

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b>		OMB Nos. 1210-0110 1210-0089  <b>2016</b>  <b>This Form is Open to Public Inspection</b>	
<b>Part I Annual Report Identification Information</b>					
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016					
<b>A</b> This return/report is for:		<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan			
<b>B</b> This return/report is		<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)			
<b>C</b> Check box if filing under:		<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)			
<b>Part II Basic Plan Information</b> —enter all requested information					
<b>1a</b> Name of plan CLISE AGENCY RETIREMENT PLAN		<b>1b</b> Three-digit plan number (PN) ▶		001	
		<b>1c</b> Effective date of plan		05/01/1945	
<b>2a</b> 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) CLISE AGENCY, INC.  1700 SEVENTH AVENUE, SUITE 1800 SEATTLE, WA 98101-1183		<b>2b</b> Employer Identification Number (EIN)		91-0839938	
		<b>2c</b> Sponsor's telephone number		206-623-7500	
		<b>2d</b> Business code (see instructions)		531120	
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		<b>3b</b> Administrator's EIN			
		<b>3c</b> Administrator's telephone number			
<b>4</b> 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.		<b>4b</b> EIN			
<b>a</b> Sponsor's name		<b>4c</b> PN			
<b>5a</b> Total number of participants at the beginning of the plan year .....		<b>5a</b>		80	
<b>b</b> Total number of participants at the end of the plan year.....		<b>5b</b>		78	
<b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		<b>5c</b>			
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....		<b>5d(1)</b>		35	
<b>d(2)</b> Total number of active participants at the end of the plan year .....		<b>5d(2)</b>		34	
<b>e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....		<b>5e</b>		0	
<b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b>					
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.					
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/12/2017	BRYAN JOYNER		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
<b>SIGN HERE</b>					
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor		
Preparer's name (including firm name, if applicable) and address (include room or suite number )				Preparer's telephone number	

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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 III Financial Information**

<b>7 Plan Assets and Liabilities</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	10509314	11387356
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	10509314	11387356
<b>8 Income, Expenses, and Transfers for this Plan Year</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	700000	
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	568067	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		1268067
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	314656	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	75369	
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		390025
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		878042
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
1A 1I 3H
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

<b>10 During the plan year:</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X		
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X			1000000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X		
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X		
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X		
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X		
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>				
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>				

**Part VI Pension Funding Compliance**

<b>11</b> Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>11a</b> Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 .....	<b>11a</b> <span style="border: 1px solid black; padding: 0 20px;">0</span>
<b>12</b> Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
<b>a</b> 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 letter ruling granting the waiver. .... Month _____ Day _____ Year _____	
<b>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</b>	
<b>b</b> Enter the minimum required contribution for this plan year .....	<b>12b</b>
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) .....	<b>12d</b>
<b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**Part VII Plan Terminations and Transfers of Assets**

<b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," enter the amount of any plan assets that reverted to the employer this year .....	<b>13a</b>
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b> 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.)	
<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)
<b>13c(3)</b> PN(s)	

**Part VIII Trust Information**

<b>14a</b> Name of trust	<b>14b</b> Trust's EIN
<b>14c</b> Name of trustee or custodian	<b>14d</b> Trustee's or custodian's telephone number

**Part IX IRS Compliance Questions**

<b>15a</b> Is the plan a 401(k) plan? If "No," skip b.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....	<input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test <input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A
<b>16a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....	<input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A
<b>16b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>17a</b> If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.	
<b>17b</b> If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.	
<b>18</b> Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>19</b> Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2016</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>CLISE AGENCY RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CLISE AGENCY, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0839938</u>
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

<b>Part I</b>	<b>Basic Information</b>
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
<b>2</b> Assets:	
<b>a</b> Market value .....	<b>2a</b> <u>10497004</u>
<b>b</b> Actuarial value .....	<b>2b</b> <u>10497004</u>
<b>3</b> Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>23</u> <u>2371986</u> <u>2371986</u>
<b>b</b> For terminated vested participants .....	<u>22</u> <u>1545834</u> <u>1545834</u>
<b>c</b> For active participants .....	<u>35</u> <u>5484265</u> <u>5484349</u>
<b>d</b> Total .....	<u>80</u> <u>9402085</u> <u>9402169</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>
<b>5</b> Effective interest rate .....	<b>5</b> <u>6.09 %</u>
<b>6</b> Target normal cost .....	<b>6</b> <u>0</u>

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>		<u>10/11/2017</u>
	Signature of actuary	Date
<u>MAHRUKH MAVALVALA</u>	Type or print name of actuary	<u>17-05999</u>
<u>MILLIMAN, INC.</u>	Firm name	Most recent enrollment number
<u>1301 FIFTH AVENUE, SUITE 3800</u> <u>SEATTLE, WA 98101-2605</u>	Address of the firm	<u>206-624-7940</u>
		Telephone number (including area code)

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2016**  
**v. 160205**

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	26156	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	26156	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-1.82</u> % .....	-476	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		649646
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.30</u> % .....		40928
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		690574
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	25680	0

Part III Funding Percentages			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	111.37%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	111.64%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	117.20%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

Part IV Contributions and Liquidity Shortfalls					
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/28/2016	300000	0			
08/08/2017	400000	0			
<b>Totals ▶</b>			<b>18(b)</b>	700000	<b>18(c)</b> 0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	648235

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th





<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2016</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan CLISE AGENCY RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ►	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  CLISE AGENCY, INC.	<b>D</b> Employer Identification Number (EIN)  91-0839938	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information				
<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>			
<b>2</b>	Assets:			
	a Market value.....	<b>2a</b>		10,497,004
	b Actuarial value .....	<b>2b</b>		10,497,004
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment .....	23	2,371,986	2,371,986
	b For terminated vested participants .....	22	1,545,834	1,545,834
	c For active participants .....	35	5,484,265	5,484,349
	d Total .....	80	9,402,085	9,402,169
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
	a Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>		
<b>5</b>	Effective interest rate.....	<b>5</b>	6.09%	
<b>6</b>	Target normal cost .....	<b>6</b>	0	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	<div style="text-align: center;">           Signature of actuary       </div>	<div style="text-align: center;"> <u>10/11/2017</u>          Date       </div>
	<div style="text-align: center;">         MAHRUKH MAIVALVALA          Type or print name of actuary       </div>	<div style="text-align: center;">         1705999          Most recent enrollment number       </div>
	<div style="text-align: center;">         MILLIMAN, INC.          Firm name       </div>	<div style="text-align: center;">         206-624-7940          Telephone number (including area code)       </div>
	<div style="text-align: center;">         1301 FIFTH AVENUE, SUITE 3800          SEATTLE WA 98101-2605          Address of the firm       </div>	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016  
v. 160205

**Part II Beginning of Year Carryover and Prefunding Balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	26,156	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8).....	26,156	0
<b>10</b> Interest on line 9 using prior year's actual return of <u>-1.82%</u> .....	-476	0
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year).....		649,646
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.30%</u> .....		40,928
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		690,574
<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b> Other reductions in balances due to elections or deemed elections.....		0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	25,680	0

**Part III Funding Percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	111.37%
<b>15</b> Adjusted funding target attainment percentage.....	<b>15</b>	111.64%
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	117.20%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/28/2016	300,000	0			
08/08/2017	400,000	0			
<b>Totals ►</b>			<b>18(b)</b>	700,000	<b>18(c)</b> 0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	648,235

**20** Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
4.43 %2nd segment:  
5.91 %3rd segment:  
6.65 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

**22** Weighted average retirement age .....**22**

62

**23** Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) .....**31a**

0

**b** Excess assets, if applicable, but not greater than line 31a .....**31b**

0

**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment.....

0

0

**b** Waiver amortization installment .....

0

0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount .....**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

Carryover balance

Prefunding balance

Total balance

**35** Balances elected for use to offset funding requirement.....

0

0

0

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 648,235**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) .....**38a**

648,235

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....**38b**

0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment ..... **42****43** Excess installment acceleration amount to be carried over to future plan years ..... **43**

EIN 91-0839938, PN 001, Clise Agency Retirement Plan Schedule SB, Line 19 – Discounted Employer Contributions
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### Employer Contributions for Prior Plan Year

The employer contributions for the prior plan year ending December 31, 2016 were paid or are payable on the dates and in the amounts shown below. The prior plan year's Effective Interest Rate of 6.09% per year is used to discount contributions back to January 1, 2016. Contributions (or portions of contributions) made after the due date for a quarterly required contribution are penalized an additional 5% per year during the late period. Contributions made solely to avoid the application of benefit restrictions cannot be considered in determining excess contributions.

Date	Contribution Amount	Discounted Value as of 1/1/2016 without Penalty	Penalty Amount	Discounted Value as of 1/1/2016 with Penalty
November 28, 2016	\$300,000	\$284,336	\$0	\$284,336
August 8, 2017	<u>400,000</u>	<u>363,899</u>	<u>0</u>	<u>363,899</u>
Total	700,000	648,235	0	648,235

**Milliman Actuarial Valuation**

EIN 91-0839938, PN 001, Clise Agency Retirement Plan Schedule SB, Line 22 – Description of Weighted Average Retirement Age
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**Weighted Average Retirement Age**

The weighted average retirement age for participants is 62. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age, as shown below.

(a)  Possible Retirement Age "r"	(b)  Assumed Rate of Retirement at Age "r"	(c)  Probability of Person Age 55 Still Working at "r"	(d)  (b) x (c) = Probability of Person Age 55 Retiring at "r"	(e)  (a) x (d) = Component of Weighted Average Retirement Age
55	0.0500	1.0000	0.0500	2.7500
56	0.0500	0.9500	0.0475	2.6600
57	0.0500	0.9025	0.0451	2.5721
58	0.0500	0.8574	0.0429	2.4864
59	0.0500	0.8145	0.0407	2.4028
60	0.0500	0.7738	0.0387	2.3213
61	0.0500	0.7351	0.0368	2.2420
62	0.1500	0.6983	0.1048	6.4945
63	0.1500	0.5936	0.0890	5.6094
64	0.1500	0.5045	0.0757	4.8437
65	1.0000	0.4289	0.4289	27.8763
Weighted Average Retirement Age:				62.2586
Rounded to Nearest Age:				62

EIN 91-0839938, PN 001, Clise Agency Retirement Plan  
Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the Plan's existence until the last payment has been made to the last participant. The Plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that the Plan will be adequately and systematically funded and accounted for. Annual contributions and accounting expense are also affected by the "asset valuation method" (as well as the plan provisions, actuarial assumptions and actual plan demographic and investment experience each year).

### Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements is the unit credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's accrued benefits.

### Asset Valuation Method

The actuarial value of assets used for determining the Plan's ERISA funding requirements is equal to the adjusted market value of assets. The adjusted market value is equal to the market value of assets as of the valuation date, plus the discounted value of employer contributions made after the valuation date. These contributions are discounted to the valuation date using the effective interest rate for the prior plan year.

### Changes in Actuarial Methods Since Prior Valuation

None.

EIN 91-0839938, PN 001, Clise Agency Retirement Plan  
 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

## ECONOMIC ASSUMPTIONS

### Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0-5 years)	4.43%	1.34%	1.82%
Segment 2 (5-20 years)	5.91%	4.03%	4.12%
Segment 3 (20+ years)	6.65%	5.06%	5.01%
Effective Interest Rate	6.09%	4.33%	4.38%

- **Minimum funding:** 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor (adopted January 1, 2010).
- **Maximum deductible:** 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization (adopted January 1, 2010).
- **PBGC premium:** Spot segment rates for the month preceding the valuation date, but not adjusted to reflect segment rate stabilization. The standard method is used for the PBGC variable rate premium calculation (adopted January 1, 2014).

### Asset Return

5.00% per year (adopted January 1, 2016). This represents the expected long-term geometric mean return on assets based on the actuary's capital market expectations and the Plan's investment policy and asset allocation.

### Compensation Increases

No explicit assumption. Benefits were frozen as of December 31, 2008.

### Inflation

No explicit assumption.

### Postretirement Benefit Increases

None. (The Plan does not provide for automatic postretirement benefit increases.)

### Expenses

No allowance for administrative or investment expenses has been included in the costs. Administrative expenses are not paid from plan assets. It is assumed that any investment expenses not paid directly by the Plan Sponsor will be paid by investment return in excess of that assumed.



EIN 91-0839938, PN 001, Clise Agency Retirement Plan  
Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

## DEMOGRAPHIC ASSUMPTIONS

Except where noted, all demographic assumptions are based on the actuary's judgment and continual review of experience.

### Mortality

- **Healthy Lives:** RP-2000 Non-Annuitant and Annuitant Mortality Tables projected on a static basis for 15 years and 7 years from the valuation date, respectively, sex-distinct, as prescribed by IRC Section 430(h)(3)(A) (adopted January 1, 2008 and updated annually). The mortality rates are based on PPA statute and IRS/PBGC regulations.
- **Disabled Lives:** Same as used for healthy lives.

### Retirement

- Annual rates are shown below for active and terminated vested participants who are eligible to retire (adopted January 1, 2008).

Age	Rate
55 - 61	5.0%
62 - 64	15.0
65	100.0

### Termination

Annual rates are shown below (adopted January 1, 2008).

Years of Service	Rate
1	12.5%
2	11.5
3	10.5
4	9.5
5	8.5
6	8.0
7	7.5
8	7.0
9	6.5
10	6.0
11	5.5
12 or more	5.0

### Disability

None.

EIN 91-0839938, PN 001, Clise Agency Retirement Plan  
Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

### Form of Payment

Life annuity.

### Marital Characteristics

- **For participants not in pay status:** 100% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be three years older than females. This assumption is based on plan experience with a provision for adverse deviation.
- **For participants in pay status:** Actual birth dates of spouses are included in the census data, where relevant.

### Benefits Not Valued

- All benefits are valued.

### Special Data Adjustments

- None.

EIN 91-0839938, PN 001, Clise Agency Retirement Plan  
Schedule SB, Part V – Summary of Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

## Definitions

**Accrued Benefit:** A monthly benefit equal to a participant's total years of credited service (up to a maximum of 35 years) times:

- (i) 1.375% of AFC up to SSCC, plus
- (ii) 2.000% of AFC in excess of SSCC.

SSCC is a participant's social security covered compensation and is equal to the average annual maximum compensation covered by social security for each year until the participant reaches social security retirement age. It is not dependent on a participant's actual earnings history.

For employees retiring after May 1, 1984, the benefit calculated above cannot be less than (a) x (b), where

- (a) is 2.0% of average final compensation, and
- (b) is the number of years of vesting service earned after May 1, 1984 (May 1, 1993 for employees of the Seattle Executive Inn), not to exceed 10 years.

Benefit accruals are frozen as of December 31, 2008.

**Actuarially Equivalent:** Equality in value such that the present value of the amount under any form of payment is essentially the same as the present value of the amount under the normal form of annuity payment for single participants. For purposes other than determining lump sum amounts, actuarially equivalent factors are based on the 1984 Unisex Pension Mortality Table (with ages setback 3 years for joint annuitants) and a 6% interest rate. For purposes of determining lump sum amounts, actuarially equivalent factors are based on the applicable mortality table specified in IRS Notice 2008-85 for the plan year of distribution and the statutory three-tier segment interest rates in effect for the second month prior to the plan year of distribution.

**Average Final Compensation (AFC):** Highest average monthly compensation earned during any 36 consecutive months prior to the earliest of retirement, termination or December 31, 2008.

**Break in Service:** A break in service shall occur if an employee works fewer than 500 hours in a plan year. Vested and credited service earned prior to a break in service may be forfeited and, under certain circumstances, restored upon reemployment.

**Compensation:** For any year, the total amount of earnings, including any amounts treated as salary-reduction contributions under a 401(k) plan, a cafeteria plan or a flexible compensation plan.

**Credited Service:** Credited service earned prior to May 1, 1976 is based on the number of years and months of employment between a participant's date of hire and May 1, 1976.

Credited service earned after May 1, 1976 is equal to the number of plan years during which an eligible employee works 2,000 hours or more as an active participant. A partial year is credited pro rata if the participant works at least 1,000 hours during the plan year. The 1,000-hour limitation is subject to adjustment for any plan year during which a participant first joins the Plan, qualifies for renewed eligibility, terminates, retires or dies. Credited service includes any period of employment after normal retirement age.

EIN 91-0839938, PN 001, Clise Agency Retirement Plan  
Schedule SB, Part V – Summary of Plan Provisions

For employees of the Seattle Executive Inn, Inc., no credited service is earned for service prior to May 1, 1993.

No additional credited service is earned after December 31, 2008.

**Employers:** Clise Agency, Inc., Seattle Executive Inn, Inc., and Seattle Loyal Inn LLC.

**Plan Effective Date:** May 1, 1945, as amended through January 1, 2016.

**Plan Year:** The 12-month period beginning January 1 and ending December 31.

**Vesting Service:** The number of plan years during which an eligible employee works 1,000 hours or more. Vesting service for employment prior to May 1, 1976 is based only on continuous service from the participant's latest date of hire.

### Eligibility for Participation

Any employee who was a participant on May 1, 1976. Each other employee shall be eligible to participate on the first day of the month after he has attained age 21 and completed one year of service, provided he is not covered under a collective bargaining agreement.

Effective May 1, 1993, employees of the Seattle Executive Inn, Inc. are also eligible to participate.

Effective January 1, 2005, salaried employees of the Seattle Loyal Inn LLC are also eligible to participate.

Effective December 31, 2008, no new participants are eligible to enter the Plan.

### Normal Retirement

**Normal Retirement Date:** The first day of the month coincident with or next following attainment of age 65.

**Normal Retirement Benefit:** The accrued benefit.

### Late Retirement

**Late Retirement Date:** The first day of the month following the date of termination of service if it occurs after the normal retirement date, or, upon an active participant's election, the first day of any month after a participant's normal retirement date.

**Late Retirement Benefit:** The greater of (i) the accrued benefit determined as of the late retirement date or (ii) the accrued benefit determined as of the normal retirement date (or the first day of any plan year following the normal retirement date) and actuarially increased to the late retirement date.

### Early Retirement

**Early Retirement Date:** The first day of any month coincident with or next following attainment of age 55 and completion of 10 years of vesting service.

**Early Retirement Benefit:** The accrued benefit, reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months by which the early retirement date precedes the normal retirement date.

EIN 91-0839938, PN 001, Clise Agency Retirement Plan  
Schedule SB, Part V – Summary of Plan Provisions

### Vested Termination

**Vested Termination Date:** The date of termination of service other than for reasons of retirement or death, following completion of 5 years of vesting service.

**Vested Termination Benefit:** The accrued benefit, multiplied by the vested percentage below, payable at the normal retirement date, or payable as of the first day of any month coincident with or next following attainment of age 55 if at least 10 years of vesting service have been completed (reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months by which the benefit commencement date precedes the normal retirement date).

Years of Vesting Service	Vested Percentage for Employees Hired Before January 1, 1997	Vested Percentage for Employees Hired After January 1, 1997
Less than 2	0%	0%
2	20%	0%
3	40%	0%
4	60%	0%
5 or more	100%	100%

Alternatively, if the actuarial equivalent single sum payment of the vested accrued benefit is less than \$20,000, the benefit may be payable on the first day of any month following termination.

### Preretirement Death Benefit

If a deceased participant was married on the date of death, the surviving spouse is entitled to a monthly benefit that would have been payable had the participant survived to the earliest retirement age and retired with a joint and 100% survivor annuity. The surviving spouse may alternatively elect to receive a lump sum equal to the actuarial value of the participant's vested accrued benefit.

A non-spouse beneficiary will receive a lump sum distribution equal to the actuarial value of the participant's accrued benefit.

### Disability Benefit

If a participant becomes totally and permanently disabled prior to retirement, he will be eligible for a benefit deferred to age 65 equal to his normal retirement benefit as determined at the time of disability.

### Forms of Payment

**Normal Forms:** Life annuity if single; actuarially equivalent joint and 100% survivor annuity if married.

**Optional Forms:** Life annuity; actuarially equivalent life annuity with 10 years certain; actuarially equivalent joint and 50% or 100% survivor annuity; actuarially equivalent social security adjustment option.

**Small Lump Sum:** Available if the actuarially equivalent present value of the vested accrued benefit is \$20,000 or less.

### Changes in Principal Plan Provisions Since Prior Valuation

None.



### Changes in Actuarial Assumptions Since Prior Valuation

- **Interest rates for minimum funding contribution:** Effective January 1, 2016, the interest rates used to determine the minimum funding requirements were updated based on the applicable 24-month average segment rates with a four-month lookback from the valuation date, adjusted to reflect the applicable segment rate stabilization corridor. The interest rates were updated to comply with IRS requirements.
- **Interest rates for maximum deductible contribution:** Effective January 1, 2016, the interest rates used for maximum deductible purposes were updated as noted above, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with IRS requirements.
- **Interest rates for PBGC premium:** Effective January 1, 2016, the interest rates used for PBGC variable rate premium purposes were updated to the spot segment rates in effect for the month preceding the valuation date. The interest rates were updated to comply with PBGC requirements.
- **Asset return:** Effective January 1, 2016, the asset return assumption for IRS funding was changed from 6.00% to 5.00% per year. The asset return assumption was changed to reflect the expected long-term geometric mean return on assets based on the actuary's capital market expectations and the Plan's investment policy and asset allocation.
- **Mortality:** Effective January 1, 2016, the mortality table was updated as prescribed by IRC Section 430(h)(3)(A). The mortality assumption was updated to comply with IRS and PBGC requirements.

## Exhibit 22

### Summary of Active Participants by Age and Service

#### Number of Participants by Age and Service Groups

Age	Years of Credited Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-
35-39	1	3	2	1	-	-	-	-	-	-	7
40-44	-	-	2	-	-	-	-	-	-	-	2
45-49	1	-	1	2	-	-	-	-	-	-	4
50-54	-	1	2	2	2	-	-	-	-	-	7
55-59	-	2	3	-	-	-	1	-	-	-	6
60-64	-	-	3	2	2	-	1	-	-	-	8
65-69	-	-	-	-	-	-	1	-	-	-	1
70&Up	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	2	6	13	7	4	-	3	-	-	-	35

EIN 91-0839938, PN 001, Clise Agency Retirement Plan  
 Schedule SB, Line 19 – Discounted Employer Contributions

### Employer Contributions for Prior Plan Year

The employer contributions for the prior plan year ending December 31, 2016 were paid or are payable on the dates and in the amounts shown below. The prior plan year's Effective Interest Rate of 6.09% per year is used to discount contributions back to January 1, 2016. Contributions (or portions of contributions) made after the due date for a quarterly required contribution are penalized an additional 5% per year during the late period. Contributions made solely to avoid the application of benefit restrictions cannot be considered in determining excess contributions.

Date	Contribution Amount	Discounted Value as of 1/1/2016 without Penalty	Penalty Amount	Discounted Value as of 1/1/2016 with Penalty
November 28, 2016	\$300,000	\$284,336	\$0	\$284,336
August 8, 2017	<u>400,000</u>	<u>363,899</u>	<u>0</u>	<u>363,899</u>
Total	700,000	648,235	0	648,235

**Milliman Actuarial Valuation**

EIN 91-0839938, PN 001, Clise Agency Retirement Plan Schedule SB, Line 22 – Description of Weighted Average Retirement Age
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**Weighted Average Retirement Age**

The weighted average retirement age for participants is 62. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age, as shown below.

(a)  Possible Retirement Age "r"	(b)  Assumed Rate of Retirement at Age "r"	(c)  Probability of Person Age 55 Still Working at "r"	(d)  (b) x (c) = Probability of Person Age 55 Retiring at "r"	(e)  (a) x (d) = Component of Weighted Average Retirement Age
55	0.0500	1.0000	0.0500	2.7500
56	0.0500	0.9500	0.0475	2.6600
57	0.0500	0.9025	0.0451	2.5721
58	0.0500	0.8574	0.0429	2.4864
59	0.0500	0.8145	0.0407	2.4028
60	0.0500	0.7738	0.0387	2.3213
61	0.0500	0.7351	0.0368	2.2420
62	0.1500	0.6983	0.1048	6.4945
63	0.1500	0.5936	0.0890	5.6094
64	0.1500	0.5045	0.0757	4.8437
65	1.0000	0.4289	0.4289	27.8763
Weighted Average Retirement Age:				62.2586
Rounded to Nearest Age:				62

EIN 91-0839938, PN 001, Clise Agency Retirement Plan  
Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the Plan's existence until the last payment has been made to the last participant. The Plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that the Plan will be adequately and systematically funded and accounted for. Annual contributions and accounting expense are also affected by the "asset valuation method" (as well as the plan provisions, actuarial assumptions and actual plan demographic and investment experience each year).

### Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements is the unit credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's accrued benefits.

### Asset Valuation Method

The actuarial value of assets used for determining the Plan's ERISA funding requirements is equal to the adjusted market value of assets. The adjusted market value is equal to the market value of assets as of the valuation date, plus the discounted value of employer contributions made after the valuation date. These contributions are discounted to the valuation date using the effective interest rate for the prior plan year.

### Changes in Actuarial Methods Since Prior Valuation

None.



EIN 91-0839938, PN 001, Clise Agency Retirement Plan  
 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

## ECONOMIC ASSUMPTIONS

### Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0-5 years)	4.43%	1.34%	1.82%
Segment 2 (5-20 years)	5.91%	4.03%	4.12%
Segment 3 (20+ years)	6.65%	5.06%	5.01%
Effective Interest Rate	6.09%	4.33%	4.38%

- **Minimum funding:** 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor (adopted January 1, 2010).
- **Maximum deductible:** 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization (adopted January 1, 2010).
- **PBGC premium:** Spot segment rates for the month preceding the valuation date, but not adjusted to reflect segment rate stabilization. The standard method is used for the PBGC variable rate premium calculation (adopted January 1, 2014).

### Asset Return

5.00% per year (adopted January 1, 2016). This represents the expected long-term geometric mean return on assets based on the actuary's capital market expectations and the Plan's investment policy and asset allocation.

### Compensation Increases

No explicit assumption. Benefits were frozen as of December 31, 2008.

### Inflation

No explicit assumption.

### Postretirement Benefit Increases

None. (The Plan does not provide for automatic postretirement benefit increases.)

### Expenses

No allowance for administrative or investment expenses has been included in the costs. Administrative expenses are not paid from plan assets. It is assumed that any investment expenses not paid directly by the Plan Sponsor will be paid by investment return in excess of that assumed.

EIN 91-0839938, PN 001, Clise Agency Retirement Plan  
Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

## DEMOGRAPHIC ASSUMPTIONS

Except where noted, all demographic assumptions are based on the actuary's judgment and continual review of experience.

### Mortality

- **Healthy Lives:** RP-2000 Non-Annuitant and Annuitant Mortality Tables projected on a static basis for 15 years and 7 years from the valuation date, respectively, sex-distinct, as prescribed by IRC Section 430(h)(3)(A) (adopted January 1, 2008 and updated annually). The mortality rates are based on PPA statute and IRS/PBGC regulations.
- **Disabled Lives:** Same as used for healthy lives.

### Retirement

- Annual rates are shown below for active and terminated vested participants who are eligible to retire (adopted January 1, 2008).

Age	Rate
55 - 61	5.0%
62 - 64	15.0
65	100.0

### Termination

Annual rates are shown below (adopted January 1, 2008).

Years of Service	Rate
1	12.5%
2	11.5
3	10.5
4	9.5
5	8.5
6	8.0
7	7.5
8	7.0
9	6.5
10	6.0
11	5.5
12 or more	5.0

### Disability

None.

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**Form of Payment**

Life annuity.

**Marital Characteristics**

- **For participants not in pay status:** 100% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be three years older than females. This assumption is based on plan experience with a provision for adverse deviation.
- **For participants in pay status:** Actual birth dates of spouses are included in the census data, where relevant.

**Benefits Not Valued**

- All benefits are valued.

**Special Data Adjustments**

- None.

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This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

## Definitions

**Accrued Benefit:** A monthly benefit equal to a participant's total years of credited service (up to a maximum of 35 years) times:

- (i) 1.375% of AFC up to SSCC, plus
- (ii) 2.000% of AFC in excess of SSCC.

SSCC is a participant's social security covered compensation and is equal to the average annual maximum compensation covered by social security for each year until the participant reaches social security retirement age. It is not dependent on a participant's actual earnings history.

For employees retiring after May 1, 1984, the benefit calculated above cannot be less than (a) x (b), where

- (a) is 2.0% of average final compensation, and
- (b) is the number of years of vesting service earned after May 1, 1984 (May 1, 1993 for employees of the Seattle Executive Inn), not to exceed 10 years.

Benefit accruals are frozen as of December 31, 2008.

**Actuarially Equivalent:** Equality in value such that the present value of the amount under any form of payment is essentially the same as the present value of the amount under the normal form of annuity payment for single participants. For purposes other than determining lump sum amounts, actuarially equivalent factors are based on the 1984 Unisex Pension Mortality Table (with ages setback 3 years for joint annuitants) and a 6% interest rate. For purposes of determining lump sum amounts, actuarially equivalent factors are based on the applicable mortality table specified in IRS Notice 2008-85 for the plan year of distribution and the statutory three-tier segment interest rates in effect for the second month prior to the plan year of distribution.

**Average Final Compensation (AFC):** Highest average monthly compensation earned during any 36 consecutive months prior to the earliest of retirement, termination or December 31, 2008.

**Break in Service:** A break in service shall occur if an employee works fewer than 500 hours in a plan year. Vested and credited service earned prior to a break in service may be forfeited and, under certain circumstances, restored upon reemployment.

**Compensation:** For any year, the total amount of earnings, including any amounts treated as salary-reduction contributions under a 401(k) plan, a cafeteria plan or a flexible compensation plan.

**Credited Service:** Credited service earned prior to May 1, 1976 is based on the number of years and months of employment between a participant's date of hire and May 1, 1976.

Credited service earned after May 1, 1976 is equal to the number of plan years during which an eligible employee works 2,000 hours or more as an active participant. A partial year is credited pro rata if the participant works at least 1,000 hours during the plan year. The 1,000-hour limitation is subject to adjustment for any plan year during which a participant first joins the Plan, qualifies for renewed eligibility, terminates, retires or dies. Credited service includes any period of employment after normal retirement age.

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For employees of the Seattle Executive Inn, Inc., no credited service is earned for service prior to May 1, 1993.

No additional credited service is earned after December 31, 2008.

**Employers:** Clise Agency, Inc., Seattle Executive Inn, Inc., and Seattle Loyal Inn LLC.

**Plan Effective Date:** May 1, 1945, as amended through January 1, 2016.

**Plan Year:** The 12-month period beginning January 1 and ending December 31.

**Vesting Service:** The number of plan years during which an eligible employee works 1,000 hours or more. Vesting service for employment prior to May 1, 1976 is based only on continuous service from the participant's latest date of hire.

### Eligibility for Participation

Any employee who was a participant on May 1, 1976. Each other employee shall be eligible to participate on the first day of the month after he has attained age 21 and completed one year of service, provided he is not covered under a collective bargaining agreement.

Effective May 1, 1993, employees of the Seattle Executive Inn, Inc. are also eligible to participate.

Effective January 1, 2005, salaried employees of the Seattle Loyal Inn LLC are also eligible to participate.

Effective December 31, 2008, no new participants are eligible to enter the Plan.

### Normal Retirement

**Normal Retirement Date:** The first day of the month coincident with or next following attainment of age 65.

**Normal Retirement Benefit:** The accrued benefit.

### Late Retirement

**Late Retirement Date:** The first day of the month following the date of termination of service if it occurs after the normal retirement date, or, upon an active participant's election, the first day of any month after a participant's normal retirement date.

**Late Retirement Benefit:** The greater of (i) the accrued benefit determined as of the late retirement date or (ii) the accrued benefit determined as of the normal retirement date (or the first day of any plan year following the normal retirement date) and actuarially increased to the late retirement date.

### Early Retirement

**Early Retirement Date:** The first day of any month coincident with or next following attainment of age 55 and completion of 10 years of vesting service.

**Early Retirement Benefit:** The accrued benefit, reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months by which the early retirement date precedes the normal retirement date.



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### Vested Termination

**Vested Termination Date:** The date of termination of service other than for reasons of retirement or death, following completion of 5 years of vesting service.

**Vested Termination Benefit:** The accrued benefit, multiplied by the vested percentage below, payable at the normal retirement date, or payable as of the first day of any month coincident with or next following attainment of age 55 if at least 10 years of vesting service have been completed (reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months by which the benefit commencement date precedes the normal retirement date).

Years of Vesting Service	Vested Percentage for Employees Hired Before January 1, 1997	Vested Percentage for Employees Hired After January 1, 1997
Less than 2	0%	0%
2	20%	0%
3	40%	0%
4	60%	0%
5 or more	100%	100%

Alternatively, if the actuarial equivalent single sum payment of the vested accrued benefit is less than \$20,000, the benefit may be payable on the first day of any month following termination.

### Preretirement Death Benefit

If a deceased participant was married on the date of death, the surviving spouse is entitled to a monthly benefit that would have been payable had the participant survived to the earliest retirement age and retired with a joint and 100% survivor annuity. The surviving spouse may alternatively elect to receive a lump sum equal to the actuarial value of the participant's vested accrued benefit.

A non-spouse beneficiary will receive a lump sum distribution equal to the actuarial value of the participant's accrued benefit.

### Disability Benefit

If a participant becomes totally and permanently disabled prior to retirement, he will be eligible for a benefit deferred to age 65 equal to his normal retirement benefit as determined at the time of disability.

### Forms of Payment

**Normal Forms:** Life annuity if single; actuarially equivalent joint and 100% survivor annuity if married.

**Optional Forms:** Life annuity; actuarially equivalent life annuity with 10 years certain; actuarially equivalent joint and 50% or 100% survivor annuity; actuarially equivalent social security adjustment option.

**Small Lump Sum:** Available if the actuarially equivalent present value of the vested accrued benefit is \$20,000 or less.

### Changes in Principal Plan Provisions Since Prior Valuation

None.

### Changes in Actuarial Assumptions Since Prior Valuation

- **Interest rates for minimum funding contribution:** Effective January 1, 2016, the interest rates used to determine the minimum funding requirements were updated based on the applicable 24-month average segment rates with a four-month lookback from the valuation date, adjusted to reflect the applicable segment rate stabilization corridor. The interest rates were updated to comply with IRS requirements.
- **Interest rates for maximum deductible contribution:** Effective January 1, 2016, the interest rates used for maximum deductible purposes were updated as noted above, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with IRS requirements.
- **Interest rates for PBGC premium:** Effective January 1, 2016, the interest rates used for PBGC variable rate premium purposes were updated to the spot segment rates in effect for the month preceding the valuation date. The interest rates were updated to comply with PBGC requirements.
- **Asset return:** Effective January 1, 2016, the asset return assumption for IRS funding was changed from 6.00% to 5.00% per year. The asset return assumption was changed to reflect the expected long-term geometric mean return on assets based on the actuary's capital market expectations and the Plan's investment policy and asset allocation.
- **Mortality:** Effective January 1, 2016, the mortality table was updated as prescribed by IRC Section 430(h)(3)(A). The mortality assumption was updated to comply with IRS and PBGC requirements.

## Exhibit 22

### Summary of Active Participants by Age and Service

#### Number of Participants by Age and Service Groups

Age	Years of Credited Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-
35-39	1	3	2	1	-	-	-	-	-	-	7
40-44	-	-	2	-	-	-	-	-	-	-	2
45-49	1	-	1	2	-	-	-	-	-	-	4
50-54	-	1	2	2	2	-	-	-	-	-	7
55-59	-	2	3	-	-	-	1	-	-	-	6
60-64	-	-	3	2	2	-	1	-	-	-	8
65-69	-	-	-	-	-	-	1	-	-	-	1
70&Up	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	2	6	13	7	4	-	3	-	-	-	35