

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 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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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.) ☒ 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>COMMOLOCO RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ► <u>012</u>
		1c	Effective date of plan <u>01/01/1979</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>COMMOLOCO, INC. SPRINGLEAF FINANCIAL SERVICES</u> <u>601 NORTHWEST 2ND STREET</u> <u>PO BOX 59</u> <u>EVANSVILLE, IN 47701-0059</u>	2b	Employer Identification Number (EIN) <u>66-0384086</u>
		2c	Plan Sponsor's telephone number <u>812-468-5673</u>
		2d	Business code (see instructions) <u>522298</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.	10/13/2017	JACKIE SANNER
	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 SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN COMMITTEE 601 NORTHWEST 2ND STREET PO BOX 59 EVANSVILLE, IN 47701-0059	3b Administrator's EIN 35-1313922 3c Administrator's telephone number 800-804-8502
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	5 559
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 0 6a(2) 0 6b 210 6c 328 6d 538 6e 11 6f 549 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 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) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information 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). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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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.

A Name of plan <u>COMMOLOCO RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>012</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COMMOLOCO, INC. SPRINGLEAF FINANCIAL SERVICES</u>	D Employer Identification Number (EIN) <u>66-0384086</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>11292215</u>
b Actuarial value	2b <u>11292215</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>217</u> (2) Vested Funding Target <u>8801307</u> (3) Total Funding Target <u>8801307</u>
b For terminated vested participants.....	<u>342</u> <u>3547334</u> <u>3547334</u>
c For active participants.....	<u>0</u> <u>0</u> <u>0</u>
d Total.....	<u>559</u> <u>12348641</u> <u>12348641</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.14 %</u>
6 Target normal cost.....	6 <u>116000</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.

SIGN HERE		<u>09/27/2017</u>
	Signature of actuary	Date
<u>ALAN D. DANG</u>	Type or print name of actuary	<u>17-07076</u>
<u>AON CONSULTING, INC.</u>	Firm name	Most recent enrollment number
<u>4 OVERLOOK POINT</u> <u>LINCOLNSHIRE, IL 60069</u>	Address of the firm	<u>847-771-6426</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
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	742343	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	332000	0
9	Amount remaining (line 7 minus line 8)	410343	0
10	Interest on line 9 using prior year's actual return of <u>-2.92</u> %	-11982	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.35</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	398361	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	88.21%
15	Adjusted funding target attainment percentage	15	88.21%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.22%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?			☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?			☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div>1st segment: 4.43%</div> <div>2nd segment: 5.91%</div> <div>3rd segment: 6.65%</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	4
22	Weighted average retirement age	22	65
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	116000
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	1454787	240365
b	Waiver amortization installment	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	0
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	356365
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	356365	0
36	Additional cash requirement (line 34 minus line 35)	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42	Amount of acceleration adjustment	42	
43	Excess installment acceleration amount to be carried over to future plan years	43	

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan COMMOLOCO RETIREMENT PLAN	B Three-digit plan number (PN) ► 012
C Plan sponsor's name as shown on line 2a of Form 5500 COMMOLOCO, INC. SPRINGLEAF FINANCIAL SERVICES	D Employer Identification Number (EIN) 66-0384086

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	
ING	7337 E. DOUBLETREE RANCH ROAD SCOTTSDALE, AZ 85258

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
JP MORGAN INVESTMENT ADVISORS INC.	270 PARK AVENUE 42ND FLOOR NEW YORK, NY 10017

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PACIFIC INVESTMENT MGMT CORP.	840 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660-6397

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
THE VANGUARD GROUP, INC.	100 VANGUARD BLVD MALVERN, PA 19355

(b) Enter name and EIN or address of person who provided you disclosures 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)

BANCO POPULAR

66-0175278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	87486	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEWITT ENNISKNUPP

27-2436452

(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?
28 50 51	NONE	73795	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET CORPORATION

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 28 50 51 52 68	NONE	54653	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

HARDING, SHYMANSKI & COMAPNY, PSC

35-1346211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	49500	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 H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>COMMOLOCO RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>012</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMOLOCO, INC. SPRINGLEAF FINANCIAL SERVICES</u>	D Employer Identification Number (EIN) <u>66-0384086</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	127777	165306
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	0	411123
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	87557	5623
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	11076881	10851345
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11292215	11433397

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	87738	71107
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	87738	71107

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11204477	11362290
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	535	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		535
(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)	600648	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		600648
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		443815
c Other income.....	2c		411123
d Total income. Add all income amounts in column (b) and enter total.....	2d		1456121

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	967866	
(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)		967866
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	177696	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)	152746	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		330442
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1298308

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		157813
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: **HARDING, SHYMANSKI & COMPANY, P.S.C**

(2) EIN: **35-1346211**

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o 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?	4o			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☒ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

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 sections 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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>COMMOLOCO RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>012</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMOLOCO, INC. SPRINGLEAF FINANCIAL SERVICES</u>	D Employer Identification Number (EIN) <u>66-0384086</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>20-2020334</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	<u>0</u>

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.)
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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.
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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, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

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
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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? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b 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?	☐ Yes ☐ No
22a 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 .	
22b 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 / / .	

CommoLoCo Retirement Plan

**Financial Statements and Supplemental Schedule
December 31, 2016 and 2015**

CommoLoCo Retirement Plan

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Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Independent Auditor's Report

To the Participants and Administrator of CommoLoCo Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the CommoLoCo Retirement Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and December 31, 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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 the financial statements based on conducting the audit 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's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Banco Popular, the Trustee of the Plan, and State Street Bank, 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 Trustee and Custodian hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the Trustee and Custodian as of December 31, 2016 and December 31, 2015 and for the years then ended, that the information provided to the plan administrator by the Trustee and Custodian is complete and accurate.



**HARDING, SHYMANSKI
& COMPANY, P.S.C.**

Certified Public Accountants
and Consultants

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Independent Auditor's Report (Continued)

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 the financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on 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 Trustee and 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 ERISA.

Wardig, Szymanski & Company, P.S.C.

Evansville, Indiana
October 12, 2017

CommoLoCo Retirement Plan
Statements of Net Assets Available for Benefits
As of December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Assets		
Investments, at fair value (Notes 3 and 4)		
Short-term investments	\$ 5,623	\$ 87,557
Mutual funds	10,851,345	11,076,881
Total investments	<u>10,856,968</u>	<u>11,164,438</u>
 Receivable – Pension Benefit Guaranty Corporation premium refund (Note 12)	 411,123	 —
 Cash	 165,306	 127,777
Total assets	<u>11,433,397</u>	<u>11,292,215</u>
 Liabilities		
Accrued expenses	<u>71,107</u>	<u>87,738</u>
 Net assets available for benefits	 <u>\$ 11,362,290</u>	 <u>\$ 11,204,477</u>

See accompanying notes to the financial statements

CommoLoCo Retirement Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2016 and 2015

	2016	2015
Additions/(Subtractions):		
Investment income/(loss)		
Net appreciation (depreciation) in fair value of investments	\$ 443,815	\$ (1,203,152)
Interest	535	107
Dividends	600,648	861,915
Pension Benefit Guaranty Corporation premium refund (Note 12)	411,123	
Total additions (subtractions)	<u>1,456,121</u>	<u>(341,130)</u>
Deductions:		
Benefits paid directly to Plan participants	967,866	967,717
Premiums paid to Pension Benefit Guaranty Corporation	152,746	92,037
	<u>1,120,612</u>	<u>1,059,754</u>
Administrative expenses, including professional fees (see Note 10)	177,696	170,414
Total deductions	<u>1,298,308</u>	<u>1,230,168</u>
Net increase (decrease)	<u>157,813</u>	<u>(1,571,298)</u>
Net assets available for benefits:		
Beginning of year	11,204,477	12,775,775
End of year	<u>\$ 11,362,290</u>	<u>\$ 11,204,477</u>

See accompanying notes to the financial statements.

CommoLoCo Retirement Plan

Notes to Financial Statements

December 31, 2016 and 2015

1. Description of the Plan

The following brief description of the CommoLoCo Retirement Plan (Plan) is provided for general information purposes only. The Plan Sponsor is Springleaf Financial Services. Participants should refer to the Plan Document for a complete description of the Plan's provisions. Copies are available from the Plan administrator.

Definition of Terms

Terms referenced below related to the Plan's provisions are defined in these notes or in Plan documents.

General

The Plan was established on August 29, 1980. The Plan was subsequently amended and restated as of January 1, 2008. Effective December 31, 2010, the Plan was amended to be qualified only under the Puerto Rico Internal Revenue Code of 1994, as amended (PR Code). Effective as of the close of business on December 31, 2012, the Plan was frozen with respect to both benefit accruals and new participation.

The Plan is a qualified, non-contributory defined benefit plan subject to the provisions of ERISA, as amended, the PR Code, and effective January 1, 2011, the Plan is intended to be qualified under the Puerto Rico Internal Revenue Code of 2011, as amended (2011 PR Code). Until December 31, 2010, the Plan was also subject to the provisions of the U.S. Internal Revenue Code of 1986, as amended (U.S. Code).

On November 30, 2010, FCFI Acquisition LLC indirectly acquired an 80 percent economic interest in Springleaf Finance, Inc. (Springleaf) from AIG Capital Corporation (ACC), a direct wholly-owned subsidiary of American International Group, Inc. (AIG), through ACC, indirectly retained a 20 percent economic interest in Springleaf. CommoLoCo, Inc. (Company), is an indirect wholly owned subsidiary of Springleaf Financial Services. As a result, a separate trust was established with Banco Popular as the Trustee and at State Street Bank and Trust Company (SSB) was established as Custodian.

The Plan Administrator is Springleaf Finance Retirement Plans Committee. All salaried employees of the Company who are residents of Puerto Rico and have attained age 21 and completed 12 months of continuous service are eligible to participate in the Plan.

Plan Benefits

Employees with five or more years of service are entitled to a monthly life annuity beginning at normal retirement (age 65) equal to one percent of their average monthly compensation up to the average monthly covered compensation multiplied by the years of benefit service not in excess of 30 years, plus 1.65 percent of average monthly compensation in excess of average monthly covered compensation multiplied by the years of benefit service up to 30 years, plus 0.50 percent of average monthly compensation not in excess of average monthly covered compensation multiplied by the years of benefit service in excess of 30 years but not in excess of 40 years, plus 0.50 percent of average monthly compensation in excess of average monthly covered compensation multiplied by the years of benefit service in excess of 30 years, but limited to 40 years.

CommoLoCo Retirement Plan

Notes to Financial Statements

December 31, 2016 and 2015

1. Description of the Plan (continued)

The frozen past service benefit accrued through October 31, 2001 is equal to 1.25 percent of the employee's final average salary multiplied by benefit service (up to 20 years), plus 0.75 percent of his/her final average salary multiplied by a benefit service in excess of 20 years but limited to 40 years. Final average salary is determined by using the highest five consecutive years of salary over the last ten years of service.

The employee may elect to receive pension benefits in the form of a 50 percent, 75 percent, or 100 percent joint and survivor annuity, single life annuity, or life and ten-year certain option.

If employees terminate with less than five years of continuous service, they forfeit the right to receive their portion of accumulated benefits.

Generally, employees with ten or more years of benefit services may retire early between age 55 and their 65th birthday, with an early retirement factor applied to the basic benefit. Other rules may apply to the frozen past service plan benefits.

For both Plan years presented, the Internal Revenue Service (IRS) maximum benefit limitation was \$210,000 and the maximum compensation limitation was \$265,000. Other limits under the PR Code and the 2012 PR Code may also apply. Effective January 1, 2013, average monthly compensation is frozen. No compensation paid by the Company on and after January 1, 2013 will be recognized for any purpose under the Plan.

Death and Disability Benefits

If the death of the employee who has been married at least 12 months and has completed five years of vesting service before the employee reaches his/her early retirement date, the death benefit is paid to the surviving spouse in the form of a monthly pension until the death of the spouse. The benefit is 50 percent of the benefit that would have been payable at the participant's earliest retirement date on a 50 percent joint and survivor annuity basis (as if the employee had terminated employment on the earlier of the date of death or the actual date of termination). Monthly payments will begin on the participant's earliest retirement date and will continue for the life of the spouse. If the employee dies after reaching the employee's early or normal retirement date, the death benefit paid to the surviving spouse is a 50 percent joint and survivor annuity from the date of death.

There are no specific benefits for disability.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

CommoLoCo Retirement Plan
Notes to Financial Statements
December 31, 2016 and 2015

2. Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make significant estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosures of assets and liabilities, and the actuarial present value of accumulated Plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Shares of mutual funds are valued at the net asset value (NAV) of the shares held by the Plan at year end. The NAV per share is calculated daily by each fund based on the market value of the underlying securities within each fund, and represents fair value.

The Plan's short-term investments are stated at amortized cost which approximates fair value.

The net appreciation or depreciation in fair value of investments, including realized gains or losses and net change in unrealized gains or losses, is reflected in the statement of changes in net assets available for benefits. Realized gains or losses on the disposal of investments are determined by specific identification and recognized on the trade date basis. Interest income is recorded on the accrual basis. Dividend income is recognized on the ex-dividend date. Purchases and sales are recorded on a trade date basis.

Benefit Payments

Benefits paid directly to Plan participants are recorded upon distribution.

Recently Adopted Accounting Standards

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update No. 2015-07, Fair Value Measurement (Topic 820): Disclosure for Investments in Certain Entities That Calculate Net Asset Value by Share (or Its' Equivalent). This ASU removes the requirement to categorize within the fair value hierarchy investments for which fair values are measured at net asset value using the practical expedient. The ASU is effective for public business entities for fiscal years beginning after December 15, 2015, and interim periods within those fiscal years. For all other entities, the ASU is effective for fiscal years beginning after December 15, 2016, and interim periods within those fiscal years. Plan management has adopted this guidance which did not have a material impact on the Plan's financial statements.

In July 2015, FASB issued Accounting Standards Update No. 2015-12, Plan Accounting Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) - (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III) Measure Date Practical Expedient. This ASU simplifies several aspects of plan accounting. The ASU is effective for fiscal years beginning after December 15, 2015. Plan management has

CommoLoCo Retirement Plan
Notes to Financial Statements
December 31, 2016 and 2015

2. Summary of Significant Accounting Policies (continued)

adopted Parts (I) and (II) which did not have a material impact on the Plan's financial statements. Part (III) is not applicable to this Plan.

3. Certified Investment Information

As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and the supplemental schedule related to the following assets. The financial information as of December 31, 2016 and 2015, and for the years ended December 31, 2016 and 2015 included throughout the Plan's financial statements and the supplemental schedule that was prepared by or derived from information certified by the Trustee and Custodian, which was furnished to Plan management. Plan management has obtained certifications from the Trustee and Custodian that such information is complete and accurate.

	<u>December 31, 2016</u>	<u>December 31, 2015</u>
Investments, at fair value	<u>\$ 10,856,968</u>	<u>\$ 11,164,438</u>
Cash	<u>\$ 165,306</u>	<u>\$ 127,777</u>
Net investment income (loss)	<u>\$ 1,456,121</u>	<u>\$ (341,130)</u>

4. Fair Value Measurements

The Plan carries its assets at fair value which for disclosure purposes are measured and classified in a hierarchy that prioritizes inputs used in valuation techniques based on whether those inputs are observable or unobservable. Observable inputs, which reflect market data obtained from independent sources, and unobservable inputs, which reflect the Plan's market assumptions, create the following fair value hierarchy:

The Plan measures and classifies instruments in the financial statements in a hierarchy for disclosure purposes consisting of three "Levels" based on the observability of inputs available in the market place used to measure the fair values. In general, the Plan determines the fair value measurements classified as Level 1 based on inputs utilizing quoted prices in active markets for identical instruments that the Plan has the ability to access. The Plan generally obtains market price data from exchange or dealer markets. The Plan does not adjust the quoted price for such instruments.

The Plan determines the fair value measurements as Level 2 based on inputs utilizing other than quoted prices included in Level 1 that are observable for the instruments, either directly or indirectly. Level 2 inputs include quoted prices for similar instruments in active markets, and inputs other than quoted prices that

CommoLoCo Retirement Plan

Notes to Financial Statements

December 31, 2016 and 2015

4. Fair Value Measurements (continued)

are observable for the instrument, such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs for the instrument, and include situations where there is little, if any, market activity for the instrument.

This hierarchy requires the Plan to use observable market data, when available, and to minimize the use of unobservable inputs when determining fair value. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Following are descriptions of the valuation methodologies used for instruments carried at fair value in the Plan; the methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other entities within the industry, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at December 31, 2016 and 2015.

Short-Term Investments

The short-term investments consist of government short-term investment funds (STIF). The Plan's investment portfolio includes short-term investments, which are non-registered funds and valued at Level 2.

Mutual Funds

The fair value of mutual funds is valued at the NAV of shares held by the Plan at the statements of net assets available for benefits date. The NAV per share is calculated daily by each fund based on the market value of the underlying securities within each fund. The Plan's investment portfolio includes mutual funds valued at Level 1.

Assets and Liabilities Measured at Fair Value

The following tables present information about assets held by the Plan measured at fair value and indicate the level of the fair value measurement based on the level of the inputs used at December 31, 2016 and 2015.

Assets	2016			
	Level 1	Level 2	Level 3	Total
Short-term Investments	\$ —	\$ 5,623	\$ —	\$ 5,623
Mutual Funds	10,851,345			10,851,345
	<u>\$ 10,851,345</u>	<u>\$ 5,623</u>	<u>\$ —</u>	<u>\$ 10,856,968</u>

CommoLoCo Retirement Plan
Notes to Financial Statements
December 31, 2016 and 2015

4. Fair Value Measurements (continued)

Assets	2015			
	Level 1	Level 2	Level 3	Total
Short-term Investments	\$ —	\$ 87,557	\$ —	\$ 87,557
Mutual Funds	11,076,881			11,076,881
	<u>\$ 11,076,881</u>	<u>\$ 87,557</u>	<u>\$ —</u>	<u>\$ 11,164,438</u>

There were no transfers of financial instruments between Level 1, Level 2, or Level 3 during the years ended December 31, 2016 and 2015.

In certain cases, the inputs used to measure the fair value may fall into different levels of the fair value hierarchy. In such cases, the level in the fair value hierarchy within which the fair value measurement in its entirety falls is determined based on the lowest level input that is significant to the fair value measurement. Plan management's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment. In making the assessment, Plan management considers factors specific to the asset or liability.

5. Tax Status

The Plan received a favorable determination letter dated March 14, 2008 from the IRS stating that the Plan continues to qualify under the appropriate sections of the U.S. Code and; therefore, the related trust is exempt from U.S. taxation. The Plan has been restated and amended since receiving the determination letter from the IRS. However, the Plan administrator believes the Plan was designed and operated in material compliance with ERISA and the U.S. Code until December 31, 2010, when the Plan was amended to be qualified only under the PR Code and funded through a trust with a situs in Puerto Rico. The Plan administrator believes the Plan is currently designed and operated in material compliance with ERISA and the PR Code, and; therefore, believes that the Plan is qualified and the related trust is exempt in Puerto Rico and, pursuant to ERISA Section 1022(i), exempt in the U.S.

The Plan, as amended and restated effective November 1, 2001, received a favorable determination letter dated December 31, 2006 from the Puerto Rico Treasury Department (PR Treasury) stating that the Plan meets the requirements of Section 1165(a) of the PR Code, and that the trust established thereunder is exempt from Puerto Rico income taxes. In addition, the Plan received a further favorable determination letter dated April 25, 2007 from the PR Treasury stating that the adoption of the First, Second, Third, Fourth and Fifth Amendments of the Plan, as amended and restated effective November 1, 2001, does not affect in any way the determination letter issued on December 13, 2006, regarding the Puerto Rico tax qualified status of the Plan under Section 1165(a) of the PR Code. Although, the Plan has been restated and amended since receiving the determination letter from the PR Treasury, the Plan administrator believes the Plan has been designed and operated in material compliance with ERISA and the PR Code, and; therefore, the Plan is intended to be qualified and the related trust to be exempt in Puerto Rico and, pursuant to ERISA, exempt in the U.S.

CommoLoCo Retirement Plan

Notes to Financial Statements

December 31, 2016 and 2015

5. Tax Status (continued)

Pursuant to PR Treasury's Circular Letter No. 11-10 of December 16, 2011 (PR Treasury's Circular Letter), the Plan shall be treated as having obtained an initial favorable determination letter regarding its qualification under Section 1081.01(a) of the 2011 PR Code. The Plan administrator intends to amend the Plan to incorporate the new qualification requirements under Section 1081.01(a) of the 2011 PR Code effective as of January 1, 2011, unless otherwise provided by the 2011 PR Code. The Plan administrator intends to request a new or updated favorable determination stating that the Plan is qualified retroactively under Section 1165(a) of the PR Code for Plan years 2008 through 2010, both inclusive, and under Section 1081.01(a) of the 2011 PR Code for Plan years 2011 and thereafter, in conformity with the process and the timetable established by PR Treasury's Circular Letter.

U.S. GAAP require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) recognized if Plan management deems it more-likely-than-not that the Plan has taken an uncertain position that would not be sustained upon examination by the respected governmental agencies. As of December 31, 2016, it was determined that there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the respective governmental agencies; however, there are currently no audits in progress for any tax periods.

6. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions for the services employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Plan contributions and the actuarial present value of accumulated Plan benefits are prepared on the basis of certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

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

CommoLoCo Retirement Plan
Notes to Financial Statements
December 31, 2016 and 2015

6. Actuarial Present Value of Accumulated Plan Benefits (continued)

The significant actuarial assumptions used in the valuation for the years beginning January 1, 2016 and 2015 for the Plan are as follows:

Mortality 2016 Plan Year: 2014 Pension Protection Act separate static annuitant and nonannuitant mortality tables.

2015 Plan Year: 2014 Pension Protection Act separate static annuitant and nonannuitant mortality tables.

Investment return 5.79% per annum for 2016.

5.70% per annum for 2015.

Retirement age Based on retirement probability for various age ranges from ages 55 through 65.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. It is the Plan's policy to have actuarial information prepared as of the beginning of the Plan year.

The actuarial present value of accumulated Plan benefits for the Plan was computed at January 1, 2016 as follows:

	<u>January 1, 2016</u>
Vested benefits	
Participants currently receiving payments	\$ 9,415,587
Other participants	<u> 4,345,213</u>
Total vested benefits	<u> 13,760,800</u>
 Actuarial present value of accumulated Plan benefits at January 1, 2016	 <u><u> 13,760,800</u></u>

The change in the present value of accumulated Plan benefits for the year ended January 1, 2016 was as follows:

CommoLoCo Retirement Plan
Notes to Financial Statements
December 31, 2016 and 2015

6. Actuarial Present Value of Accumulated Plan Benefits (continued)

	January 1, 2015 to January 1, 2016
Actuarial present value of accumulated Plan benefits at January 1, 2015	\$ 14,089,442
Increase (decrease) during year attributable to:	
Other changes	18,124
Interest accumulation	775,900
Benefits paid	(967,717)
Changes in actuarial assumptions	(154,949)
Net decrease	<u>(328,642)</u>
Actuarial present value of accumulated Plan benefits at January 1, 2016	<u>\$ 13,760,800</u>

7. Funding Policy

The Plan is subject to ERISA's minimum funding requirements. These requirements have been met as of January 1, 2016. The Plan's actuary determined the contribution necessary to meet the minimum funding requirements in accordance with the Pension Protection Act ("PPA"), enacted in 2006. The PPA defines the minimum funding contribution calculation as the sum of the target normal cost of the Plan for the Plan year, the shortfall amortization charge, and the waiver amortization charge. The Company's funding policy is to contribute no less than the minimum required amount and no more than the maximum tax-deductible amount. Contributions above the minimum required amount are at the discretion of the Company. In addition, the Company reserves the right to use available funding credit balances in lieu of cash contributions. During the years ended December 31, 2016 and 2015, the Company made no contributions to the Plan.

The yield (interest, dividends and net realized and unrealized gains or losses) on investments of the Plan served to reduce (increase) future contributions that would otherwise be required to provide for the level of defined benefits under the Plan.

8. Plan Termination

Although it has not expressed any intention to do so, the Company reserves the right under the Plan to terminate the Plan subject to the provisions set forth under ERISA.

In the event the Plan is terminated pursuant to a standard termination and no successor plan is established, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided for under ERISA. In distributing such assets, the Plan administrator will either (i) purchase irrevocable commitments from an insurer to provide all benefit liabilities under the Plan or (ii) in

CommoLoCo Retirement Plan

Notes to Financial Statements

December 31, 2016 and 2015

8. Plan Termination (continued)

accordance with provisions of the Plan and any applicable regulations otherwise fully provide benefit liabilities under the Plan (generally, this could include providing an election to receive a lump sum, or an annuity).

To the extent unfunded vested benefits remain, the Pension Benefit Guaranty Corporation (PBGC) will take over the Plan and pay certain benefits under the Plan to participants, up to specified limitations, as described under ERISA. For the 2016 Plan year, the maximum guaranteed monthly and annual benefits are \$5,010 and \$60,100, respectively. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees as described above.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Other rules under the PR Code and the 2012 Code may also apply.

9. Administrative 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. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

10. Related Party Transactions and Party-In-Interest Transactions

The Plan invests in a short-term investment managed by Banco Popular and State Street Bank and Trust. Banco Popular and State Street Bank and Trust are the Trustee and Custodian, as defined by the Plan and; therefore, generate transactions that qualify as party-in-interest transactions. Fees paid by the Plan to the Trustee and Custodian amounted to \$95,981 and \$111,682 for the years ended December 31, 2016 and 2015, respectively. Fees paid to the actuary and other service providers, which are also considered party-in-interest transactions for the years ended December 31, 2016 and 2015 amounted to \$97,414 and \$104,823, respectively.

11. Risks and Uncertainties

The Plan includes investment securities that are exposed to various risks, such as interest rate fluctuations, market volatility and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that such changes in risk in the near term could materially affect the amounts reported on

CommoLoCo Retirement Plan
Notes to Financial Statements
December 31, 2016 and 2015

11. Risks and Uncertainties (continued)

the statements of net assets available for benefits and the statements of changes in net assets available for benefits. The Plan's exposure to a concentration of credit risk is limited by the diversification of investments held by the Plan.

Plan contributions are made and the actuarial present value of accumulated Plan Benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, as well as market performance, it is at least reasonably possible that changes in these factors in the near term could be material to the financial statements. Contribution decisions are also affected by other factors including Plan Sponsor's liquidity, asset dispositions and Plan management's discretion.

12. Subsequent Events

The Plan's management evaluated subsequent events through Signature Date, 2017, the date on which the financial statements were available to be issued. On October 6, 2016, the Pension Benefit Guaranty Corporation made the determination that the Plan is not covered by Title IV of ERISA and the Plan has not met the requirements of ERISA section 4021. That ruling was retroactive to calendar year 2011 and a refund of PBGC premiums paid was received by the Trustee in August, 2017.

CommoLoCo Retirement Plan
Form 5500, Schedule H - Part IV, Line 4i
Schedule of Assets (Held at End of Year)
As of December 31, 2016

Investments at Fair Value	Description	Cost	Current Value	
* State Street Bank & Trust Government	Government STIF 25	\$ 5,623	\$ 5,623	**
Voya Global Real Estate Fund	Mutual Fund	402,754	457,428	**
JP Morgan High Yield Fund	Mutual Fund	634,176	577,647	**
PIMCO Long Term Credit Fund	Mutual Fund	3,589,744	3,473,644	**
Vanguard Total International Fund	Mutual Fund	824,315	799,818	**
Vanguard Long Term Investment	Mutual Fund	4,275,432	4,449,936	**
Vanguard Small Cap Index Fund	Mutual Fund	297,108	506,300	**
Vanguard 500 Index Fund	Mutual Fund	348,186	586,572	**
Total Investments		<u>\$ 10,377,338</u>	<u>\$ 10,856,968</u>	

* Party-in-interest.

Schedule SB Attachment (Form 5500)—2016 Plan Year
 CommoLoCo Retirement Plan
 EIN: 66-0384086 PN: 012

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization
1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%
Salary Increases	Not applicable
Social Security Wage Base Increases	Not applicable
Optional Payment Form Election Percentage	65% life annuity 35% joint and 50% survivor annuity
Optional Payment Form Conversion Interest Rate	7.50%
Optional Payment Form Conversion Mortality	UP-84 Mortality Table for annuity
Retirement Age	
Active Participants	Not applicable
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	Not applicable
Disability Rates	Not applicable
Decrement Timing	Not applicable
Surviving Spouse Benefit	It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—2016 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Valuation Compensation	Not applicable
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	\$116,000. The expenses included in the Target Normal Cost reflect the current year's expected administrative expenses.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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.) ☒ 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	COMMOLOCO RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ <u>012</u> 1c Effective date of plan <u>01/01/1979</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)	COMMOLOCO, INC. SPRINGLEAF FINANCIAL SERVICES 601 NORTHWEST 2ND STREET PO BOX 59 EVANSVILLE IN 47701-0059	2b Employer Identification Number (EIN) 66-0384086 2c Plan Sponsor's telephone number 812-468-5673 2d Business code (see instructions) 522298

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	<i>Jackie Sanner</i>	10/13/17	JACKIE SANNER
	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 SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN COMMITTEE 601 NORTHWEST 2ND STREET PO BOX 59 EVANSVILLE IN 47701-0059	3b Administrator's EIN 35-1313922 <hr/> 3c Administrator's telephone number 800-804-8502
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	5 559
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) 0
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits.....	6b 210
c Other retired or separated participants entitled to future benefits	6c 328
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 538
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 11
f Total. Add lines 6d and 6e.....	6f 549
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information 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). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		

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

A Name of plan COMMOLOCO RETIREMENT PLAN	B Three-digit plan number (PN) ►	012
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COMMOLOCO, INC. SPRINGLEAF FINANCIAL SERVICES	D Employer Identification Number (EIN) 66-0384086	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information				
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>				
2 Assets:				
a Market value.....			2a	11,292,215
b Actuarial value			2b	11,292,215
3 Funding target/participant count breakdown				
		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment		217	8,801,307	8,801,307
b For terminated vested participants		342	3,547,334	3,547,334
c For active participants		0	0	0
d Total		559	12,348,641	12,348,641
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐				
a Funding target disregarding prescribed at-risk assumptions			4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor			4b	
5 Effective interest rate			5	6.14%
6 Target normal cost			6	116,000

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.

SIGN HERE	<div style="text-align: center;"> <div style="font-family: cursive; font-size: 1.2em; margin-bottom: 5px;">ALAN D. DANG ADD</div> <div>Signature of actuary</div> </div> <div style="margin-top: 20px;"> ALAN D. DANG Type or print name of actuary AON CONSULTING, INC. Firm name 4 OVERLOOK POINT LINCOLNSHIRE IL 60069 Address of the firm </div>	<div style="text-align: center;"> <div style="margin-bottom: 5px;">09/27/2017</div> <div>Date</div> </div> <div style="text-align: center; margin-top: 10px;"> 1707076 Most recent enrollment number 847-771-6426 Telephone number (including area code) </div>
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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
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	742,343	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	332,000	0
9 Amount remaining (line 7 minus line 8).....	410,343	0
10 Interest on line 9 using prior year's actual return of <u>-2.92%</u>	-11,982	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.35%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	398,361	0

Part III Funding Percentages

14 Funding target attainment percentage.....	14	88.21%
15 Adjusted funding target attainment percentage.....	15	88.21%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	105.22%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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 65
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	116,000
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance Installment	
a Net shortfall amortization installment		1,454,787	240,365
b Waiver amortization installment		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	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	356,365
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	356,365	0	356,365
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

Schedule SB Attachment (Form 5500)—2016 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Schedule SB, line 22—Description of Weighted Average Retirement Age

There are no active participants. All terminated vested participants are assumed to commence benefits at age 65.

Schedule SB Attachment (Form 5500)—2016 Plan Year
 CommoLoCo Retirement Plan
 EIN: 66-0384086 PN: 012

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization
1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%
Salary Increases	Not applicable
Social Security Wage Base Increases	Not applicable
Optional Payment Form Election Percentage	65% life annuity 35% joint and 50% survivor annuity
Optional Payment Form Conversion Interest Rate	7.50%
Optional Payment Form Conversion Mortality	UP-84 Mortality Table for annuity
Retirement Age	
Active Participants	Not applicable
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	Not applicable
Disability Rates	Not applicable
Decrement Timing	Not applicable
Surviving Spouse Benefit	It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—2016 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Valuation Compensation	Not applicable
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	\$116,000. The expenses included in the Target Normal Cost reflect the current year's expected administrative expenses.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	Restated effective as of January 1, 2008. The plan year is the calendar year. The most recent amendment freezing the plan is effective December 31, 2012.
Participating Employees	<p>Puerto Rican residents who are employed by CommoLoCo Inc. become participants on the November 1 or May 1 coincident with or next following the later of age 21 and the completion of one year of service.</p> <p>Effective December 31, 2012, the plan is closed to new entrants.</p>
Contributions	<p>The company will pay to the Trustee such sums of money as the enrolled actuary shall certify as the amounts necessary to meet the minimum required contribution within the meaning of IRC section 430. The company may also provide, from time to time, additional sums of money to the Trustee as deemed appropriate.</p> <p>Employee contributions are neither required nor permitted under the plan.</p>
Definitions	
Vesting Service	Completed years of service.
Benefit Service	<p>One year of benefit service is credited for each accrual computation period (years from date of hire) during which a participant is credited with 12 months of service. One-twelfth of a year of benefit service for each month of service is credited for each accrual computation period during which a participant is credited with six or more, but less than 12 months of service. In the year of retirement, one-twelfth of a year of benefit service is credited for each month of service.</p> <p>Effective December 31, 2012, benefit service is frozen.</p>
Month of Service	A month of service is credited for any month in which a participant is credited with an hour of service.
Compensation	Total remuneration including base pay, annual cash incentive (bonuses), and overtime.

Schedule SB Attachment (Form 5500)—2016 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Average Monthly Compensation

One-twelfth of the average of the highest five-consecutive completed calendar years within the last 10 completed calendar years of employment. A partial year may be considered in the year of termination if it results in a higher average.

Effective December 31, 2012, average monthly compensation is frozen.

Average Monthly Covered Compensation

One-twelfth of the average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains (or will attain) Social Security retirement age.

Effective December 31, 2012, average monthly covered compensation is frozen.

Normal Retirement
Eligibility

Termination of employment following the later of a participant's sixty-fifth birthday or the fifth anniversary of the date of participation.

Benefit

The benefit accrued as of October 31, 2001 under the prior plan, plus:

- (A) 1% of average monthly compensation not in excess of average monthly covered compensation multiplied by years of benefit service not in excess of 30 years; plus
- (B) 1.65% of average monthly compensation in excess of average monthly covered compensation multiplied by years of benefit service not in excess of 30 years; plus
- (C) 0.5% of average monthly compensation not in excess of average monthly covered compensation multiplied by years of benefit service in excess of 30 years but not in excess of 40 years; plus
- (D) 0.5% of average monthly compensation in excess of average monthly covered compensation multiplied by years of benefit service in excess of 30 years but not in excess of 40 years.

Effective December 31, 2012, the normal retirement benefit is frozen.

Schedule SB Attachment (Form 5500)—2016 Plan Year
 CommoLoCo Retirement Plan
 EIN: 66-0384086 PN: 012

Early Retirement
 Eligibility

Termination of employment after attaining age 55 and completing 10 years of vesting service, but prior to normal retirement eligibility. For the benefit accrued through November 1, 2001, termination after attaining age 55 and completing five years of benefit service.

Benefit

The normal retirement benefit reduced to reflect the age of the participant at the time of commencement. The benefit is reduced by multiplying by a factor as follows:

Early Retirement Factors				
Commencement Age	October 31, 2001 Accrued Benefit	E	F	
65	1.00	1.00	1.00000	
64	1.00	1.00	0.93333	
63	1.00	0.96	0.86667	
62	1.00	0.89	0.80000	
61	1.00	0.82	0.73333	
60	1.00	0.75	0.66667	
59	0.94	0.70	0.63333	
58	0.88	0.66	0.60000	
57	0.82	0.62	0.56667	
56	0.76	0.58	0.53333	
55	0.70	0.54	0.50000	

Factor E applies to parts (A) and (C) of the normal retirement benefit. Factor F applies to parts (B) and (D) of the normal retirement benefit.

Deferred Vested Pension
 Eligibility

Termination of employment after the completion of five years of vesting service, but prior to normal or early retirement eligibility.

Benefit

The normal retirement benefit deferred to normal retirement date. If the participant terminated with ten or more years of vesting service, a reduced benefit payable starting at age 55 or later is available. The benefit is reduced by multiplying by a factor as follows:

Schedule SB Attachment (Form 5500)—2016 Plan Year
 CommoLoCo Retirement Plan
 EIN: 66-0384086 PN: 012

Commencement Age	Early Commencement Factors
65	1.00000
64	0.88930
63	0.79305
62	0.70906
61	0.63552
60	0.57091
59	0.51398
58	0.46365
57	0.41904
56	0.37938
55	0.34406

Reductions for the October 31, 2001 accrued benefits are 6% per year prior to age 65.

Preretirement Death Benefit
 Eligibility

Surviving spouse of an active participant who died after completing five years of vesting service. The surviving spouse must have been married to the participant for at least one year.

Benefit

50% of the normal retirement benefit calculated as if the participant had terminated employment on the earlier of the actual date of termination or the date of death, survived until their earliest retirement date, elected to receive a 50% joint and survivor annuity beginning at their earliest retirement date and died on the day after their earliest retirement date.

Disability

There are no specific benefits for disability. Termination from employment due to disability is treated as any other termination.

Forms of Payment

The normal form of payment is a life annuity if single, or an actuarially equivalent 50% joint and survivor annuity if married. In lieu of the normal form, participants may elect to receive their benefit as a 50%, 75%, or 100% joint and survivor annuity, or a 10-year certain and life annuity. The October 31, 2001 accrued benefit is payable as an unreduced 40% joint and survivor annuity if married. Additionally, the October 31, 2001 accrued benefit is available as a 50%, 75%, or 100% joint and survivor annuity, or a Social Security level income annuity.

Schedule SB Attachment (Form 5500)—2016 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Actuarial Equivalence for Alternative
Forms of Payment

Amount of an alternative form of benefit (other than a lump sum and Social Security leveling option) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 7.5% compound annual interest rate and the UP-84 Mortality Table.

Actuarial Equivalence for Lump Sum and
Social Security Level Income Option

PPA mortality and interest rates equal to the three-PPA mortality and interest rates equal to the three-tiered minimum present value segment rate for the two months preceding the plan year in which the benefit commencement date occurs and reflecting appropriate phase-ins.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2016 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- The trust expenses included in the normal cost were updated to exclude PBGC premiums since the plan was determined to be ineligible for coverage by the PBGC insurance program.

This change was made to better reflect the anticipated plan experience. The assumption change did not reduce the funding shortfall more than the thresholds stated in the Internal Revenue section 430(h)(5). As such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2016 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,454,787	January 1, 2016	7	\$ 240,365

Schedule SB Attachment (Form 5500)—2016 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Schedule SB, line 22—Description of Weighted Average Retirement Age

There are no active participants. All terminated vested participants are assumed to commence benefits at age 65.

Schedule SB Attachment (Form 5500)—2016 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	Restated effective as of January 1, 2008. The plan year is the calendar year. The most recent amendment freezing the plan is effective December 31, 2012.
Participating Employees	<p>Puerto Rican residents who are employed by CommoLoCo Inc. become participants on the November 1 or May 1 coincident with or next following the later of age 21 and the completion of one year of service.</p> <p>Effective December 31, 2012, the plan is closed to new entrants.</p>
Contributions	<p>The company will pay to the Trustee such sums of money as the enrolled actuary shall certify as the amounts necessary to meet the minimum required contribution within the meaning of IRC section 430. The company may also provide, from time to time, additional sums of money to the Trustee as deemed appropriate.</p> <p>Employee contributions are neither required nor permitted under the plan.</p>
Definitions	
Vesting Service	Completed years of service.
Benefit Service	<p>One year of benefit service is credited for each accrual computation period (years from date of hire) during which a participant is credited with 12 months of service. One-twelfth of a year of benefit service for each month of service is credited for each accrual computation period during which a participant is credited with six or more, but less than 12 months of service. In the year of retirement, one-twelfth of a year of benefit service is credited for each month of service.</p> <p>Effective December 31, 2012, benefit service is frozen.</p>
Month of Service	A month of service is credited for any month in which a participant is credited with an hour of service.
Compensation	Total remuneration including base pay, annual cash incentive (bonuses), and overtime.

Schedule SB Attachment (Form 5500)—2016 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Average Monthly Compensation

One-twelfth of the average of the highest five-consecutive completed calendar years within the last 10 completed calendar years of employment. A partial year may be considered in the year of termination if it results in a higher average.

Effective December 31, 2012, average monthly compensation is frozen.

Average Monthly Covered Compensation

One-twelfth of the average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains (or will attain) Social Security retirement age.

Effective December 31, 2012, average monthly covered compensation is frozen.

Normal Retirement
Eligibility

Termination of employment following the later of a participant's sixty-fifth birthday or the fifth anniversary of the date of participation.

Benefit

The benefit accrued as of October 31, 2001 under the prior plan, plus:

- (A) 1% of average monthly compensation not in excess of average monthly covered compensation multiplied by years of benefit service not in excess of 30 years; plus
- (B) 1.65% of average monthly compensation in excess of average monthly covered compensation multiplied by years of benefit service not in excess of 30 years; plus
- (C) 0.5% of average monthly compensation not in excess of average monthly covered compensation multiplied by years of benefit service in excess of 30 years but not in excess of 40 years; plus
- (D) 0.5% of average monthly compensation in excess of average monthly covered compensation multiplied by years of benefit service in excess of 30 years but not in excess of 40 years.

Effective December 31, 2012, the normal retirement benefit is frozen.

Schedule SB Attachment (Form 5500)—2016 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Early Retirement
Eligibility

Termination of employment after attaining age 55 and completing 10 years of vesting service, but prior to normal retirement eligibility. For the benefit accrued through November 1, 2001, termination after attaining age 55 and completing five years of benefit service.

Benefit

The normal retirement benefit reduced to reflect the age of the participant at the time of commencement. The benefit is reduced by multiplying by a factor as follows:

Early Retirement Factors				
Commencement Age	October 31, 2001 Accrued Benefit	E	F	
65	1.00	1.00	1.00000	
64	1.00	1.00	0.93333	
63	1.00	0.96	0.86667	
62	1.00	0.89	0.80000	
61	1.00	0.82	0.73333	
60	1.00	0.75	0.66667	
59	0.94	0.70	0.63333	
58	0.88	0.66	0.60000	
57	0.82	0.62	0.56667	
56	0.76	0.58	0.53333	
55	0.70	0.54	0.50000	

Factor E applies to parts (A) and (C) of the normal retirement benefit. Factor F applies to parts (B) and (D) of the normal retirement benefit.

Deferred Vested Pension
Eligibility

Termination of employment after the completion of five years of vesting service, but prior to normal or early retirement eligibility.

Benefit

The normal retirement benefit deferred to normal retirement date. If the participant terminated with ten or more years of vesting service, a reduced benefit payable starting at age 55 or later is available. The benefit is reduced by multiplying by a factor as follows:

Schedule SB Attachment (Form 5500)—2016 Plan Year
 CommoLoCo Retirement Plan
 EIN: 66-0384086 PN: 012

Commencement Age	Early Commencement Factors
65	1.00000
64	0.88930
63	0.79305
62	0.70906
61	0.63552
60	0.57091
59	0.51398
58	0.46365
57	0.41904
56	0.37938
55	0.34406

Reductions for the October 31, 2001 accrued benefits are 6% per year prior to age 65.

Preretirement Death Benefit
 Eligibility

Surviving spouse of an active participant who died after completing five years of vesting service. The surviving spouse must have been married to the participant for at least one year.

Benefit

50% of the normal retirement benefit calculated as if the participant had terminated employment on the earlier of the actual date of termination or the date of death, survived until their earliest retirement date, elected to receive a 50% joint and survivor annuity beginning at their earliest retirement date and died on the day after their earliest retirement date.

Disability

There are no specific benefits for disability. Termination from employment due to disability is treated as any other termination.

Forms of Payment

The normal form of payment is a life annuity if single, or an actuarially equivalent 50% joint and survivor annuity if married. In lieu of the normal form, participants may elect to receive their benefit as a 50%, 75%, or 100% joint and survivor annuity, or a 10-year certain and life annuity. The October 31, 2001 accrued benefit is payable as an unreduced 40% joint and survivor annuity if married. Additionally, the October 31, 2001 accrued benefit is available as a 50%, 75%, or 100% joint and survivor annuity, or a Social Security level income annuity.

Schedule SB Attachment (Form 5500)—2016 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Actuarial Equivalence for Alternative
Forms of Payment

Amount of an alternative form of benefit (other than a lump sum and Social Security leveling option) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 7.5% compound annual interest rate and the UP-84 Mortality Table.

Actuarial Equivalence for Lump Sum and
Social Security Level Income Option

PPA mortality and interest rates equal to the three-PPA mortality and interest rates equal to the three-tiered minimum present value segment rate for the two months preceding the plan year in which the benefit commencement date occurs and reflecting appropriate phase-ins.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

CommoLoCo Retirement Plan
Form 5500, Schedule H - Part IV, Line 4i
Schedule of Assets (Held at End of Year)
As of December 31, 2016

Investments at Fair Value	Description	Cost	Current Value	
* State Street Bank & Trust Government	Government STIF 25	\$ 5,623	\$ 5,623	**
Voya Global Real Estate Fund	Mutual Fund	402,754	457,428	**
JP Morgan High Yield Fund	Mutual Fund	634,176	577,647	**
PIMCO Long Term Credit Fund	Mutual Fund	3,589,744	3,473,644	**
Vanguard Total International Fund	Mutual Fund	824,315	799,818	**
Vanguard Long Term Investment	Mutual Fund	4,275,432	4,449,936	**
Vanguard Small Cap Index Fund	Mutual Fund	297,108	506,300	**
Vanguard 500 Index Fund	Mutual Fund	348,186	586,572	**
Total Investments		<u>\$ 10,377,338</u>	<u>\$ 10,856,968</u>	

* Party-in-interest.

Schedule SB Attachment (Form 5500)—2016 Plan Year
CommoLoCo Retirement Plan
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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,454,787	January 1, 2016	7	\$ 240,365

Schedule SB Attachment (Form 5500)—2016 Plan Year
CommoLoCo Retirement Plan
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- The trust expenses included in the normal cost were updated to exclude PBGC premiums since the plan was determined to be ineligible for coverage by the PBGC insurance program.

This change was made to better reflect the anticipated plan experience. The assumption change did not reduce the funding shortfall more than the thresholds stated in the Internal Revenue section 430(h)(5). As such, approval of the Commissioner is not required.