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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
COMMOLOCO RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 012

1c Effective date of plan 01/01/1979

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 47701-1159

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	Filed with authorized/valid electronic signature.	10/05/2018	DEBORAH FLECK
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ONEMAIN FINANCIAL RETIREMENT PLANS COMMITTEE

601 NORTHWEST 2ND STREET
PO BOX 59
EVANSVILLE, IN 47701-1159

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	549
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**	221
c Other retired or separated participants entitled to future benefits	**6c**	314
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	535
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f Total. Add lines **6d** and **6e**.	**6f**	547
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 who 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☐ Insurance	**(1)**	☐ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	**(2)**	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	**(3)**	☒ Trust
(4)	☐ General assets of the sponsor	**(4)**	☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** ☒ **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	11022273
b Actuarial value	**2b**	11022273

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	221	8540917	8540917
b For terminated vested participants	328	3646252	3646252
c For active participants	0	0	0
d Total	549	12187169	12187169

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**	5.96 %
6 Target normal cost	**6**	179000

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

Signature of actuary — Date: 09/07/2018

ALAN D. DANG — Type or print name of actuary

17-07076 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

847-771-6426 — Telephone number (including area code)

4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069

Address of the firm

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 [ ]

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)	398361	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	356365	0
9	Amount remaining (line 7 minus line 8)	41996	0
10	Interest on line 9 using prior year's actual return of 9.64 %	4048	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 6.14%		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		
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)	46044	0

Part III Funding Percentages

14	Funding target attainment percentage	14	90.06%
15	Adjusted funding target attainment percentage	15	90.06%
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	91.44%
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
04/11/2017	89092	0			
07/10/2017	89092	0			
10/10/2017	89092	0			
01/12/2018	89092	0			
08/29/2018	18551	0			
			Totals ► 18(b)	374919	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	360120

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
4.16%	5.72%	6.48%	☐ 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**	179000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1210940	227121
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	406121

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	46044	0	46044

36 Additional cash requirement (line 34 minus line 35)	**36**	360077
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	360120
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	43
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	43
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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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)

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).. . . . . [X] 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

VOYA FUNDS
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	TRUSTEE	59119	Yes [ ] No [X]	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	INVESTMENT MANAGER	57883	Yes [ ] No [X]	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	CUSTODIAN	36289	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

WHITLEY PENN LLP

75-2393478

(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	AUDITOR	15000	Yes [ ] No [X]	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

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(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: HARDING, SHYMANSKI & COMPANY, P.S.C

b EIN: 35-1346211

c Position: AUDITOR

d Address: 21 S.E. THIRD STREET, SUITE 500
P.O. BOX 3677
EVANSVILLE, IN 47735-3677

e Telephone: 812-464-9161

Explanation: REPORTING FUNCTION MOVED TO NEW LOCATION.

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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 Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	165306	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	107643
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	411123	15634
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5623	229170
(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)	10851345	11829574
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	11433397	12182021
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	71107	60426
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	71107	60426
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11362290	12121595

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)	374919	
	(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)		374919
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	735	
	(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)		735
	(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)	613826	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		613826
	(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)		884962
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1874442
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	944153	
(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)		944153
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)	170984	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		170984
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1115137
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		759305
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WHITLEY PENN LLP **(2)** EIN: 75-2393478

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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			

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

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.)

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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 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** 0

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): 20-2020334

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** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

COMMOLOCO RETIREMENT PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

Years Ended December 31, 2017 and 2016
with Report of Independent Auditors

COMMOLOCO RETIREMENT PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

Years Ended December 31, 2017 and 2016

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whitleypenn

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REPORT OF INDEPENDENT AUDITORS

To the Participants and Plan Administrator of the
CommoLoCo Retirement Plan

We were engaged to audit the accompanying financial statements of the CommoLoCo Retirement Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017, the related statement of changes in net assets available for benefits for the year 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 these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Banco Popular, the trustee of the Plan, and State Street Bank and Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the 2017 financial statements. We have been informed by the Plan Administrator that the trustee and custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustee and custodian as of and for the year ended December 31, 2017, that the information provided to the Plan Administrator by the trustee and custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2017 financial statements. Accordingly, we do not express an opinion on the 2017 financial statements.

Other Matter – Supplemental Schedules

The supplemental schedules of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017 and Form 5500, Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2017 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Other Matter – 2016 Financial Statements

The financial statements of the Plan as of December 31, 2016, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the trustee and custodian. Their report, dated October 12, 2017, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for the financial statements, and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee and custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Report on Form and Content in Compliance With Department of Labor Rules and Regulations 2017

The form and content of the information included in the 2017 financial statements and supplemental schedules, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Dallas, Texas
October 1, 2018

COMMOLOCO RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2017	December 31, 2016
Assets		
Investments, at fair value	$ 12,058,744	$ 10,856,968
Receivables:		
Short-term interest receivable	74	-
Dividends receivable	15,560	-
Employer contribution receivable	107,643	-
Other receivable	-	411,123
Total receivables	123,277	411,123
Non-interest bearing cash	-	165,306
Total assets	12,182,021	11,433,397
Liabilities		
Accrued expenses	60,426	71,107
Net assets available for benefits	$ 12,121,595	$ 11,362,290

See accompanying notes to financial statements.

COMMOLOCO RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2017	2016
Additions to Net Assets		
Investment income:		
Net realized and unrealized gains on investments	$ 884,962	$ 443,815
Interest	735	535
Dividends	613,826	600,648
Total investment income	1,499,523	1,044,998
Employer contributions	374,919	-
Pension Benefit Guaranty Corporation premium refund	-	411,123
Total additions to net assets	1,874,442	1,456,121
Deductions from Net Assets		
Benefits paid to participants	944,153	967,866
Premiums paid to Pension Benefit Guaranty Corporation	-	152,746
Administrative expenses	170,984	177,696
Total deductions from net assets	1,115,137	1,298,308
Net increase in net assets available for benefits	759,305	157,813
Net assets available for benefits at beginning of year	11,362,290	11,204,477
Net assets available for benefits at end of year	$ 12,121,595	$ 11,362,290

See accompanying notes to financial statements.

COMMOLOCO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

A. Description of the Plan

General

The following brief description of the CommoLoCo Retirement Plan (the "Plan") is provided for general information purposes only. The Plan is sponsored by CommoLoCo, Inc. Springleaf Financial Services (the "Company"). Participants should refer to the Plan document for more complete information. The Company's corporate offices are located in Evansville, Indiana.

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 Employee Retirement Income Security Act of 1974 ("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"). 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.

A separate trust is established with Banco Popular as the Trustee and State Street Bank and Trust Company ("State Street") as the Custodian.

The OneMain Financial Retirement Plans Committee (the "Committee" and "Plan Administrator"), formerly the Retirement Plans Committee, is a committee appointed by the Company or its' affiliates that serves as a fiduciary of the Plan. The Committee has general responsibility for the administration and interpretation of the Plan.

Contributions

The Company or its' affiliates is responsible for funding the Plan and contributions by participants are not required or permitted. All contributions are paid directly to State Street. The Plan's funding policy is for the Company or its' affiliates to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company's or its' affiliates' contributions for 2017 and 2016 were sufficient to satisfy the minimum funding requirements of ERISA.

A. Description of the Plan – continued

Retirement 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.

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 the years ended December 31, 2017 and 2016, the Internal Revenue Service ("IRS") maximum benefit limitation was $215,000 and $210,000, respectively, and the maximum compensation limitation was $270,000 and $265,000, respectively. Other limits under the PR Code and the 2011 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.

A. Description of the Plan – continued

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.

Plan Expenses

Employees of the Company or its' affiliates perform certain administrative functions with no compensation from the Plan. All administrative expenses paid by the Company or its' affiliates are not reflected in the accompanying financial statements.

On October 6, 2016, the Pension Benefit Guaranty Corporation ("PBGC") 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(a). That ruling was retroactive to calendar year 2011 and a refund of PBGC premiums paid was received by the Trustee in August 2017.

B. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of the financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

B. Summary of Significant Accounting Policies – continued

Investment Valuation and Income

The investments of the Plan are stated at fair value as of the end of the year and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with GAAP, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about assets and liabilities measured at fair value. See Note C for information related to the Plan's valuation methodologies.

Investment gains and losses are accounted for using the average cost basis of the securities sold. The net realized and unrealized gains and losses on investments include realized gains and losses on sales of investments during the year and unrealized increases or decreases in the market value of investments held at year end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

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 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 are 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, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Cash and Cash Equivalents

All highly-liquid investments with a maturity of three months or less when purchased are treated as cash equivalents. At December 31, 2017 and 2016, the Plan held such investments primarily in one financial institution, which at times exceeded amounts covered by insurance provided by the U.S. Federal Deposit Insurance Corporation ("FDIC"). The Plan has not experienced any losses related to amounts in excess of FDIC limits.

C. Fair Value Measurements

GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used. The three levels defined are as follows:

- Level 1 — observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.

- Level 2 — observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.

- Level 3 — inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

GAAP requires that management describe the methodologies used to measure the fair value of assets and liabilities. The methodologies used to measure the fair value of the Plan's investments are as follows:

- Short-term investments consist of government short-term investment funds ("STIF"). The Plan's investment portfolio includes STIF, which are non-registered funds and classified within Level 2 of the valuation hierarchy.

- Mutual funds are valued at the published per share net asset value ("NAV") of shares held by the Plan and are classified within Level 1 of the valuation hierarchy. There are no significant restrictions on redeeming these investments at NAV.

- Interest-bearing cash is valued based on the short-term cash component as of the measurement date and classified within Level 1 of the valuation hierarchy.

C. Fair Value Measurements – continued

There have been no changes in the methodologies used at December 31, 2017 and 2016. The following table details the Plan's investments at fair value by level, within the fair value hierarchy, as of December 31, 2017 and 2016. The Plan has no assets classified within Level 3 of the valuation hierarchy.

	2017			
	Level 1	**Level 2**	**Level 3**	**Total**
Short-term investments	$ -	$ 87,384	$ -	$ 87,384
Mutual funds	11,829,574	-	-	11,829,574
Interest-bearing cash	141,786	-	-	141,786
Total investments at fair value	$11,971,360	$ 87,384	$ -	$12,058,744

	2016			
	Level 1	**Level 2**	**Level 3**	**Total**
Short-term investments	$ -	$ 5,623	$ -	$ 5,623
Mutual funds	10,851,345	-	-	10,851,345
Total investments at fair value	$10,851,345	$ 5,623	$ -	$10,856,968

These items are classified in their entirety based on the lowest priority level of input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the placement of assets and liabilities within the levels of the fair value hierarchy. For the years ended December 31, 2017 and 2016, there were no significant transfers between levels.

D. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included to the extent they are deemed attributable to employee service rendered to the valuation date.

D. Actuarial Present Value of Accumulated Plan Benefits – continued

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary using a January 1 measurement date and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

For 2017 and 2016, the interest rate used in calculating the accumulated Plan benefit obligation was 5.79%. For 2017 and 2016, the mortality rates are based on the Scale MP-2016 mortality table and the Scale MP-2014 mortality table, respectively. For 2017 and 2016, disability, termination, and retirement rates are based on published statistical data and anticipated experience under the Plan. Retirement age is based on retirement probability for various age ranges from ages 55 through 65. Benefits accumulated, including actuarial adjustments, include the effects of actuarial experience gains and losses.

The actuarial assumptions are based on the presumption that the Plan will continue. If the Company chooses to terminate the Plan, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

The actuarial present value of accumulated Plan benefits for the Plan was computed at December 31, 2016, as follows:

	December 31, 2016
Actuarial present value of accumulated benefits	
Vested benefits:	
Participants currently receiving payments	$ 8,783,872
Other participants	4,193,410
	12,977,282
Nonvested benefits	-
Total actuarial present value of accumulated plan benefits	$ 12,977,282

D. Actuarial Present Value of Accumulated Plan Benefits – continued

The change in the present value of accumulated Plan benefits for the year ended December 31, 2016 was as follows:

	Year Ended December 31, 2016
Actuarial present value of accumulated benefits at beginning of year	$ 13,760,800
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	(367,343)
Other changes	(217,435)
Increase for interest	769,125
Benefits paid	(967,865)
Net decrease	(783,518)
Actuarial present value of accumulated benefits at end of year	$ 12,977,282

E. Information Certified by the Trustee and Custodian

The Plan Administrator elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator limited auditing procedures with respect to the investment information certified by the trustee and custodian, which included total investments as of December 31, 2017 and 2016, the total investment income for the years ended December 31, 2017 and 2016, and all information included in the supplemental schedule H, line 4i – schedule of assets (held at end of year) and schedule H, line 4j – schedule of reportable transactions.

F. 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.

F. Tax Status – continued

The Plan, as amended and restated effective January 1, 2008 and the First, Second, Third, Fourth, and Fifth Amendments of the Plan, received a favorable determination letter dated February 3, 2016, 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 qualification letter dated February 24, 2017, from the PR Treasury stating that the adoption of the Sixth Amendment of the Plan, as amended and restated effective January 1, 2008, does not affect in any way the determination letter issued on February 3, 2016, regarding the Puerto Rico tax qualified status of the Plan under Section 1165(a) of the PR Code. 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.

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.

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2017, there are 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 taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

G. 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 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).

G. Plan Termination – continued

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, if applicable.

Other rules under the PR Code and the 2011 PR Code may also apply.

H. Parties-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons.

The Plan invests in interest-bearing cash and a short-term investment managed by Banco Popular and State Street. Banco Popular acts as trustee and State Street acts as custodian for the Plan. Transactions in such investments, qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

I. Subsequent Events

In preparing the accompanying financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through October 1, 2018, the date the financial statements were available for issuance.

SUPPLEMENTAL SCHEDULES

COMMOLOCO RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2017

EIN: 66-0384086
Plan #: 012

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Vanguard	Long Term Investment GR ADM	$ 4,183,806	$ 4,588,770
	PIMCO	Long Term Credit Fund	3,696,179	3,859,758
	Vanguard	Total International ST IDX ADM	897,033	1,065,083
	Vanguard	500 Index Fund	385,734	704,287
	JP Morgan	High Yield Fund	622,185	573,772
	Vanguard	Small Cap Index Fund ADM	276,093	532,745
	Voya	Global Real Estate I Fund	484,432	505,159
*	Banco Popular	Interest Bearing Cash	141,786	141,786
*	State Street Bank & Trust	Government STIF 25	87,384	87,384
				$ 12,058,744

* A party-in-interest as defined by ERISA

COMMOLOCO RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2017

EIN: 66-0384086
Plan #: 012

(a) Identity of Party	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sell Transactions	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single securities transactions in excess of 5% of Plan Assets								
None								
Category (iii) - Series of securities transactions in excess of 5% of Plan Assets								
* State Street Bank & Trust	Government STIF 25	24	$ 1,291,514	19	$ 1,209,724	$ 1,209,724	$ 2,501,238	$ -
Vanguard	Long Term Investment GR ADM	16	251,430	3	360,000	343,056	611,430	16,944

* A party-in-interest as defined by ERISA
Columns (e) and (f) are not applicable

Schedule SB Attachment (Form 5500)—2017 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 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.16%
2nd Segment Rate	5.72%
3rd Segment Rate	6.48%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2016), without regard to interest rate stabilization
1st Segment Rate	1.52%
2nd Segment Rate	3.80%
3rd Segment Rate	4.79%
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	2017 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.
Valuation Compensation	Not applicable
Benefit Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $215,000 and the IRC section 401(a)(17) compensation limit of $270,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	$179,000. 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, 2017

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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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) ▶ 012

1c Effective date of plan 01/01/1979

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 47701-1159

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	Deborah L Fleck	10/5/18	Deborah Fleck
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor

OneMain Financial Retirement Plans Committee

601 NORTHWEST 2ND STREET
PO BOX 59
EVANSVILLE IN 47701-1159

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	549
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**	221
c Other retired or separated participants entitled to future benefits	**6c**	314
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	535
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f Total. Add lines **6d** and **6e**	**6f**	547
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 who 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☐ Insurance	**(1)**	☐ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	**(2)**	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	**(3)**	☒ Trust
(4)	☐ General assets of the sponsor	**(4)**	☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** ☒ **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)

COMMOLOCO RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2017

EIN: 66-0384086
Plan #: 012

(a) Identity of Party	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sell Transactions	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single securities transactions in excess of 5% of Plan Assets								
None								
Category (iii) - Series of securities transactions in excess of 5% of Plan Assets								
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Vanguard	Long Term Investment GR ADM	16	251,430	3	360,000	343,056	611,430	16,944

* A party-in-interest as defined by ERISA
Columns (e) and (f) are not applicable

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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	11,022,273
b Actuarial value	**2b**	11,022,273

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	221	8,540,917	8,540,917
b For terminated vested participants	328	3,646,252	3,646,252
c For active participants	0	0	0
d Total	549	12,187,169	12,187,169

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**	5.96%
6 Target normal cost	**6**	179,000

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 ALAN D. DANG ADD — Signature of actuary

09/07/2018 — Date

ALAN D. DANG — Type or print name of actuary

1707076 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

847-771-6426 — Telephone number (including area code)

4 OVERLOOK POINT
LINCOLNSHIRE IL 60069
Address of the firm

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 [ ]

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)	398,361	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	356,365	0
9	Amount remaining (line 7 minus line 8)	41,996	0
10	Interest on line 9 using prior year's actual return of 9.64%	4,048	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 6.14%		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		
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)	46,044	0

Part III Funding Percentages

14	Funding target attainment percentage	14	90.06%
15	Adjusted funding target attainment percentage	15	90.06%
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	91.44%
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
04/11/2017	89,092	0			
07/10/2017	89,092	0			
10/10/2017	89,092	0			
01/12/2018	89,092	0			
08/29/2018	18,551	0			
			Totals ► 18(b)	374,919	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	360,120

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.16 %	5.72 %	6.48%	

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	179,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,210,940	227,121
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	406,121

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	46,044	0	46,044

36 Additional cash requirement (line 34 minus line 35)	36	360,077
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	360,120
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	43
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	43
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)—2017 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2017

Date	Amount	Days to Discount to 1/1/2017 at 5.96%	Interest Adjusted Contribution
April 11, 2017	$ 89,092	100	$ 87,690
July 10, 2017	89,092	190	86,447
October 10, 2017	89,092	282	85,195
January 12, 2018	89,092	376	83,934
August 29, 2018	18,551	605	16,854
Total Contribution	$ 374,919		$ 360,120

Schedule SB Attachment (Form 5500)—2017 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)—2017 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 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.16%
2nd Segment Rate	5.72%
3rd Segment Rate	6.48%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2016), without regard to interest rate stabilization
1st Segment Rate	1.52%
2nd Segment Rate	3.80%
3rd Segment Rate	4.79%
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	2017 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.
Valuation Compensation	Not applicable
Benefit Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $215,000 and the IRC section 401(a)(17) compensation limit of $270,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	$179,000. 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, 2017

Schedule SB Attachment (Form 5500)—2017 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	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. Effective December 31, 2012, the plan is closed to new entrants.
Contributions	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. Employee contributions are neither required nor permitted under the plan.
Definitions	
Vesting Service	Completed years of service.
Benefit Service	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. Effective December 31, 2012, benefit service is frozen.
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.

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.

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:

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.

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-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)—2017 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	$ 1,291,591	January 1, 2016	6	$ 240,365
Shortfall	$ (80,651)	January 1, 2017	7	$ (13,244)

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CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2017

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Contributions	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. Employee contributions are neither required nor permitted under the plan.
Definitions	
Vesting Service	Completed years of service.
Benefit Service	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. Effective December 31, 2012, benefit service is frozen.
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.

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.

Early Retirement

Eligibility

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Benefit

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	Early Retirement Factors		
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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
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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.

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Eligibility

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64	0.88930
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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.

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-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

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

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COMMOLOCO RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2017

EIN: 66-0384086
Plan #: 012

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Vanguard	Long Term Investment GR ADM	$ 4,183,806	$ 4,588,770
	PIMCO	Long Term Credit Fund	3,696,179	3,859,758
	Vanguard	Total International ST IDX ADM	897,033	1,065,083
	Vanguard	500 Index Fund	385,734	704,287
	JP Morgan	High Yield Fund	622,185	573,772
	Vanguard	Small Cap Index Fund ADM	276,093	532,745
	Voya	Global Real Estate I Fund	484,432	505,159
*	Banco Popular	Interest Bearing Cash	141,786	141,786
*	State Street Bank & Trust	Government STIF 25	87,384	87,384
				$ 12,058,744

* A party-in-interest as defined by ERISA

Schedule SB Attachment (Form 5500)—2017 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	$ 1,291,591	January 1, 2016	6	$ 240,365
Shortfall	$ (80,651)	January 1, 2017	7	$ (13,244)