

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 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>			
A	This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or	
	☐ a single-employer plan; ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report; ☐ the final return/report;	
	☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).		
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>COMPSOLUTIONS PEO 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
		1c	Effective date of plan <u>01/01/2003</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>COMPENSATION SOLUTIONS, INC.</u> <u>500 VALLEY ROAD</u> <u>SUITE 201</u> <u>WAYNE, NJ 07470</u>	2b	Employer Identification Number (EIN) <u>22-3686777</u>
		2c	Plan Sponsor's telephone number <u>201-405-1115</u>
		2d	Business code (see instructions) <u>541214</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/30/2017	ALICIA BLEDSOE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1502
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 1754
a(2) Total number of active participants at the end of the plan year	6a(2) 1796
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 328
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2124
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 2124
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 1109
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 9
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: 2T 2E 2F 2G 2J 2K 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

A Name of plan COMPSOLUTIONS PEO 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 COMPENSATION SOLUTIONS, INC.	D Employer Identification Number (EIN) 22-3686777	

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.
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1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE CO

(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
39-0989781	86231	931025-000	1109	01/01/2015	12/31/2015

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 266054	(b) Total amount of fees paid
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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 COMPSOLUTIONS AGENCY INC	SUSAN CARRAZANA 500 VALLEY ROAD WAYNE, NJ 07470
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
112975			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid COADVANTAGE INS SOLUTIONS CORP	WILLIAM F MAGEE 135 W CENTRAL BLVD STE 600 ORLANDO, FL 32801
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
62285			3

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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

AXA NETWORK LLC

ADAM T KAZALSKI
4251 CRUMS MILL ROAD
HARRISBURG, PA 17112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34794			3

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

EXECUTIVE INSURANCE AGENCY INC

MICHAEL B DRANOFF
130 SPRINGSIDE DRIVE SUITE 30
AKRON, OH 44333

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18079			3

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

EXECUTIVE INSURANCE AGENCY INC

DAVID KONIKOW
130 SPRINGSIDE DRIVE, STE 30
AKRON, OH 44333

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18079			3

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

PARK AVENUE SECURITIES

DAMIEN JACKSON
7 HANOVER SQUARE, COMM DEPT 4T
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9199			3

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

MERRILL LYNCH LIFE AGENCY INC

LAWRENCE V O'CONNOR
4804 DEER LAKE DR, E 5TH FLOOR
JACKSONVILLE, FL 32246

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2903			3

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

PARK AVENUE SECURITIES

ROBERT F SIEDLER
7 HANOVER SQUARE, COMM DEPT 4T
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2029			3

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

PARK AVENUE SECURITIES

MICHAEL R TORMEY
7 HANOVER SQUARE, COMM DEPT 14
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1971			3

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

MERRILL LYNCH LIFE AGENCY INC

KEVIN M OWENS
4804 DEER LAKE DR, E 5TH FLOOR
JACKSONVILLE, FL 32246

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1936			3

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

PARK AVENUE SECURITIES

BETTIE W JARVIS
7 HANOVER SQUARE, COMM DEPT 4T
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
906			3

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

PARK AVENUE SECURITIES

KEVIN J PENT
7 HANOVER SQUARE, COMM DEPT 4T
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
732			3

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

AXA NETWORK LLC

MAHUL J BALAR
4251 CRUMS MILL RD
HARRISBURG, PA 17112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
166			3

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

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

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

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

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(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	44353479
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. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ 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 ▶ STABLE VALUE		
b	Balance at the end of the previous year	7b	8302022
c	Additions: (1) Contributions deposited during the year	7c(1)	656571
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	106519
	(4) Transferred from separate account	7c(4)	1096580
	(5) Other (specify below)..... ▶ CONVERSION ASSETS/EBA/FORFEITURE CREDITS/LOAN INTEREST PAID/LOAN PRINCIPAL	7c(5)	273607
	(6) Total additions	7c(6)	2133277
d	Total of balance and additions (add lines 7b and 7c(6))	7d	10435299
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1073393
	(2) Administration charge made by carrier	7e(2)	53176
	(3) Transferred to separate account	7e(3)	1076424
	(4) Other (specify below)..... ▶ ADMINISTRATIVE FEE/EBA WITHDRAWALS/FORFEITED AMOUNT/LOAN ISSUED/OVERNIGHT CHECK FEE	7e(4)	46499
	(5) Total deductions	7e(5)	2249492
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	8185807

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan COMPSOLUTIONS PEO 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 COMPENSATION SOLUTIONS, INC.	D Employer Identification Number (EIN) 22-3686777	

Part I	Service Provider Information (see instructions)
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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
TRANSAMERICA LIFE INSURANCE COMPANY
39-0989781

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	315195	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>COMPSOLUTIONS PEO 401(K) PLAN</u>	B Three-digit plan number (PN) ► <u>002</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COMPENSATION SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>22-3686777</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AEGON BOND RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-100</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>590593</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WMC DISCIPLINED US GROWTH RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-101</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>888987</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AEGON BALANCED RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-119</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>580347</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO AMERICAN FRANCHISE RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-137</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>276600</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TEMPLETON FOREIGN RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-143</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>384159</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JANUS RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-148</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>249200</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY GLOBAL GROWTH RET</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-149</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>485298</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES BOND RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-150	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1371916
a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN SMALL CAP RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-151	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 355769
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN GOVERNMENT SECURITIES RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-158	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 638282
a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1160027
a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH OPPORTUNITIE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 732525
a Name of MTIA, CCT, PSA, or 103-12 IE: WMC CORE EQUITY RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-168	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 512926
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS GROWTH WITH INCOME INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-184	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1434814
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR EQUITY INCOME INV		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-185	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1263347
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN MUTUAL QUEST INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-186	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 264050
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO INTERNATIONAL GROWTH RET O		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-195	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1011353

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID CAP GROWTH RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-197	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 497982
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS FORTY RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-199	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 790615
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-216	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1014951
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-390	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 863021
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS BALANCED INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-394	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 624087
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO MID CAP GROWTH INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-395	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 203130
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN FOCUS INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-396	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 251288
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA MID CAP VALUE INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-397	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 465899
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA INTERMEDIATE BOND INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-398	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 810776
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS MID GROWTH R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-425	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 364239

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS LARGE CORE R**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-426	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 267965
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS MID VALUE RE**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-427	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 928180
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS LARGE VALUE**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-428	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 976088
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION SHOR**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-429	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109209
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION SHOR**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-430	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 238362
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION INTE**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-431	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 493154
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION INTE**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-432	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 836010
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION LONG**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-433	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115897
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH YIELD B**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-434	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1214833
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS CORE BOND RE**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-435	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 643964
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE MID-CAP GROWTH RET O		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-437	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 631351
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO CHARTER RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 244375
a Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT EQUITY PORTFOLIO INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-439	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 270359
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN BIOTECHNOLOGY DISCOVERY I		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-440	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1250655
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO AMERICAN FRANCHISE INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-443	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104833
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN BALANCE SHEET INVESTMENT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-444	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 183595
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR SMALL CAP INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-445	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1292643
a Name of MTIA, CCT, PSA, or 103-12 IE: DREYFUS INTERNATIONAL VALUE INV OP		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-446	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 458450
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO VALUE OPPORTUNITIES INV OP		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-448	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 244246
a Name of MTIA, CCT, PSA, or 103-12 IE: PERKINS SMALL CAP VALUE RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 814748

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-587	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2449375
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT INCO		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-047	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 732911
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2015		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-048	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 773817
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2025		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-049	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2191048
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2035		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-050	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 904893
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2045		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 625215
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN REAL ESTATE SECURITIES RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1146034
a Name of MTIA, CCT, PSA, or 103-12 IE: IVY SCIENCE & TECHNOLOGY INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-082	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 708119
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER MAIN STREET MID CAP RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-090	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 863905
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2010		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-109	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 285636

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2020**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-110	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 904492
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2030**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1145942
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2040**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1388211
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2050**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-113	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 546282
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2055**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 255883
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2060**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-612	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26733
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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)
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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)
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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)
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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)
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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
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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 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan COMPSOLUTIONS PEO 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 COMPENSATION SOLUTIONS, INC.	D Employer Identification Number (EIN) 22-3686777	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	402693	426763
	(2) Participant contributions	1b(2)	56613	80391
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	813611	779106
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)	42421022	44353479
	(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)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	8302022	8185807
	(15) Other	1c(15)		

		(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	51995961 53825546
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	47563 114062
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	47563 114062
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	51948398 53711484

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1667241
	(B) Participants	2a(1)(B)	4362621
	(C) Others (including rollovers)	2a(1)(C)	342290
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	6372152
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	30965
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	30965
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-348279
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		106514
d Total income. Add all income amounts in column (b) and enter total	2d		6161352

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3542992	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3542992
f Corrective distributions (see instructions)	2f		6194
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)	315305	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		315305
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3864491

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2296861
l Transfers of assets:			
(1) To this plan	2l(1)		1404104
(2) From this plan	2l(2)		1937879

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: COHN REZNICK

(2) EIN: 22-1478099

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	N/A	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.)		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.)		X		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>COMPSOLUTIONS PEO 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMPENSATION SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>22-3686777</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3689044</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____			
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
----------------	---

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

CompSolutions PEO 401(k) Plan

**Financial Statements
(With Supplementary Information)
and Independent Auditor's Report**

December 31, 2015

CompSolutions PEO 401(k) Plan

Index

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Independent Auditor's Report

To the Trustees
CompSolutions PEO 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of CompSolutions PEO 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 ("DOL") 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 5, which was certified by Transamerica Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the custodian as of December 31, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the Plan administrator by the custodian 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 supplementary Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) as of December 31, 2015, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Cohn Reznick LLP". The signature is written in a cursive, flowing style.

Roseland, New Jersey
January 30, 2017

CompSolutions PEO 401(k) Plan

Statements of Net Assets Available for Benefits December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets		
Investments, at fair value	<u>\$ 52,539,286</u>	<u>\$ 50,723,044</u>
Receivables		
Employer contribution	426,763	402,693
Participant contributions	80,391	56,613
Notes receivable from participants	<u>779,106</u>	<u>813,611</u>
Total receivables	<u>1,286,260</u>	<u>1,272,917</u>
Total assets	53,825,546	51,995,961
Liabilities		
Excess contributions payable	<u>114,062</u>	<u>47,563</u>
Net assets available for benefits	<u><u>\$ 53,711,484</u></u>	<u><u>\$ 51,948,398</u></u>

See Notes to Financial Statements.

CompSolutions PEO 401(k) Plan

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2015

Additions	
Investment loss	
Net depreciation in fair value of investments	\$ (348,279)
Interest	106,514
Total investment loss	(241,765)
Interest income on notes receivable from participants	30,965
Contributions	
Participants	4,362,621
Employer	1,667,241
Rollovers	342,290
Total contributions	6,372,152
Total additions	6,161,352
Deductions	
Benefits paid to participants	3,542,992
Administrative expenses	315,305
Corrective distributions	6,194
Total deductions	3,864,491
Net increase	2,296,861
Transfer of assets to the Plan	1,404,104
Transfer of assets out of the Plan	(1,937,879)
Net assets available for benefits	
Beginning	51,948,398
End	\$ 53,711,484

See Notes to Financial Statements.

CompSolutions PEO 401(k) Plan

Notes to Financial Statements December 31, 2015

Note 1 - Description of Plan

The following description of CompSolutions PEO 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiple employer defined contribution plan. A multiple employer plan is a collection of single-employer plans sponsored by two or more unrelated employers who pool their resources for investment purposes and to minimize administrative costs. The Plan covers all employees of the participating employers ("Co-employers") who have met certain age and/or service requirements, as defined in each Co-employer's separate Acceptance and Adoption Agreement ("AAA"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Plan Sponsor

Compensation Solutions, Inc. ("CSI") is the principal participating employer and, as such, has a significant influence over the Plan and is responsible for the administration of the Plan. The Plan sponsor includes the following entities, which are related through common ownership: CSI Management Group, Inc. ("Management"), CSI, Compensation Solutions, Inc. of Oakland ("CSIOAK"), and Compensation Solutions, Inc. of Wayne ("CSIWAYNE").

Contributions

Pre-tax employee contributions are made pursuant to salary deferral agreements. Participants may elect to contribute not less than 1% or more than 100% of pre-tax annual compensation, as defined by the Plan sponsor's and the Co-employer's AAA. Each Co-employer may elect to have a mandatory match, safe harbor, discretionary match, discretionary profit sharing or no employer contributions according to their respective AAA. All Plan sponsor and Co-employers' contributions are made in accordance with their respective AAA eligibility requirements and definitions of compensation.

Some Co-employers have chosen to make a qualified non-elective contribution to satisfy their compliance test for the years ended December 31, 2015 and 2014. Therefore, a contribution was made to the non-highly compensated group in 2016 and 2015.

Some Co-employers have chosen the refund method to satisfy the Actual Deferral Percentage compliance test for the years ended December 31, 2015 and 2014. Therefore, any excess contributions and attributable earnings are refunded and increase the total participant distributions.

Participant accounts

Each participant's account is credited with the participant's contribution and allocations of: (a) Employer contributions, if any, and (b) Plan earnings and charged with an allocation of administrative expenses, if any, that are incurred by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled

CompSolutions PEO 401(k) Plan

Notes to Financial Statements December 31, 2015

is the benefit that can be provided from the participant's vested account. The vesting schedule is defined in each Co-employer's AAA.

Vesting

Participants are immediately vested in their deferrals and safe harbor contributions plus actual earnings thereon. Vesting in any employer matching contributions or discretionary employer contributions plus actual earnings thereon is based on service requirements, as defined by the Co-employer, and ranges from immediate vesting to 6 years, as specified in each respective Co-employer's AAA.

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate is commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through payroll deductions. All Plan sponsor and Co-employer loans are made in accordance with their respective AAA requirements.

Payment of benefits

The plan provides for benefits upon termination of employment through retirement, death, disability or for other reasons. Normal retirement age has been designated as age 65. On termination of services due to death, disability or retirement, a participant may elect to receive a lump-sum distribution amount equal to the value of the participant's vested interest in his or her account. The Plan does not have a provision for annuities. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. For participants with vested account balances between \$1,000 and \$5,000, the distribution will be paid in a direct rollover to an Individual Retirement Account designated by the Plan, unless the participant elects to have such distribution paid directly into an eligible retirement plan. Participants with vested account balances of \$1,000 or less will automatically be paid in a lump-sum.

Forfeited accounts

As permitted by the Plan document, forfeited accounts will be used to reduce Plan expenses, future employer contributions or allocated to participants. During 2015 and 2014, there were forfeitures in the amount of \$8,549 and \$18,897, respectively, of which \$0 and \$1,293, respectively, were used to reduce employer contributions, and \$30 and \$17,604, respectively, were used to reduce Plan expenses. At December 31, 2015 and 2014, forfeited accounts totaled \$9,467 and \$2,135, respectively.

Rollovers

The Plan allows employees, upon approval of the administrative committee, to make rollover contributions of amounts received from other qualified approved retirement plans and Individual Retirement Accounts provided they are made within 60 days of receipt of such amounts by an employee.

CompSolutions PEO 401(k) Plan

Notes to Financial Statements December 31, 2015

Note 2 - Summary of accounting policies

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. 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 normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Adoption of accounting standard

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Parts I and III are not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. Management has elected to adopt Part II early.

Use of estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the custodian. See Note 4 for discussion of fair value measurements.

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 depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

CompSolutions PEO 401(k) Plan

Notes to Financial Statements December 31, 2015

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2015 or 2014. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant's loan balance is reduced and a benefit payment is recorded

Stable Value Fund

The Stable Value Fund is part of Transamerica Life Insurance Company's ("Transamerica") general account as described in the group annuity contract held by the Plan and the term "Stable Value Fund" is the designation used in the group annuity contract to identify the fund account. Since Transamerica's general account is not segregated to reflect the balance or investments attributable to any one contract or class of contracts that participates in this account, the Stable Value Fund, as part of the general account, is not shown separately in Transamerica's general account financial statements. The Stable Value Fund has a portfolio investment rate design in which all deposits are credited, on a daily basis, with the same interest rate and with no set maturity. The effective credited interest rate is set monthly and effective on the first day of the month. For deposit liabilities with no defined maturities, the fair value to be disclosed is the amount payable on demand at the reporting date. Accordingly, the contract value is also the fair value to be disclosed. The average interest crediting rate was 1.30% and 1.35% for the years ended December 31, 2015 and 2014, respectively. The minimum interest crediting rate was 1.25% and 1.35% at December 31, 2015 and 2014, respectively.

The Stable Value Fund allows all participant-elected distributions, which are permitted under the terms of the Plan, from these funds (including termination from employment, death, disability, retirement, hardship, loan requests, plan termination or termination of employment due to layoffs which are payable at contract value). Participant-directed transfers to non-competing funds are also payable at contract value, subject to certain limitations. The only distributions that are payable subject to a market value adjustment, which is calculated in accordance with the contract provisions, are: (1) single sum transfers of assets to a new carrier at contract termination and (2) if a plan merger occurs, single sum transfers of assets at contract termination to the new plan.

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 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 the 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.

CompSolutions PEO 401(k) Plan

Notes to Financial Statements December 31, 2015

Excess contribution payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as a liability with a corresponding reduction to contributions.

Payment of benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments. Certain administrative expenses of the Plan, including custodial fees, are deducted from the participant's accounts (See Note 10 for Party-in-interest transactions).

Subsequent events

The Plan has evaluated subsequent events through January 30, 2017, the date the financial statements were available to be issued. During 2016, the Plan was merged into another plan related to the Plan sponsor.

Note 3 - Transfer to/from other plans

New participating employers are reflected as transfers from other plans, and employers terminating participation in the Plan are reflected as transfers to other plans in the statement of changes in net assets available for benefits. An entity can become a participating employer in the Plan under certain terms and conditions as permitted by the Plan. Any participating employer may at any time elect to terminate its participation in the Plan as set forth in the Plan document.

Note 4 - Fair value measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- 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.

CompSolutions PEO 401(k) Plan

Notes to Financial Statements December 31, 2015

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Pooled separate accounts: Valued based on information reported by the investment advisor using the audited financial statements of the pooled separate accounts at year end. The net asset value is based on the value of the underlying assets owned by the funds, minus its liabilities, and then divided by the number of shares outstanding. There are no redemption restrictions on these investments.

Stable Value Fund: The Plan's valuation methodology for the Stable Value Fund was derived from corroboration of observable market inputs, specifically interest rates offered and the credit worthiness of the issuer which supports their ability to meet its obligation under the investment contract and credit rating. This product is not a traditional Guaranteed Investment Contract and, therefore, there are no known cash flows that could be discounted. With respect to the Stable Value Fund, Transamerica similarly publishes the rates on which participants are paid interest for the specified terms. Although the rates may change from time to time, they are available daily. To determine the fair market values each year, Transamerica compares the rates in effect on that date to the rates on which the actual interest is determined and adjusts the book value based on the difference in those rates. Although there is not a secondary market for the Stable Value Fund to which those fair values can be compared, the fact that Transamerica publishes these rates daily and applies them both to new deposits and to the calculation of fair value

CompSolutions PEO 401(k) Plan

Notes to Financial Statements December 31, 2015

would appear to constitute an active market and, therefore, is classified within Level 2 of the valuation hierarchy.

The following tables summarize by level, within the fair value hierarchy, the financial assets of the Plan at fair value as of December 31, 2015 and 2014:

	December 31, 2015			
	Total	Level 1	Level 2	Level 3
Pooled separate accounts	\$ 44,353,479	\$ -	\$ 44,353,479	\$ -
Stable Value Fund	8,185,807	-	8,185,807	-
Total Investments	<u>\$ 52,539,286</u>	<u>\$ -</u>	<u>\$ 52,539,286</u>	<u>\$ -</u>

	December 31, 2014			
	Total	Level 1	Level 2	Level 3
Pooled separate accounts	\$ 42,421,022	\$ -	\$ 42,421,022	\$ -
Stable Value Fund	8,302,022	-	8,302,022	-
Total Investments	<u>\$ 50,723,044</u>	<u>\$ -</u>	<u>\$ 50,723,044</u>	<u>\$ -</u>

Note 5 - Certified investments

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments and notes receivable from participants held at December 31, 2015 and 2014, and investment income and interest income on notes receivable from participants for the year ended December 31, 2015, that is disclosed in the accompanying financial statements and supplemental schedule, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the custodian of the Plan.

Note 6 - Tax status

The IRS has determined and informed the Company by a letter dated June 7, 2011 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax exempt.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan

CompSolutions PEO 401(k) Plan

Notes to Financial Statements December 31, 2015

administrator believes it is no longer subject to income tax examinations for years prior to 2012.

Note 7 - Plan termination

Although it has not expressed any intent to do so, the Company 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 Plan termination, participants would become 100% vested in their employer contributions.

Note 8 - Risks and uncertainties

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

Note 9 - Corrective distributions and contributions

The Plan sponsor and each respective Co-employer in the Plan may select the form of corrective action for compliance testing failures on an annual basis.

There were excess contributions for the 2015 and 2014 Plan years. The Plan distributed the 2015 and 2014 excess contributions and related earnings to the applicable participants during 2016 and 2015, respectively.

There were Top-Heavy Contributions needed for the 2015 and 2014 Plan year. The Co-employers properly deposited the amounts in the participants' accounts during 2016 and 2015.

There were Qualified Non-Elective Contributions needed for the 2015 and 2014 Plan years. The Co-employers properly deposited the amounts in the participants' accounts during 2016 and 2015.

Note 10 - Related party transactions and party-in-interest transactions

Certain Plan investments are shares of mutual funds managed by Transamerica Retirement Solutions. Transamerica Retirement Solutions is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. In 2015 and 2014, there was \$315,305 and \$318,523, respectively, paid by the Plan for third party administrative fees.

CompSolutions PEO 401(k) Plan

**Notes to Financial Statements
December 31, 2015**

In addition, there were indirect fees paid by the Plan for investment management and advisory services for the years ended December 31, 2015 and 2014, respectively.

Supplementary Information

CompSolutions PEO 401(k) Plan
EIN # 22-3686777
Plan #002

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2015

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description	(d) Cost (A)	(e) Current value
*	Transamerica Life Insurance Company			
		Pooled Separate Account -AEGON Bond Ret Opt		\$ 590,592
		Pooled Separate Account -WMC Quality Growth Ret Opt		888,985
		Pooled Separate Account -AEGON Balanced Ret Opt		580,345
		Pooled Separate Account -Templeton Foreign Ret Opt		384,158
		Pooled Separate Account -Artisan Small Cap Ret Opt		355,768
		Pooled Separate Account -Loomis Sayles Bond Ret Opt		1,371,915
		Pooled Separate Account -JPMorgan Government Securities Ret Opt		638,281
		Pooled Separate Account -Morgan Stanley Growth Ret Opt		1,160,026
		Pooled Separate Account -Morgan Stanley Growth Opport Ret Opt		732,525
		Pooled Separate Account -WMC Core Equity Ret Opt		512,925
		Pooled Separate Account -MFS Growth with Income Inv Opt		1,434,811
		Pooled Separate Account -Fidelity Advisor Equity Income Inv Opt		1,263,345
		Pooled Separate Account -Mutual Quest Inv Opt		264,047
		Pooled Separate Account -Invesco Small Cap Growth Inv Opt		863,020
		Pooled Separate Account -Invesco Dynamics Inv Opt		203,130
		Pooled Separate Account -Neuberger Berman Focus Inv Opt		251,287
		Pooled Separate Account -Columbia Mid Cap Value Inv Opt		465,893
		Pooled Separate Account -Janus Balanced Inv Opt		624,085
		Pooled Separate Account -Columbia Intermediate Bond Inv Opt		810,775
		Pooled Separate Account -Transamerica Partners Mid Growth Ret Opt		364,239
		Pooled Separate Account -Transamerica Partners Large Core Ret Opt		267,959
		Pooled Separate Account -Transamerica Partners Mid Value Ret Opt		928,145
		Pooled Separate Account -Transamerica Partners Large Val Ret Opt		976,079
		Pooled Separate Account -Transam Asset Alloc Short Horizn Ret Opt		109,208
		Pooled Separate Account -Transam Asset Alloc Shrt/Int Hor Ret Opt		238,361
		Pooled Separate Account -Transam Asset Alloc Interm Horiz Ret Opt		493,154
		Pooled Separate Account -Transam Asset Alloc Int/Long Hor Ret Opt		836,010
		Pooled Separate Account -Transam Asset Alloc Long Horizon Ret Opt		115,897
		Pooled Separate Account -Transamerica Part High Yld Bond Ret Opt		1,214,832
		Pooled Separate Account -Transamerica Partners Core Bond Ret Opt		643,964
		Pooled Separate Account -Invesco Charter Ret Opt		244,374
		Pooled Separate Account -T Rowe Price Mid-Cap Growth Ret Opt		631,349
		Pooled Separate Account -Calvert Equity Portfolio Inv Opt		270,359
		Pooled Separate Account -Franklin Biotechnology Discovery Inv Opt		1,250,654
				21,980,497

CompSolutions PEO 401(k) Plan
EIN # 22-3686777
Plan #002

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2015

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description	(d) Cost (A)	(e) Current value
*	Transamerica Life Insurance Company			
		Pooled Separate Account -Invesco Leisure Inv Opt		\$ 104,831
		Pooled Separate Account -Franklin Balance Sheet Invest Inv Opt		183,593
		Pooled Separate Account -Fidelity Advisor Small Cap Inv Opt		1,292,641
		Pooled Separate Account -Dreyfus International Value Inv Opt		458,449
		Pooled Separate Account -Invesco Basic Value Opportunities Inv Opt		244,245
		Pooled Separate Account -Transamerica Partners Stk Index Ret Opt		2,449,374
		Pooled Separate Account -Perkins Small Cap Value Ret Opt		814,744
		Pooled Separate Account -Invesco American Franchise Ret Opt		276,599
		Pooled Separate Account -American Century Global Growth Ret Opt		485,297
		Pooled Separate Account -Invesco International Growth Ret Opt		1,011,353
		Pooled Separate Account -Franklin Small-Mid Cap Growth Ret Opt		497,979
		Pooled Separate Account -Janus Ret Opt		249,199
		Pooled Separate Account -Janus Capital Appreciation Ret Opt		790,614
		Pooled Separate Account -Oppenheimer Global Ret Opt		1,014,950
		Pooled Separate Account -Oppenheimer Main St Small&MidCap Ret Opt		863,905
		Pooled Separate Account -Ivy Science & Technology Inv Opt		708,118
		Pooled Separate Account -Nuveen Real Estate Securities Ret Opt		1,146,032
		Pooled Separate Account -Vanguard Trget Retirement Income Ret Opt		732,911
		Pooled Separate Account -Vanguard Target Retirement 2010 Ret Opt		285,636
		Pooled Separate Account -Vanguard Target Retirement 2015 Ret Opt		773,816
		Pooled Separate Account -Vanguard Target Retirement 2020 Ret Opt		904,491
		Pooled Separate Account -Vanguard Target Retirement 2025 Ret Opt		2,191,048
		Pooled Separate Account -Vanguard Target Retirement 2030 Ret Opt		1,145,942
		Pooled Separate Account -Vanguard Target Retirement 2035 Ret Opt		904,893
		Pooled Separate Account -Vanguard Target Retirement 2040 Ret Opt		1,388,210
		Pooled Separate Account -Vanguard Target Retirement 2045 Ret Opt		625,214
		Pooled Separate Account -Vanguard Target Retirement 2050 Ret Opt		546,282
		Pooled Separate Account -Vanguard Target Retirement 2055 Ret Opt		255,883
		Pooled Separate Account -Vanguard Target Retirement 2060 Ret Opt		26,733
				<u>44,353,479</u>
		Transamerica Stable Value Fund		<u>8,185,807</u>
				52,539,286
*	Participant Loans	Interest at 4.25% to 6%, maturing at various dates, secured by participant account balance		<u>779,106</u>
	Total			<u><u>\$ 53,318,392</u></u>
*	Party-in-interest.			
(A)	Cost not required.			



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MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

Plan Name: CompSolutions PEO 401(k) Plan
Contract Number: 931025
Employer Identification Number: 22-3686777
Plan Identification Number: 002
Plan Year End: December 31, 2015

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Hospital & Healthcare Compensation Services, Inc.	22-2326786	0.19%
Byte Consulting, Inc.	52-2286553	0.16%
Strategic Domain, Inc.	52-2109370	0.00%
Compensation Resources, Inc.	52-1668890	1.16%
Nuco Title Insurance Agency, Inc.	22-2430527	0.10%
Scura, Wigfield, Heyer & Stevens, LLP	22-3723735	2.03%
Classic Meadowlands Athletic Club	22-3340430	0.00%
Cox Stationers & Printers Co.	22-2428262	0.80%
Sheffet & Dvorin, P.C.	22-3624120	0.64%
The Goryeb Mather Group, LLC	54-2097072	0.00%
General Pneumatics Corp.	22-1643896	0.00%
Precision Forms, Inc.	22-1570419	3.38%
Beta Squared Lithography, Inc.	06-1560046	0.54%
L. Winik & Associates, Inc.	22-1890322	0.69%
TPR Technical Sales, Inc. dba Lawrence Lowy Associates	13-3779161	2.32%
Arco Steel Company	07-4065700	0.18%
Cameo Wealth & Creative Management, Inc.	20-8031637	2.45%
Family Health of Mount Olive	22-3740052	0.00%
Global Search Recruitment Systems, Inc.	22-3316364	0.00%
T & M Trading, Inc.	22-3767911	1.88%
GNJ Associates dba Proforma Spectrum Graphics Unlimited	22-3603787	0.94%
Advanced Billing Services, LLC	20-0461582	0.00%
Advanced Billing Services, Inc.	13-4028419	3.78%
North Eastern Asset Recovery, Inc.	13-3883168	0.00%
Corsair Partners, LLC	13-3932102	0.00%
Linque Management Company, Inc.	11-3054685	1.86%
Greenberg, Walden & Grossman, LLC	22-1893416	0.53%
Crosswalk Holdings, Inc.	30-0031970	0.00%
American Beryllia, Inc.	22-3757843	0.00%
Canda Realty Company Limited Liability Company dba Ray Mees Auto Coach	45-5139714	0.00%
PLS Productions	14-4407050	0.51%
R.V. Davies, Inc.	22-2539533	0.00%
Triad Benefit Administrators, LLC	06-1589277	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Dartcor Enterprises, Inc. dba Dartcor Food Services	22-2593948	0.00%
Coloron Plastics Corporation	22-2270194	0.90%
Lexington Black & White, Inc.	13-3852414	0.00%
Richard Huss Furniture, Inc.	13-3571495	0.00%
AGR Financial, LLC	22-3376976	2.12%
MPD Transport, Inc.	22-2538997	0.01%
Cooper Richards & Associates, Inc. dba Snelling Personnel Service	22-3254936	0.00%
Summit Dog & Cat Hospital	22-2582039	0.00%
Select Title Agency, Inc.	22-3146756	0.31%
Nino Marino, Physician, LLC	13-2935289	0.33%
All-Pro Title Group, LLC	06-1715740	3.00%
Martab Physician and Hospital Supply Corp. dba Martab Medical	22-1808293	0.17%
Nachman & Associates, P.C.	22-3241534	1.30%
James P. Nolan and Associates, LLC	20-1894028	0.04%
Gonzer Administrative, LLC	22-1671351	1.04%
Radiology & Medical Management of Millburn, LLC dba Advanced Diagnostic Imaging	20-5550454	0.00%
European Cigarette Imports, Inc.	22-3657064	0.00%
Taffin, LLC	13-4103858	0.30%
Evolution Financial Technologies, LLC	30-0428872	0.00%
Clear Blue Business Technology Solutions, LLC	20-1417098	0.00%
Heritage Pharmaceuticals, Inc.	20-4138629	1.99%
Stitch & Couture, Inc. dba Lela Rose	13-3862975	1.29%
Village Cardiology, PLLC	22-3952619	0.11%
Kleeblatt, Galler & Abramson, LLC	22-2696704	0.00%
One Key, LLC	22-3766395	0.56%
Associated Personnel Services, Inc.	22-3730377	0.93%
PSI Business Computers, Inc. T/A PSI Technologies Corporation	22-2821404	0.58%
Product Source International Datacomm, LLC	20-1488600	2.84%
Blue Slate, LLC	20-0424148	1.75%
Frontline Industries, Inc.	22-3408504	0.00%
ONC Newark Club LLC, d/b/a The Newark Club, Inc.	20-5612517	0.26%
Medical Laboratory Diagnostics, Inc.	22-2768584	1.49%
Credit Bureau of Napa County, Inc. DBA Chase Receivables	27-1583335	1.02%
Wholepoint Communications, LLC	26-4349573	0.00%
Rutan Poly Industries, Inc.	22-2092078	2.28%
Westchester Management Services Organization, LLC	13-4036721	0.65%
Above & Beyond, Inc.	22-3307073	0.00%
FSB Associates LLC	22-3720302	0.60%
Firstco, Inc. dba Personal Care Ambulance	22-3166227	0.00%
Century Cherry Lawn Pharmacy, Inc.	13-4060815	1.25%
Murphy, Miller & Baglieri, LLP	20-1689274	2.59%
Accurate Monitoring, LLC	20-5795855	3.72%
Versatile Distributors, Inc.	22-1619389	0.63%
New Brunswick Cardiac Care Lab LLC	20-2419783	0.39%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Peak XV Capital, LLC	27-2371813	0.00%
Arcturus Group, LLC	26-0351320	0.38%
Warm Thoughts Communications, Inc.	13-3715190	2.40%
Street Glow, Inc.	22-3143331	0.00%
Storage Assets, LLC	22-3431385	0.00%
Barry Wind & Associates, Inc.	20-8031671	0.17%
ADV Pediatric Surgeons PC	45-2500613	1.92%
Hertog Foundation, Inc.	26-2002295	0.97%
Holiday Inn - Crestview	22-1727665	0.01%
The Tikvah Fund	13-3676152	2.65%
Peter J. Bruno, M.D., P.C.	73-1709083	0.21%
WTS LLC	30-0608746	1.58%
Fischer Barr & Wissinger LLC	27-3115411	0.25%
Westchester Fairfield Behavioral Medicine Assoc. PC	13-3008292	0.00%
AText, Inc.	45-0878490	0.00%
Aztec Software Associates Inc.	22-2483322	0.02%
Bulbrite Industries Inc.	13-2701380	3.26%
The Westmont Montessori School	22-1756061	0.60%
Adveq Management US, Inc.	98-0548271	6.89%
Insight News and Features Inc.	81-0567662	0.00%
Closeouts, Surplus & Salvage, Inc.	22-3413052	1.27%
Contract Leasing Corporation	22-3101115	4.87%
Royal Coachman Worldwide, LTD	22-1891547	1.29%
Xpeditd Services, LLC	13-1881550	0.22%
Juventio, LLC	80-0883342	2.12%
Citron Pharma, LLC	46-1733482	2.18%
Pinnacle Insurance Solutions, LLC	22-3693818	1.67%
Carnie P. Bragg Funeral Homes, Inc.	22-1971690	0.06%
Cedardale Distributors LLC	22-3818853	0.00%
Krazy Kat Sportswear, LLC	22-3480562	4.76%
CompSolutions PEO 401(k) Plan	27-1526464	0.23%
Geltrude & Company, LLC	22-3363665	0.62%
CompSolutions PEO 401(k) Plan	22-3686777	0.17%
Wealth Preservation Solutions, LLC	86-1061084	0.53%
CTNS Logistics, LLC	20-8924143	0.11%

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Plan Name: CompSolutions PEO 401(k) Plan
Contract #: 931025-0000
EIN: 22-3686777

Plan #: 002
Period: 01/01/2015 - 12/31/2015

(A)	(B)	(C)	(D)	(E)
	Identity of issue, borrower, lessor, or similar a party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	TRANSAMERICA LIFE INSURANCE COMPANY	PARTICIPANT LOANS		\$779,106
*	TRANSAMERICA LIFE INSURANCE COMPANY	STABLE VALUE FUND		\$8,185,807
*	TRANSAMERICA LIFE INSURANCE COMPANY	AEGON BOND RET OPT		\$590,593
*	TRANSAMERICA LIFE INSURANCE COMPANY	WMC DISCIPLINED US GROWTH RET OPT		\$888,987
*	TRANSAMERICA LIFE INSURANCE COMPANY	AEGON BALANCED RET OPT		\$580,347
*	TRANSAMERICA LIFE INSURANCE COMPANY	INVESCO AMERICAN FRANCHISE RET OPT		\$276,600
*	TRANSAMERICA LIFE INSURANCE COMPANY	TEMPLETON FOREIGN RET OPT		\$384,159
*	TRANSAMERICA LIFE INSURANCE COMPANY	JANUS RET OPT		\$249,200
*	TRANSAMERICA LIFE INSURANCE COMPANY	AMERICAN CENTURY GLOBAL GROWTH RET OPT		\$485,298
*	TRANSAMERICA LIFE INSURANCE COMPANY	LOOMIS SAYLES BOND RET OPT		\$1,371,916
*	TRANSAMERICA LIFE INSURANCE COMPANY	ARTISAN SMALL CAP RET OPT		\$355,769
*	TRANSAMERICA LIFE INSURANCE COMPANY	JPMORGAN GOVERNMENT SECURITIES RET OPT		\$638,282
*	TRANSAMERICA LIFE INSURANCE COMPANY	MORGAN STANLEY GROWTH RET OPT		\$1,160,027
*	TRANSAMERICA LIFE INSURANCE COMPANY	MORGAN STANLEY GROWTH OPPORTUNITIES RET OPT		\$732,525
*	TRANSAMERICA LIFE INSURANCE COMPANY	WMC CORE EQUITY RET OPT		\$512,926
*	TRANSAMERICA LIFE INSURANCE COMPANY	MFS GROWTH WITH INCOME INV OPT		\$1,434,814
*	TRANSAMERICA LIFE INSURANCE COMPANY	FIDELITY ADVISOR EQUITY INCOME INV OPT		\$1,263,347
*	TRANSAMERICA LIFE INSURANCE COMPANY	FRANKLIN MUTUAL QUEST INV OPT		\$264,050
*	TRANSAMERICA LIFE INSURANCE COMPANY	INVESCO INTERNATIONAL GROWTH RET OPT		\$1,011,353
*	TRANSAMERICA LIFE INSURANCE COMPANY	FRANKLIN SMALL-MID CAP GROWTH RET OPT		\$497,982
*	TRANSAMERICA LIFE INSURANCE COMPANY	JANUS FORTY RET OPT		\$790,615
*	TRANSAMERICA LIFE INSURANCE COMPANY	OPPENHEIMER GLOBAL RET OPT		\$1,014,951
*	TRANSAMERICA LIFE INSURANCE COMPANY	INVESCO SMALL CAP GROWTH INV OPT		\$863,021
*	TRANSAMERICA LIFE INSURANCE COMPANY	JANUS BALANCED INV OPT		\$624,087
*	TRANSAMERICA LIFE INSURANCE COMPANY	INVESCO MID CAP GROWTH INV OPT		\$203,130
*	TRANSAMERICA LIFE INSURANCE COMPANY	NEUBERGER BERMAN FOCUS INV OPT		\$251,288
*	TRANSAMERICA LIFE INSURANCE COMPANY	COLUMBIA MID CAP VALUE INV OPT		\$465,899
*	TRANSAMERICA LIFE INSURANCE COMPANY	COLUMBIA INTERMEDIATE BOND INV OPT		\$810,776
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS MID GROWTH RET OPT		\$364,239
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS LARGE CORE RET OPT		\$267,965
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS MID VALUE RET OPT		\$928,180
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS LARGE VALUE RET OPT		\$976,088
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA ASSET ALLOCATION SHORT HORIZON RET OPT		\$109,209
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA ASSET ALLOCATION SHORT/INTERMEDIATE HORIZON RET OPT		\$238,362
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA ASSET ALLOCATION INTERMEDIATE HORIZON RET OPT		\$493,154
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA ASSET ALLOCATION INTERMEDIATE/LONG HORIZON RET OPT		\$836,010
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA ASSET ALLOCATION LONG HORIZON RET OPT		\$115,897
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS HIGH YIELD BOND RET OPT		\$1,214,833
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS CORE BOND RET OPT		\$643,964
*	TRANSAMERICA LIFE INSURANCE COMPANY	T. ROWE PRICE MID-CAP GROWTH RET OPT		\$631,351
*	TRANSAMERICA LIFE INSURANCE COMPANY	INVESCO CHARTER RET OPT		\$244,375
*	TRANSAMERICA LIFE INSURANCE COMPANY	CALVERT EQUITY PORTFOLIO INV OPT		\$270,359
*	TRANSAMERICA LIFE INSURANCE COMPANY	FRANKLIN BIOTECHNOLOGY DISCOVERY INV OPT		\$1,250,655
*	TRANSAMERICA LIFE INSURANCE COMPANY	INVESCO AMERICAN FRANCHISE INV OPT		\$104,833
*	TRANSAMERICA LIFE INSURANCE COMPANY	FRANKLIN BALANCE SHEET INVESTMENT INV OPT		\$183,595
*	TRANSAMERICA LIFE INSURANCE COMPANY	FIDELITY ADVISOR SMALL CAP INV OPT		\$1,292,643
*	TRANSAMERICA LIFE INSURANCE COMPANY	DREYFUS INTERNATIONAL VALUE INV OPT		\$458,450
*	TRANSAMERICA LIFE INSURANCE COMPANY	INVESCO VALUE OPPORTUNITIES INV OPT		\$244,246
*	TRANSAMERICA LIFE INSURANCE COMPANY	PERKINS SMALL CAP VALUE RET OPT		\$814,748
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS STOCK INDEX RET OPT		\$2,449,375
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT INCOME RET OPT		\$732,911
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2015 RET OPT		\$773,817
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2025 RET OPT		\$2,191,048
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2035 RET OPT		\$904,893
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2045 RET OPT		\$625,215
*	TRANSAMERICA LIFE INSURANCE COMPANY	NUVEEN REAL ESTATE SECURITIES RET OPT		\$1,146,034
*	TRANSAMERICA LIFE INSURANCE COMPANY	IVY SCIENCE & TECHNOLOGY INV OPT		\$708,119
*	TRANSAMERICA LIFE INSURANCE COMPANY	OPPENHEIMER MAIN STREET MID CAP RET OPT		\$863,905
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2010 RET OPT		\$285,636
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2020 RET OPT		\$904,492
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2030 RET OPT		\$1,145,942
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2040 RET OPT		\$1,388,211
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2050 RET OPT		\$546,282
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2055 RET OPT		\$255,883
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2060 RET OPT		\$26,733

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR