| | CVS Caremark Corp | Common Stock | 1,789 |
| | Danaher Corp | Common Stock | 4,246 |
| | Delta Airlines Inc DEL COM | Common Stock | 549 |
| | Discover Financial Services | Common Stock | 1,958 |
| | Dover Corp | Common Stock | 9,654 |
| | E Trade Financial Corp | Common Stock | 687 |
| | Eaton Corp PLC | Common Stock | 10,276 |
| | Ebay Inc. | Common Stock | 2,745 |
| | Edison International | Common Stock | 2,084 |
| | Electronic Arts Inc | Common Stock | 2,294 |
| | Everest RE Group LTD | Common Stock | 623 |
| | Expeditors International of Washington Inc. | Common Stock | 1,328 |
| | Express Scripts Holdings | Common Stock | 7,024 |
| | Exxon Mobil Corp | Common Stock | 7,084 |
| | Facebook Inc, CL A | Common Stock | 2,186 |
| | Facebook Inc. | Common Stock | 3,279 |
| | Family Dlr Stores inc. | Common Stock | 3,898 |
| | Fidelity National Financial Inc | Common Stock | 7,464 |

# HOLLAND & KNIGHT
# PROFIT SHARING PLAN AND TRUST
# EIN#: 59-0663819
# Plan #: 001

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
## As of December 31, 2013

| (a) | (b) Identity of issue, borrower, or similar party | (c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value) | (e) Current Value |
|---|---|---|---|
| | Flowserve Corp | Common Stock | $ 867 |
| | Ford Motor Co | Common Stock | 1,620 |
| | Freeport McMoran Copper & Gold Inc. | Common Stock | 4,906 |
| | Gamestop Corp CL A | Common Stock | 1,232 |
| | Gannett Co Inc. | Common Stock | 2,219 |
| | General Electric Co | Common Stock | 10,371 |
| | General Motors Company | Common Stock | 2,044 |
| | Genworth Financial Inc. | Common Stock | 1,786 |
| | Gilead Sciences Inc. | Common Stock | 11,267 |
| | Glaxosmithkline PLC | Common Stock | 1,869 |
| | Google Inc CLA | Common Stock | 25,777 |
| | Green Mountain Coffee Roasters Inc. | Common Stock | 1,209 |
| | Halliburton Company | Common Stock | 8,881 |
| | Harley Davidson | Common Stock | 8,309 |
| | Harris Corp-DEL | Common Stock | 1,396 |
| | Health Net Inc | Common Stock | 593 |
| | Hershey Company | Common Stock | 1,945 |
| | Hess Corporation | Common Stock | 4,565 |
| | Hewlett Packard Co | Common Stock | 5,596 |
| | Home Depot Inc. | Common Stock | 9,222 |
| | Honeywell Intl Inc | Common Stock | 10,051 |
| | Illinois Tool Works Inc | Common Stock | 2,522 |
| | Illumina Inc. | Common Stock | 1,549 |
| | ING US Inc | Common Stock | 703 |
| | Ingersoll-Rand PLC | Common Stock | 10,472 |
| | Intel Corp | Common Stock | 18,447 |
| | Intercontinental Exchange Inc. | Common Stock | 4,723 |
| | Intercontinental Exchange GRO | Common Stock | 11,921 |
| | Intuitive Surgical inc | Common Stock | 1,920 |
| | Invesco Limited | Common Stock | 11,648 |
| | Johnson Controls Inc | Common Stock | 7,695 |
| | JP Morgan Chase & Co | Common Stock | 5,906 |

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
## As of December 31, 2013

| (a) | (b) Identity of issue, borrower, or similar party | (c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value) | (e) Current Value |
|---|---|---|---|
| | K L A - Tencor Corp | Common Stock | $ 3,223 |
| | Kohls Corp | Common Stock | 6,114 |
| | Kroger Co | Common Stock | 3,755 |
| | L Brands Inc | Common Stock | 17,850 |
| | Las Vegas Sands Corp | Common Stock | 9,464 |
| | Lear Corporation | Common Stock | 648 |
| | Liberty Global PLC | Common Stock | 2,951 |
| | Liberty Media Corp Delaware: Cl A | Common Stock | 1,465 |
| | Lincoln National Corp-Ind | Common Stock | 2,839 |
| | Linkedin Corp Com CL A | Common Stock | 1,084 |
| | LKQ Corp | Common Stock | 1,481 |
| | Lyondellbasell Industries NV CL A | Common Stock | 3,211 |
| | Macys Inc | Common Stock | 1,335 |
| | Marathon Oil Corp | Common Stock | 8,472 |
| | Marathon Pete Corp | Common Stock | 4,128 |
| | McKesson Corp | Common Stock | 1,130 |
| | Mead Johnson Nutrition | Common Stock | 1,759 |
| | Medtronic Inc | Common Stock | 3,156 |
| | Metlife Inc | Common Stock | 11,323 |
| | Mettler-Toledo international | Common Stock | 970 |
| | Michael Kors Hldgs Ltd | Common Stock | 1,055 |
| | Micron Technology Inc. | Common Stock | 762 |
| | Mondelez International | Common Stock | 7,413 |
| | Monsanto Co | Common Stock | 1,748 |
| | Monster Beverage Corp | Common Stock | 1,152 |
| | National Oilwell Varco | Common Stock | 8,748 |
| | Nike Inc CL B | Common Stock | 1,966 |
| | Noble Energy Inc | Common Stock | 1,294 |
| | Nucor Corp | Common Stock | 6,939 |
| | Occidental Petroleum Corp | Common Stock | 3,329 |
| | Oceaneering International | Common Stock | 1,183 |
| | Ocwen Financial Corporation | Common Stock | 6,654 |
| | O'Reilly Automotive Inc. | Common Stock | 1,030 |
| | P V H Corp | Common Stock | 7,481 |
| | Parker Hannifin Corp | Common Stock | 2,316 |
| | Partnerre Ltd | Common Stock | 3,163 |

# HOLLAND & KNIGHT
# PROFIT SHARING PLAN AND TRUST
# EIN#: 59-0663819
# Plan #: 001

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
## As of December 31, 2013

| (a) | (b) Identity of issue, borrower, or similar party | (c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value) | (e) Current Value |
|---|---|---|---|
| | Pepsico Inc | Common Stock | $ 10,865 |
| | Pfizer Inc | Common Stock | 16,234 |
| | Philip Morris International Inc | Common Stock | 9,410 |
| | PNC Financial Services Group | Common Stock | 6,982 |
| | Polaris Industries Inc. | Common Stock | 1,748 |
| | Precision Castparts Corp | Common Stock | 2,154 |
| | Priceline com Inc Com New | Common Stock | 4,650 |
| | Proctor & Gamble Co | Common Stock | 12,212 |
| | Pultegroup Inc. | Common Stock | 2,852 |
| | Qlogic Corp | Common Stock | 3,857 |
| | QualComm Inc. | Common Stock | 965 |
| | Quintiles Transnational Holdings Inc. | Common Stock | 1,854 |
| | Regal Entertainment Group CL A | Common Stock | 584 |
| | Salesforce.com Inc | Common Stock | 8,720 |
| | Schlumberger Ltd | Common Stock | 12,165 |
| | Sempra Energy | Common Stock | 7,181 |
| | Servicenow Inc. | Common Stock | 8,962 |
| | Shire PLC | Common Stock | 8,477 |
| | Southwest Energy Co | Common Stock | 10,226 |
| | Starbucks Corp | Common Stock | 1,960 |
| | State Street Corp | Common Stock | 12,476 |
| | Taiwan Semiconductor Mfg Co Ltd | Common Stock | 5,755 |
| | Teva Pharmaceutical Inds Ltd | Common Stock | 8,818 |
| | The Dress Barn/Ascena Retail Group, Inc. | Common Stock | 254 |
| | Thermo Fisher | Common Stock | 5,902 |
| | TJX Companies Inc New | Common Stock | 3,187 |
| | TRW Automotive Holdings Inc | Common Stock | 1,116 |
| | Twenty First Century Fox Inc CL A | Common Stock | 1,231 |
| | Union Pacific Corp | Common Stock | 4,536 |
| | United Health Group Inc | Common Stock | 3,012 |
| | United Technologies Corp | Common Stock | 10,242 |
| | Valero Energy Corp New | Common Stock | 11,592 |

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
## As of December 31, 2013

| (a) | (b) Identity of issue, borrower, or similar party | (c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value) | (e) Current Value |
|---|---|---|---|
| | Verisk Analytics Inc | Common Stock | $ 854 |
| | Verizon Communications Inc. | Common Stock | 2,948 |
| | Vertex Pharmaceuticals Inc | Common Stock | 1,262 |
| | VF Corp | Common Stock | 997 |
| | Viacom Inc Class B | Common Stock | 1,834 |
| | Visa Inc | Common Stock | 4,454 |
| | Vmware Inc | Common Stock | 3,588 |
| | Vodofone Group PLC | Common Stock | 1,965 |
| | Walt Disney Company | Common Stock | 9,932 |
| | Wellpoint Inc. | Common Stock | 647 |
| | Wells Fargo & Co | Common Stock | 18,387 |
| | WW Grainger Inc | Common Stock | 1,022 |
| | Xerox Corp | Common Stock | 2,434 |
| | Yahoo Inc | Common Stock | 11,333 |
| | Yum! Brands Inc | Common Stock | 6,805 |
| | Brokeragelink | Common Stock | 47,268,465 |
| | | | 48,194,003 |
| | **Interests in Registered Investment Companies** | | |
| * | Fidelity Freedom K 2000 Fund | Interest in registered investment companies-blended | 238,088 |
| * | Fidelity Freedom K 2005 Fund | Interest in registered investment companies-blended | 705,127 |
| * | Fidelity Freedom K 2010 Fund | Interest in registered investment companies-blended | 1,025,947 |
| * | Fidelity Freedom K 2015 Fund | Interest in registered investment companies-blended | 3,746,373 |
| * | Fidelity Freedom K 2020 Fund | Interest in registered investment companies-blended | 6,765,691 |
| * | Fidelity Freedom K 2025 Fund | Interest in registered investment companies-blended | 5,478,546 |
| * | Fidelity Freedom K 2030 Fund | Interest in registered investment companies-blended | 4,168,849 |
| * | Fidelity Freedom K 2035 Fund | Interest in registered investment companies-blended | 4,466,839 |
| * | Fidelity Freedom K 2040 Fund | Interest in registered investment companies-blended | 4,469,210 |
| * | Fidelity Freedom K 2045 Fund | Interest in registered investment companies-blended | 2,195,279 |
| * | Fidelity Freedom K 2050 Fund | Interest in registered investment companies-blended | 529,399 |
| * | Fidelity Freedom K 2055 Fund | Interest in registered investment companies-blended | 260,363 |
| | Invesco Balanced Risk Allocation FD CL Y | Interest in registered investment companies-blended | 32,430 |
| | Loomis Sayles Strategic Inc Fund CL Y | Interest in registered investment companies-blended | 56,699 |
| | Oakmark Equity & Income I | Interest in registered investment companies-blended | 96,941,666 |
| | | | 131,080,506 |
| | AB BD FD LTD Duration High Inc Adv Cl | Interest in registered investment companies-fixed income | 75,533 |
| | AB Global BD Fund Inc Advsr CL | Interest in registered investment companies-fixed income | 111,421 |
| | BNY Mellon Bond Fund | Interest in registered investment companies-fixed income | 457,938 |
| | JPM High Yield R6 | Interest in registered investment companies-fixed income | 9,214,513 |
| | PIMCO Total Return Institutional Fund | Interest in registered investment companies-fixed income | 34,935,484 |
| | | | 44,794,889 |

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
## As of December 31, 2013

| (a) | (b) Identity of issue, borrower, or similar party | (c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value) | (e) Current Value |
|---|---|---|---|
| | AB Cap FD inc Select US EQI Port ADV CL | Interest in registered investment companies-equity | $ 120,749 |
| | AB Discovery Growth Fund Inc ADV CL | Interest in registered investment companies-equity | 23,222 |
| | AB Discovery Value Fund Advisor CL | Interest in registered investment companies-equity | 23,883 |
| | AKRE Focus Fund CL Instl | Interest in registered investment companies-equity | 32,934 |
| | Bernstein Emerging Mkts Portfolio | Interest in registered investment companies-equity | 22,365 |
| | Bernstein International Portfolio | Interest in registered investment companies-equity | 145,730 |
| | Blackrock Global Long Short Credit Fund CL I | Interest in registered investment companies-equity | 40,197 |
| | BNY Mellon Income Stock Fund | Interest in registered investment companies-equity | 124,443 |
| | DB X-Trackers MSCI Japan Hedged EQ Fund | Interest in registered investment companies-equity | 16,697 |
| | Delaware Value Fund Instl CL | Interest in registered investment companies-equity | 40,855 |
| | DFA Emerging Markets Core Equity | Interest in registered investment companies-equity | 65,801 |
| | Driehaus Active Income Fund | Interest in registered investment companies-equity | 40,158 |
| | Fairholme Fund | Interest in registered investment companies-equity | 40,772 |
| * | Fidelity Advisor New Insights Fund Class I | Interest in registered investment companies-equity | 41,001 |
| * | Fidelity Low Priced Stock K Class | Interest in registered investment companies-equity | 24,183,689 |
| | First Tr NYSE Arca Biote | Interest in registered investment companies-equity | 16,396 |
| | First Trust Consumer Discretionary AlphaDEX Fund | Interest in registered investment companies-equity | 16,359 |
| | First Trust Consumer Staples AlphaDEX Fund | Interest in registered investment companies-equity | 16,083 |
| | First Trust Exchange Traded Fund Dow Jones Index | Interest in registered investment companies-equity | 16,282 |
| | First Trust Health Care AlphaDEX Fund | Interest in registered investment companies-equity | 16,421 |
| | First Trust ISE Cloud Comp IDX ETF | Interest in registered investment companies-equity | 16,275 |
| | Gabelli Small Cap Growth Fd CL I | Interest in registered investment companies-equity | 16,487 |
| | Henderson European Focus Fund Cl I | Interest in registered investment companies-equity | 32,982 |
| | Marketfield Fund / Mainstay Marketfield | Interest in registered investment companies-equity | 57,293 |
| | Oakmark Intl Fund | Interest in registered investment companies-equity | 41,319 |
| | Powershs Exch Trad Fd Tr | Interest in registered investment companies-equity | 75,779 |
| | Schwab Intl Index Fund | Interest in registered investment companies-equity | 62,228 |
| | SPDR S&P Oil Gas Explor | Interest in registered investment companies-equity | 16,105 |
| | Sunamerica Focused Dividend Strategy CL A | Interest in registered investment companies-equity | 41,048 |
| | Vanguard Dividend Appreciation EFT | Interest in registered investment companies-equity | 41,026 |
| | Vanguard Extd Mkt ETF | Interest in registered investment companies-equity | 16,044 |
| | Vanguard Small Cap Index | Interest in registered investment companies-equity | 64,076 |
| | Vanguard Total Int'l Stock Ix Admiral | Interest in registered investment companies-equity | 82,137 |
| | Vanguard Total Stk Mkt Index | Interest in registered investment companies-equity | 840,567 |
| | Vanguard Total Stk Mkt Indx Adm | Interest in registered investment companies-equity | 147,131 |
| | Yacktman Focused Fund | Interest in registered investment companies-equity | 40,848 |

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2013

| (a) | (b) Identity of issue, borrower, or similar party | (c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value) | (e) Current Value |
|---|---|---|---|
| | ABF Lg Cap Val Inst | Interest in registered investment companies-equity | $ 13,996,791 |
| | Alzgi NFJ Small Cap Value I | Interest in registered investment companies-equity | 10,059,706 |
| | Dodge & Cox Intl Stk | Interest in registered investment companies-equity | 23,371,019 |
| | Eagle Sm Cap Grth I | Interest in registered investment companies-equity | 9,755,011 |
| * | Fidelity Contrafund K | Interest in registered investment companies-equity | 74,129,767 |
| * | Fidelity Freedom K Income | Interest in registered investment companies-equity | 301,225 |
| * | Fidelity New Markets Inc | Interest in registered investment companies-equity | 155,656 |
| | GS Midcap Value Inst | Interest in registered investment companies-equity | 13,132,263 |
| | Lzrd Emrg Mkts Eq IS | Interest in registered investment companies-equity | 12,810,715 |
| | MSIF Mid Cap Grth I | Interest in registered investment companies-equity | 17,827,684 |
| | Nuveen Win LgCp Gr I | Interest in registered investment companies-equity | 22,287,505 |
| * | Spartan Intl Index Inv | Interest in registered investment companies-equity | 1,137,947 |
| | Tmpl Inst Frgn Sm Co | Interest in registered investment companies-equity | 2,789,882 |
| | Vanguard Inst Index | Interest in registered investment companies-equity | 28,673,811 |
| | Brokeragelink | Interest in registered investment companies-equity | 30,492,133 |
| | | | 287,556,497 |
| | **Cash and Cash Equivalents** | | |
| | BIF Money Fund | Cash and cash equivalents | 74,002 |
| | Cash | Cash and cash equivalents | 6,878 |
| | Cash Reserve Account II | Cash and cash equivalents | 33,957 |
| | Cash/Schwab Money Market Fund | Cash and cash equivalents | 63,658 |
| | Dreyfus Treas Prime Cash Mgmt Inv Shs | Cash and cash equivalents | 3,129 |
| * | Fidelity Retirement Money Market | Cash and cash equivalents | 28,189,298 |
| | Non-Interest Bearing Cash | Cash and cash equivalents | 3,922 |
| | Vanguard Prime MMKT Fund | Cash and cash equivalents | 214,798 |
| | Brokeragelink | Cash and cash equivalents | 16,671,071 |
| | | | 45,260,713 |
| | **Interest in Common/Collective Trust** | | |
| * | Fidelity Managed Income Portfolio | Interest in Common/Collective Trust | 18,644,117 |
| | **OTHER** | | |
| | **Corporate Obligations** | | |
| | Brokeragelink | Various Corporate Obligations | 579,110 |

# HOLLAND & KNIGHT
# PROFIT SHARING PLAN AND TRUST
# EIN#: 59-0663819
# Plan #: 001

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
## As of December 31, 2013

| (a) | (b) Identity of issue, borrower, or similar party | (c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value) | (e) Current Value |
|---|---|---|---|
| | **United States Government and Government Agency Securities** | | |
| | Brokeragelink | Various Government Securities | $ 211,214 |
| | **Cash Surrender Value of Life Insurance Policies** | | |
| | Guardian Life | | 1,469,539 |
| | ING USA Annuity & Life Ins. Co. | | 105,775 |
| | John Hancock Life Ins. Co. | | 71,258 |
| | New England Life Ins. Co. | | 169,840 |
| | New York Life Ins. Co. | | 670,120 |
| | Northwestern Life Ins. Co. | | 689,554 |
| | Pacific Life Ins. Co. | | 752,782 |
| | Phoenix Home Life | | 119,967 |
| | Security Benefit Life Ins. Co. | | 7,326 |
| | Security Life of Denver | | 1,335 |
| | | | 4,057,496 |
| | **Preferred Stocks** | | |
| | Brokeragelink | | 338,321 |
| | **Total Other** | | 5,186,141 |
| | **Participant Loans** | Interest rates ranging from 3.25% to 9.50%, maturing at various dates through March 2028 | 6,811,095 |

* Denotes a party-in-interest to the Plan.

Cost data (column d) has not been included, as all investments are participant-directed.

PARTY IN INTEREST -
IDENTITY - Accenture PLC
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2467

PARTY IN INTEREST -
IDENTITY - Actavis PCL (ACT)
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 7224

PARTY IN INTEREST -
IDENTITY - Adobe Systems Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 8383

PARTY IN INTEREST -
IDENTITY - Aetna Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2058

PARTY IN INTEREST -
IDENTITY - Affiliated Managers
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1301

PARTY IN INTEREST -
IDENTITY - Alcatel-Lucent
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 6468

PARTY IN INTEREST -
IDENTITY - Allergan Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 8776

PARTY IN INTEREST -
IDENTITY - Amazon.com Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 14357

PARTY IN INTEREST -
IDENTITY - American Financial G
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1270

PARTY IN INTEREST -
IDENTITY - American Internation
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 3829

PARTY IN INTEREST -
IDENTITY - Ametek Inc New
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1843

PARTY IN INTEREST -
IDENTITY - Amgen inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 8556

PARTY IN INTEREST -
IDENTITY - Amphenol Corp New -
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1784

PARTY IN INTEREST -
IDENTITY - Ansys Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2616

PARTY IN INTEREST -
IDENTITY - Aon PLC (AON)
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 11745

PARTY IN INTEREST -
IDENTITY - AON PLC SHS CL A
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2517

PARTY IN INTEREST -
IDENTITY - Apple, Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 27491

PARTY IN INTEREST -
IDENTITY - Applied Materials In
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1238

PARTY IN INTEREST -
IDENTITY - Assurant
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 996

PARTY IN INTEREST -
IDENTITY - AT&T Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 4922

PARTY IN INTEREST -
IDENTITY - Avago Technologies
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 7932

PARTY IN INTEREST -
IDENTITY - Bank of America Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 4282

PARTY IN INTEREST -
IDENTITY - Beam Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 7487

PARTY IN INTEREST -
IDENTITY - Biogen Idec Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 3917

PARTY IN INTEREST -
IDENTITY - Blackrock Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1266

PARTY IN INTEREST -
IDENTITY - Boeing Co.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 4095

PARTY IN INTEREST -
IDENTITY - Bristol-Myers Squibb
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 9036

PARTY IN INTEREST -
IDENTITY - Cabot Oil & Gas Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 5426

PARTY IN INTEREST -
IDENTITY - Capital One Financia
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 9959

PARTY IN INTEREST -
IDENTITY - Caterpillar Inc
DESCRIPTION - Common Stock
COST - 0

CURRENT VALUE - 6357

PARTY IN INTEREST -
IDENTITY - Celanese Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 6637

PARTY IN INTEREST -
IDENTITY - Celgene Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2872

PARTY IN INTEREST -
IDENTITY - Centerpoint Energy I
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 6722

PARTY IN INTEREST -
IDENTITY - Chevron Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 8244

PARTY IN INTEREST -
IDENTITY - Chipotle Mexican Gri
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1066

PARTY IN INTEREST -
IDENTITY - Chubb Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2416

PARTY IN INTEREST -
IDENTITY - CIT Group Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2607

PARTY IN INTEREST -
IDENTITY - Citigroup Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 4169

PARTY IN INTEREST -
IDENTITY - Coca-Cola Co
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 6197

PARTY IN INTEREST -
IDENTITY - Cogizant Technology
DESCRIPTION - Common Stock

COST - 0
CURRENT VALUE - 5554

PARTY IN INTEREST -
IDENTITY - Comcast Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 12991

PARTY IN INTEREST -
IDENTITY - Copa Holdings A CL A
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2242

PARTY IN INTEREST -
IDENTITY - Costco Wholesale Cor
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 10592

PARTY IN INTEREST -
IDENTITY - CVS Caremark Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1789

PARTY IN INTEREST -
IDENTITY - Danaher Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 4246

PARTY IN INTEREST -
IDENTITY - Delta Airlines Inc D
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 549

PARTY IN INTEREST -
IDENTITY - Discover Financial S
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1958

PARTY IN INTEREST -
IDENTITY - Dover Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 9654

PARTY IN INTEREST -
IDENTITY - E Trade Financial Co
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 687

PARTY IN INTEREST -
IDENTITY - Eaton Corp PLC

DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 10276

PARTY IN INTEREST -
IDENTITY - Ebay Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2745

PARTY IN INTEREST -
IDENTITY - Edison International
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2084

PARTY IN INTEREST -
IDENTITY - Electronic Arts Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2294

PARTY IN INTEREST -
IDENTITY - Everest RE Group LTD
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 623

PARTY IN INTEREST -
IDENTITY - Expeditors Internati
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1328

PARTY IN INTEREST -
IDENTITY - Express Scripts Hold
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 7024

PARTY IN INTEREST -
IDENTITY - Exxon Mobil Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 7084

PARTY IN INTEREST -
IDENTITY - Facebook Inc, CL A
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2186

PARTY IN INTEREST -
IDENTITY - Facebook Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 3279

PARTY IN INTEREST -

IDENTITY - Family Dlr Stores in
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 3898

PARTY IN INTEREST - X
IDENTITY - Fidelity National Fi
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 7464

PARTY IN INTEREST -
IDENTITY - Flowserve Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 867

PARTY IN INTEREST -
IDENTITY - Ford Motor Co
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1620

PARTY IN INTEREST -
IDENTITY - Freeport McMoran Cop
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 4906

PARTY IN INTEREST -
IDENTITY - Gamestop Corp CL A
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1232

PARTY IN INTEREST -
IDENTITY - Gannett Co Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2219

PARTY IN INTEREST -
IDENTITY - General Electric Co
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 10371

PARTY IN INTEREST -
IDENTITY - General Motors Compa
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2044

PARTY IN INTEREST -
IDENTITY - Genworth Financial I
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1786

PARTY IN INTEREST -
IDENTITY - Gilead Sciences Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 11267

PARTY IN INTEREST -
IDENTITY - Glaxosmithkline PLC
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1869

PARTY IN INTEREST -
IDENTITY - Google Inc CLA
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 25777

PARTY IN INTEREST -
IDENTITY - Green Mountain Coffe
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1209

PARTY IN INTEREST -
IDENTITY - Halliburton Company
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 8881

PARTY IN INTEREST -
IDENTITY - Harley Davidson
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 8309

PARTY IN INTEREST -
IDENTITY - Harris Corp-DEL
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1396

PARTY IN INTEREST -
IDENTITY - Health Net Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 593

PARTY IN INTEREST -
IDENTITY - Hershey Company
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1945

PARTY IN INTEREST -
IDENTITY - Hess Corporation
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 4565

PARTY IN INTEREST -
IDENTITY - Hewlett Packard Co
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 5596

PARTY IN INTEREST -
IDENTITY - Home Depot Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 9222

PARTY IN INTEREST -
IDENTITY - Honeywell Intl Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 10051

PARTY IN INTEREST -
IDENTITY - Illinois Tool Works
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2522

PARTY IN INTEREST -
IDENTITY - Illumina Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1549

PARTY IN INTEREST -
IDENTITY - ING US Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 703

PARTY IN INTEREST -
IDENTITY - Ingersoll-Rand PLC
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 10472

PARTY IN INTEREST -
IDENTITY - Intel Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 18447

PARTY IN INTEREST -
IDENTITY - Intercontinental Exc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 4723

PARTY IN INTEREST -
IDENTITY - Intercontinental Exc
DESCRIPTION - Common Stock
COST - 0

CURRENT VALUE - 11921

PARTY IN INTEREST -
IDENTITY - Intuitive Surgical i
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1920

PARTY IN INTEREST -
IDENTITY - Invesco Limited
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 11648

PARTY IN INTEREST -
IDENTITY - Johnson Controls Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 7695

PARTY IN INTEREST -
IDENTITY - JP Morgan Chase & Co
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 5906

PARTY IN INTEREST -
IDENTITY - K L A - Tencor Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 3223

PARTY IN INTEREST -
IDENTITY - Kohls Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 6114

PARTY IN INTEREST -
IDENTITY - Kroger Co
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 3755

PARTY IN INTEREST -
IDENTITY - L Brands Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 17850

PARTY IN INTEREST -
IDENTITY - Las Vegas Sands Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 9464

PARTY IN INTEREST -
IDENTITY - Lear Corporation
DESCRIPTION - Common Stock

COST - 0
CURRENT VALUE - 648

PARTY IN INTEREST -
IDENTITY - Liberty Global PLC
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2951

PARTY IN INTEREST -
IDENTITY - Liberty Media Corp D
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1465

PARTY IN INTEREST -
IDENTITY - Lincoln National Cor
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2839

PARTY IN INTEREST -
IDENTITY - Linkedin Corp Com CL
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1084

PARTY IN INTEREST -
IDENTITY - LKQ Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1481

PARTY IN INTEREST -
IDENTITY - Lyondellbasell Indus
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 3211

PARTY IN INTEREST -
IDENTITY - Macys Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1335

PARTY IN INTEREST -
IDENTITY - Marathon Oil Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 8472

PARTY IN INTEREST -
IDENTITY - Marathon Pete Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 4128

PARTY IN INTEREST -
IDENTITY - McKesson Corp

DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1130

PARTY IN INTEREST -
IDENTITY - Mead Johnson Nutriti
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1759

PARTY IN INTEREST -
IDENTITY - Medtronic Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 3156

PARTY IN INTEREST -
IDENTITY - Metlife Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 11323

PARTY IN INTEREST -
IDENTITY - Mettler-Toledo inter
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 970

PARTY IN INTEREST -
IDENTITY - Michael Kors Hldgs L
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1055

PARTY IN INTEREST -
IDENTITY - Micron Technology In
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 762

PARTY IN INTEREST -
IDENTITY - Mondelez Internation
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 7413

PARTY IN INTEREST -
IDENTITY - Monsanto Co
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1748

PARTY IN INTEREST -
IDENTITY - Monster Beverage Cor
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1152

PARTY IN INTEREST -

IDENTITY - National Oilwell Var
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 8748

PARTY IN INTEREST -
IDENTITY - Nike Inc CL B
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1966

PARTY IN INTEREST -
IDENTITY - Noble Energy Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1294

PARTY IN INTEREST -
IDENTITY - Nucor Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 6939

PARTY IN INTEREST -
IDENTITY - Occidental Petroleum
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 3329

PARTY IN INTEREST -
IDENTITY - Oceaneering Internat
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1183

PARTY IN INTEREST -
IDENTITY - Ocwen Financial Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 6654

PARTY IN INTEREST -
IDENTITY - O'Reilly Automotive
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1030

PARTY IN INTEREST -
IDENTITY - P V H Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 7481

PARTY IN INTEREST -
IDENTITY - Parker Hannifin Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2316

PARTY IN INTEREST -
IDENTITY - Partnerre Ltd
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 3163

PARTY IN INTEREST -
IDENTITY - Pepsico Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 10865

PARTY IN INTEREST -
IDENTITY - Pfizer Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 16234

PARTY IN INTEREST -
IDENTITY - Philip Morris Intern
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 9410

PARTY IN INTEREST -
IDENTITY - PNC Financial Servic
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 6982

PARTY IN INTEREST -
IDENTITY - Polaris Industries I
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1748

PARTY IN INTEREST -
IDENTITY - Precision Castparts
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2154

PARTY IN INTEREST -
IDENTITY - Priceline com Inc Co
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 4650

PARTY IN INTEREST -
IDENTITY - Proctor & Gamble Co
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 12212

PARTY IN INTEREST -
IDENTITY - Pultegroup Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2852

PARTY IN INTEREST -
IDENTITY - Qlogic Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 3857

PARTY IN INTEREST -
IDENTITY - QualComm Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 965

PARTY IN INTEREST -
IDENTITY - Quintiles Transnatio
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1854

PARTY IN INTEREST -
IDENTITY - Regal Entertainment
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 584

PARTY IN INTEREST -
IDENTITY - Salesforce.com Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 8720

PARTY IN INTEREST -
IDENTITY - Schlumberger Ltd
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 12165

PARTY IN INTEREST -
IDENTITY - Sempra Energy
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 7181

PARTY IN INTEREST -
IDENTITY - Servicenow Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 8962

PARTY IN INTEREST -
IDENTITY - Shire PLC
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 8477

PARTY IN INTEREST -
IDENTITY - Southwest Energy Co
DESCRIPTION - Common Stock
COST - 0

CURRENT VALUE - 10226

PARTY IN INTEREST -
IDENTITY - Starbucks Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1960

PARTY IN INTEREST -
IDENTITY - State Street Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 12476

PARTY IN INTEREST -
IDENTITY - Taiwan Semiconductor
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 5755

PARTY IN INTEREST -
IDENTITY - Teva Pharmaceutical
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 8818

PARTY IN INTEREST -
IDENTITY - The Dress Barn/Ascen
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 254

PARTY IN INTEREST -
IDENTITY - Thermo Fisher
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 5902

PARTY IN INTEREST -
IDENTITY - TJX Companies Inc Ne
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 3187

PARTY IN INTEREST -
IDENTITY - TRW Automotive Holdi
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1116

PARTY IN INTEREST -
IDENTITY - Twenty First Century
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1231

PARTY IN INTEREST -
IDENTITY - Union Pacific Corp
DESCRIPTION - Common Stock

COST - 0
CURRENT VALUE - 4536

PARTY IN INTEREST -
IDENTITY - United Health Group
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 3012

PARTY IN INTEREST -
IDENTITY - United Technologies
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 10242

PARTY IN INTEREST -
IDENTITY - Valero Energy Corp N
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 11592

PARTY IN INTEREST -
IDENTITY - Verisk Analytics Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 854

PARTY IN INTEREST -
IDENTITY - Verizon Communicatio
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2948

PARTY IN INTEREST -
IDENTITY - Vertex Pharmaceutica
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1262

PARTY IN INTEREST -
IDENTITY - VF Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 997

PARTY IN INTEREST -
IDENTITY - Viacom Inc Class B
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1834

PARTY IN INTEREST -
IDENTITY - Visa Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 4454

PARTY IN INTEREST -
IDENTITY - Vmware Inc

DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 3588

PARTY IN INTEREST -
IDENTITY - Vodofone Group PLC
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1965

PARTY IN INTEREST -
IDENTITY - Walt Disney Company
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 9932

PARTY IN INTEREST -
IDENTITY - Wellpoint Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 647

PARTY IN INTEREST -
IDENTITY - Wells Fargo & Co
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 18387

PARTY IN INTEREST -
IDENTITY - WW Grainger Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1022

PARTY IN INTEREST -
IDENTITY - Xerox Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2434

PARTY IN INTEREST -
IDENTITY - Yahoo Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 11333

PARTY IN INTEREST -
IDENTITY - Yum! Brands Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 6805

PARTY IN INTEREST -
IDENTITY - Brokeragelink
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 47268465

PARTY IN INTEREST - X

IDENTITY - Fidelity Freedom K 2
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 238088

PARTY IN INTEREST - X
IDENTITY - Fidelity Freedom K 2
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 705127

PARTY IN INTEREST - X
IDENTITY - Fidelity Freedom K 2
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 1025947

PARTY IN INTEREST - X
IDENTITY - Fidelity Freedom K 2
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 3746373

PARTY IN INTEREST - X
IDENTITY - Fidelity Freedom K 2
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 6765691

PARTY IN INTEREST - X
IDENTITY - Fidelity Freedom K 2
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 5478546

PARTY IN INTEREST - X
IDENTITY - Fidelity Freedom K 2
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 4168849

PARTY IN INTEREST - X
IDENTITY - Fidelity Freedom K 2
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 4466839

PARTY IN INTEREST - X
IDENTITY - Fidelity Freedom K 2
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 4469210

PARTY IN INTEREST - X
IDENTITY - Fidelity Freedom K 2
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 2195279

PARTY IN INTEREST - X
IDENTITY - Fidelity Freedom K 2
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 529399

PARTY IN INTEREST - X
IDENTITY - Fidelity Freedom K 2
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 260363

PARTY IN INTEREST -
IDENTITY - Invesco Balanced Ris
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 32430

PARTY IN INTEREST -
IDENTITY - Loomis Sayles Strate
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 56699

PARTY IN INTEREST -
IDENTITY - Oakmark Equity & Inc
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 96941666

PARTY IN INTEREST -
IDENTITY - AB BD FD LTD Duratio
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 75533

PARTY IN INTEREST -
IDENTITY - AB Global BD Fund In
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 111421

PARTY IN INTEREST -
IDENTITY - BNY Mellon Bond Fund
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 457938

PARTY IN INTEREST -
IDENTITY - JPM High Yield R6
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 9214513

PARTY IN INTEREST -
IDENTITY - PIMCO Total Return I
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 34935484

PARTY IN INTEREST -
IDENTITY - AB Cap FD inc Select
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 120749

PARTY IN INTEREST -
IDENTITY - AB Discovery Growth
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 23222

PARTY IN INTEREST -
IDENTITY - AB Discovery Value F
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 23883

PARTY IN INTEREST -
IDENTITY - AKRE Focus Fund CL I
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 32934

PARTY IN INTEREST -
IDENTITY - Bernstein Emerging M
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 22365

PARTY IN INTEREST -
IDENTITY - Bernstein Internatio
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 145730

PARTY IN INTEREST -
IDENTITY - Blackrock Global Lon
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 40197

PARTY IN INTEREST -
IDENTITY - BNY Mellon Income St
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 124443

PARTY IN INTEREST -
IDENTITY - DB X-Trackers MSCI J
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 16697

PARTY IN INTEREST -
IDENTITY - Delaware Value Fund
DESCRIPTION - Registered Inestment
COST - 0

CURRENT VALUE - 40855

PARTY IN INTEREST -
IDENTITY - DFA Emerging Markets
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 65801

PARTY IN INTEREST -
IDENTITY - Driehaus Active Inco
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 40158

PARTY IN INTEREST -
IDENTITY - Fairholme Fund
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 40772

PARTY IN INTEREST - X
IDENTITY - Fidelity Advisor New
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 41001

PARTY IN INTEREST - X
IDENTITY - Fidelity Low Priced
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 24183689

PARTY IN INTEREST -
IDENTITY - First Tr NYSE Arca B
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 16396

PARTY IN INTEREST -
IDENTITY - First Trust Consumer
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 16359

PARTY IN INTEREST -
IDENTITY - First Trust Consumer
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 16083

PARTY IN INTEREST -
IDENTITY - First Trust Exchange
DESCRIPTION - Registered Inestment
COST - 0
CURRENT VALUE - 16282

PARTY IN INTEREST -
IDENTITY - First Trust Health C
DESCRIPTION - Registered Inestment

COST - 0
CURRENT VALUE - 16421

PARTY IN INTEREST -
IDENTITY - First Trust ISE Clou
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 16275

PARTY IN INTEREST -
IDENTITY - Gabelli Small Cap Gr
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 16487

PARTY IN INTEREST -
IDENTITY - Henderson European F
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 32982

PARTY IN INTEREST -
IDENTITY - Marketfield Fund / M
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 57293

PARTY IN INTEREST -
IDENTITY - Oakmark Intl Fund
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 41319

PARTY IN INTEREST -
IDENTITY - Powershs Exch Trad F
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 75779

PARTY IN INTEREST -
IDENTITY - Schwab Intl Index Fu
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 62228

PARTY IN INTEREST -
IDENTITY - SPDR S&P Oil Gas Exp
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 16105

PARTY IN INTEREST -
IDENTITY - Sunamerica Focused D
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 41048

PARTY IN INTEREST -
IDENTITY - Vanguard Dividend Ap

DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 41026

PARTY IN INTEREST -
IDENTITY - Vanguard Extd Mkt ET
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 16044

PARTY IN INTEREST -
IDENTITY - Vanguard Small Cap I
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 64076

PARTY IN INTEREST -
IDENTITY - Vanguard Total Int'l
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 82137

PARTY IN INTEREST -
IDENTITY - Vanguard Total Stk M
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 840567

PARTY IN INTEREST -
IDENTITY - Vanguard Total Stk M
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 147131

PARTY IN INTEREST -
IDENTITY - Yacktman Focused Fun
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 40848

PARTY IN INTEREST -
IDENTITY - ABF Lg Cap Val Inst
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 13996791

PARTY IN INTEREST -
IDENTITY - Alzgi NFJ Small Cap
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 10059706

PARTY IN INTEREST -
IDENTITY - Dodge & Cox Intl Stk
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 23371019

PARTY IN INTEREST -

IDENTITY - Eagle Sm Cap Grth I
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 9755011

PARTY IN INTEREST - X
IDENTITY - Fidelity Contrafund
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 74129767

PARTY IN INTEREST - X
IDENTITY - Fidelity Freedom K I
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 301225

PARTY IN INTEREST - X
IDENTITY - Fidelity New Markets
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 155656

PARTY IN INTEREST -
IDENTITY - GS Midcap Value Inst
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 13132263

PARTY IN INTEREST -
IDENTITY - Lzrd Emrg Mkts Eq IS
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 12810715

PARTY IN INTEREST -
IDENTITY - MSIF Mid Cap Grth I
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 17827684

PARTY IN INTEREST -
IDENTITY - Nuveen Win LgCp Gr I
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 22287505

PARTY IN INTEREST -
IDENTITY - Spartan Intl Index I
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 1137947

PARTY IN INTEREST -
IDENTITY - Tmpl Inst Frgn Sm Co
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 2789882

PARTY IN INTEREST -
IDENTITY - Vanguard Inst Index
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 28673811

PARTY IN INTEREST -
IDENTITY - Brokeragelink
DESCRIPTION - Registered Investmen
COST - 0
CURRENT VALUE - 30492133

PARTY IN INTEREST -
IDENTITY - BIF Money Fund
DESCRIPTION - Cash and cash equiva
COST - 0
CURRENT VALUE - 74002

PARTY IN INTEREST -
IDENTITY - Cash
DESCRIPTION - Cash and cash equiva
COST - 0
CURRENT VALUE - 6878

PARTY IN INTEREST -
IDENTITY - Cash Reserve Account
DESCRIPTION - Cash and cash equiva
COST - 0
CURRENT VALUE - 33957

PARTY IN INTEREST -
IDENTITY - Cash/Schwab Money Ma
DESCRIPTION - Cash and cash equiva
COST - 0
CURRENT VALUE - 63658

PARTY IN INTEREST -
IDENTITY - Dreyfus Treas Prime
DESCRIPTION - Cash and cash equiva
COST - 0
CURRENT VALUE - 3129

PARTY IN INTEREST - X
IDENTITY - Fidelity Retirement
DESCRIPTION - Cash and cash equiva
COST - 0
CURRENT VALUE - 28189298

PARTY IN INTEREST -
IDENTITY - Non-Interest Bearing
DESCRIPTION - Cash and cash equiva
COST - 0
CURRENT VALUE - 3922

PARTY IN INTEREST -
IDENTITY - Vanguard Prime MMKT
DESCRIPTION - Cash and cash equiva
COST - 0
CURRENT VALUE - 214798

PARTY IN INTEREST -
IDENTITY - Brokeragelink
DESCRIPTION - Cash and cash equiva
COST - 0
CURRENT VALUE - 16671071

PARTY IN INTEREST - X
IDENTITY - Fidelity Managed Inc
DESCRIPTION - Interest in Common/C
COST - 0
CURRENT VALUE - 18644117

PARTY IN INTEREST -
IDENTITY - Brokeragelink
DESCRIPTION - Various Corporate Ob
COST - 0
CURRENT VALUE - 579112

PARTY IN INTEREST -
IDENTITY - Brokeragelink
DESCRIPTION - Various Government S
COST - 0
CURRENT VALUE - 211214

PARTY IN INTEREST -
IDENTITY - Guardian Life
DESCRIPTION - CSV of Life Insuranc
COST - 0
CURRENT VALUE - 1469539

PARTY IN INTEREST -
IDENTITY - ING USA Annuity & Li
DESCRIPTION - CSV of Life Insuranc
COST - 0
CURRENT VALUE - 105775

PARTY IN INTEREST -
IDENTITY - John Hancock Life In
DESCRIPTION - CSV of Life Insuranc
COST - 0
CURRENT VALUE - 71258

PARTY IN INTEREST -
IDENTITY - New England Life Ins
DESCRIPTION - CSV of Life Insuranc
COST - 0
CURRENT VALUE - 169840

PARTY IN INTEREST -
IDENTITY - New York Life Ins. C
DESCRIPTION - CSV of Life Insuranc
COST - 0
CURRENT VALUE - 670120

PARTY IN INTEREST -
IDENTITY - Northwestern Life In
DESCRIPTION - CSV of Life Insuranc
COST - 0

CURRENT VALUE - 689554

PARTY IN INTEREST -
IDENTITY - Pacific Life Ins. Co
DESCRIPTION - CSV of Life Insuranc
COST - 0
CURRENT VALUE - 752782

PARTY IN INTEREST -
IDENTITY - Phoenix Home Life
DESCRIPTION - CSV of Life Insuranc
COST - 0
CURRENT VALUE - 119967

PARTY IN INTEREST -
IDENTITY - Security Benefit Lif
DESCRIPTION - CSV of Life Insuranc
COST - 0
CURRENT VALUE - 7326

PARTY IN INTEREST -
IDENTITY - Security Life of Den
DESCRIPTION - CSV of Life Insuranc
COST - 0
CURRENT VALUE - 1335

PARTY IN INTEREST -
IDENTITY - Brokeragelink
DESCRIPTION - Preferred Stocks
COST - 0
CURRENT VALUE - 338321