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
JACMEL JEWELRY, INC. SAVINGS AND RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1992

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)
JACMEL JEWELRY, INC.

1385 BROADWAY
8TH FLOOR
NEW YORK, NY 10018

2b Employer Identification Number (EIN)
13-2914325

2c Plan Sponsor's telephone number
718-349-4300

2d Business code (see instructions)
332900

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.	10/09/2018	ROBERT PASSARO
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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**	200
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)**	163
a(2) Total number of active participants at the end of the plan year	**6a(2)**	151
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	38
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	189
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	189
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	127
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2J 2K 2F 2G 3D 2T

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

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
JACMEL JEWELRY, INC. SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JACMEL JEWELRY, INC.

D Employer Identification Number (EIN)
13-2914325

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	814039	127	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
19298	3766

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MML INSURANCE AGENCY, LLC
1295 STATE ST
SPRINGFIELD, MA 01111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14761	0	COMMISSIONS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MIS FINANCIAL SERVICES, INC.
3000 TOWN CTR
STE 3100
SOUTHFIELD, MI 48075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4537	0	CASH COMMISSIONS	3

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

ASSOCIATED PENSION CONSULTANTS INC
111 EXPRESS STREET
PLAINVIEW, NY 11803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	3766	TPA PARTNERSHIP PROGRAM	5

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1215590
5	Current value of plan's interest under this contract in separate accounts at year end	5	6999305

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	1539144
c	Additions: (1) Contributions deposited during the year	7c(1)	94474		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	24832		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	55378		
	▶ LOAN REPAYMENTS, INTERNAL TRANSFER				
	(6) Total additions			7c(6)	174684
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1713828
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	406365		
	(2) Administration charge made by carrier	7e(2)	1079		
	(3) Transferred to separate account	7e(3)	72772		
	(4) Other (specify below)	7e(4)	17722		
	▶ LOAN DISBURSEMENTS				
	(5) Total deductions			7e(5)	497938
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1215890

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
JACMEL JEWELRY, INC. SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JACMEL JEWELRY, INC.

D Employer Identification Number (EIN)
13-2914325

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 RETIREMENT INSURANCE & ANNUITY
PO BOX 990067
HARTFORD, CT 06199

71-0294708

(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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
JACMEL JEWELRY, INC. SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
JACMEL JEWELRY, INC.

D Employer Identification Number (EIN)
13-2914325

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

a Name of MTIA, CCT, PSA, or 103-12 IE: MAP CONTRACT SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	6999305

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
JACMEL JEWELRY, INC. SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JACMEL JEWELRY, INC.

D Employer Identification Number (EIN)
13-2914325

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	257180	229297
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	5540783	6999305
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1539144	1215890
(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	7337107	8444492
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7337107	8444492

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)	55795	
	(B) Participants	2a(1)(B)	596086	
	(C) Others (including rollovers)	2a(1)(C)	15547	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		667428
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	10825	
	(F) Other	2b(1)(F)	24831	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		35656
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)		926501
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1629585
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	518554	
(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)		518554
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	3646	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3646
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		522200
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1107385
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: MAYER HOFFMAN MCCANN CPA'S **(2)** EIN: 43-1947695

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		3000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ 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
JACMEL JEWELRY, INC. SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JACMEL JEWELRY, INC.

D Employer Identification Number (EIN)
13-2914325

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): 71-0294708

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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):

JACMEL JEWELRY, INC.
SAVINGS AND RETIREMENT PLAN

Financial Statements

and

Supplementary Information

December 31, 2017

JACMEL JEWELRY, INC. SAVINGS AND RETIREMENT PLAN

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Mayer Hoffman McCann CPAs
The New York Practice of Mayer Hoffman McCann P.C.
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INDEPENDENT AUDITOR'S REPORT

To the Custodian
Jacmel Jewelry, Inc. Savings and Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Jacmel Jewelry, Inc. Savings and Retirement Plan, which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2017, 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 the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Voya Retirement Insurance and Annuity Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of December 31, 2017 and 2016 and for the year ended December 31, 2017, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Basis of Accounting

We draw attention to Note 2 in the financial statements, which discusses the basis of accounting. The financial statements were prepared under the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Mayer Hoffman McCann CPAs

October 3, 2018

JACMEL JEWELRY, INC. SAVINGS AND RETIREMENT PLAN
Statements of Net Assets Available for Benefits - Modified Cash Basis
December 31, 2017 and 2016

	2017	2016
Assets:		
Investments, at fair value (Notes 3 and 4)	$ 8,249,266	$ 7,113,776
Notes receivable from participants	229,297	257,180
Net assets available for benefits	$ 8,478,563	$ 7,370,956

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

JACMEL JEWELRY, INC. SAVINGS AND RETIREMENT PLAN
Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis
For the Year Ended December 31, 2017

Additions:	
Investment income (Note 4):	
Net appreciation in fair value of investments	$ 926,723
Interest income	24,831
Interest income on notes receivable from participants	10,825
Contributions:	
Participants	596,086
Rollover	15,547
Employer	55,795
	667,428
Total additions	1,629,807
Deductions:	
Benefits paid to participants	518,554
Expenses	3,646
Total deductions	522,200
Net increase	1,107,607
Net assets available for benefits:	
Beginning of year	7,370,956
End of year	$ 8,478,563

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

Note 1 - Description of Plan

The following description of the Jacmel Jewelry, Inc. Savings and Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan agreement or summary plan document for a more complete description of the Plan's provisions, which are available from the plan administrator.

General

The Plan is a qualified defined contribution plan sponsored by Jacmel Jewelry, Inc. (the "Company"). The Plan covers all employees of the Company who have attained age twenty-one and completed six months of service. Eligible employees may enroll in the Plan on the first day of each calendar month. The Plan is subject to the provisions of the Employee Retirement Income Retirement Security Act of 1974 ("ERISA").

Participant Contributions

Each year, participants may elect to contribute up to the maximum amount of pre-tax compensation, provided such amount will not cause the Plan to exceed certain limitations prescribed by the Internal Revenue Code ("IRC"). Contributions to the Plan by employees are made bi-weekly. In addition, the Plan allows participants to make Roth 401(k) deferrals.

Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Additionally, participants age fifty or older who are making contributions to the Plan are allowed to make catch-up contributions as defined in the Plan.

Employer Contributions

The Company may, at its discretion, make a matching contribution for the plan year not to exceed certain limitations prescribed by the IRC. For the year ended December 31, 2017, the Company matched 20% of the first 4% of compensation that a participant contributed to the Plan. The Company's matching contribution for the year ended December 31, 2017 was $56,075 before forfeitures. The Company can also make discretionary profit sharing or non-elective contributions in any given year. During 2017, the Company did not make any such contributions.

Note 1 - Description of Plan (Continued)

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's matching contribution, plan earnings and an allocation of (a) the Company's discretionary profit sharing or non-elective contributions and (b) administrative expenses. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contributions portion of their accounts is based on years of continuous service as follows:

After Years of Service	Vested Interest
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Investment Options

Upon enrollment in the Plan, a participant may direct their account into various investment options offered by the Plan. The Plan currently offers various pooled separate accounts and a fixed account as investment options for participants.

Participants may change their investment options at any time.

Note 1 - Description of Plan (Continued)

Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. All loans are required to be repaid within five years of the loan unless the purpose of the loan is the purchase of a primary residence. Participants may have no more than three loans outstanding at any one time. The loan is secured by the balance in the participant's account and bears interest at the rate determined by the plan custodian. Principal and interest can be paid ratably through payroll deductions at least quarterly or paid directly to the employer by the employee.

Payment of Benefits

Benefits become payable to the participant or their beneficiary in one lump-sum payment or equal installments upon the earlier of a participant's termination, death, disability or retirement. If a participant's employment is terminated prior to vesting of the matching contributions, all amounts not vested are forfeited. A participant becomes 100% vested upon death or disability.

Forfeited Accounts

Forfeitures are retained in the Plan and used to first reduce employer contributions and then administrative expenses. There were no forfeited non-vested accounts at December 31, 2017 and 2016.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared under the modified cash basis of accounting. Transactions are recorded on the cash basis and investments have been adjusted to fair value.

Use of Estimates

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

Note 2 - Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price). See Note 3 for a further discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income is recorded on the cash basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Administrative Expenses

In accordance with the Plan, all administrative expenses may be paid by the Plan unless paid by the Company. During the year ended December 31, 2017, certain administrative fees were paid by the Company. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments.

Note 3 - Fair Value Measurements

The Plan measures fair value in accordance with Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") 820, *Fair Value Measurement,* which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31 2017 and 2016.

Pooled separate accounts: Valued at the Net Asset Value ("NAV") of units of the separate account. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the separate account, the investment advisor reserves the right to temporarily delay withdrawal from the trust to ensure that securities liquidations will be carried out in an orderly business manner. Additionally, there are no unfunded commitments.

Note 3 - Fair Value Measurements (Continued)

Voya Fixed Account: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. The guaranteed interest accounts promise contract value for a benefit event (termination, death, disability and retirement); however, there is a possible market value adjustment when funds are withdrawn prior to maturity. Therefore, the guaranteed interest account is not considered benefit-responsive and is valued at estimated fair value as determined by Voya Retirement Insurance and Annuity Company ("Voya"). The crediting interest rate was 1.75% and 1.85% for the years ended December 31, 2017 and 2016, respectively. For the years ended December 31, 2017 and 2016, the net return for the guaranteed interest accounts was 1.75% and 1.85%, respectively.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017 and 2016:

	Investments at Fair Value at December 31, 2017			
	Level 1	Level 2	Level 3	Total
Voya Fixed Account	$ -	$ 1,249,961	$ -	$ 1,249,961
Investments measured at NAV practical expedient[(a)]				6,999,305
Total investments at fair value				$ 8,249,266

	Investments at Fair Value at December 31, 2016			
	Level 1	Level 2	Level 3	Total
Voya Fixed Account	$ -	$ 1,572,993	$ -	$ 1,572,993
Investments measured at NAV practical expedient[(a)]				5,540,783
Total investments at fair value				$ 7,113,776

[(a)] In accordance with FASB ASC Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Note 4 - Information Prepared and Certified by the Custodian

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Voya, the custodian of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate with respect to investments:

- Investments at fair value
- Net appreciation in fair value of investments
- Interest income
- Schedule of assets (held at end of year), except with respect to notes receivable from participants

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 5 - Related Party and Party-in-Interest Transactions

Certain plan investments held during the year are units of pooled separate accounts and a fixed account managed by Voya. Voya is the custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. Notes receivable from participants also qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. The Plan paid certain expenses related to the Plan's operations and investment activity to various service providers. These transactions are party-in-interest transactions. The plan sponsor pays directly any other fees related to the Plan's operations.

Note 6 - Nonparticipant-Directed Investments

Information about the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	December 31, 2017
Changes in net assets:	
Forfeitures	$ 280
Forfeitures allocated to reduce employer contributions	(280)
	$ -

Note 7 - Plan Termination

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

Note 8 - Tax Status

The Internal Revenue Service ("IRS") has determined that the prototype 401(k) profit sharing plan is designed in accordance with applicable sections of the IRC and informed the custodian of such in a letter dated March 16, 2010. Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan has been selected for an IRS examination for the year ended December 31, 2015. During the year ended December 31, 2017, the examination was completed and the Plan was not required to make any amendments to the return examined.

Note 9 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits according to the financial statements to Form 5500 at December 31, 2017 and 2016:

	2017	2016
Net assets available for benefits per the financial statements	$ 8,478,563	$ 7,370,956
Less: Fair value adjustment for Voya Fixed Account	(34,071)	(33,849)
Net assets available for benefits per Form 5500	$ 8,444,492	$ 7,337,107

The following is a reconciliation of net appreciation in fair value of investments according to the financial statements to Form 5500 for the year ended December 31, 2017:

Net appreciation in fair value of investments per the financial statements	$ 926,723
Less: Net fair value adjustment for Voya Fixed Account	(222)
Net appreciation in fair value of investments per Form 5500	$ 926,501

Note 10 - Risks and Uncertainties

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

Note 11 - Subsequent Events

The Plan has evaluated its financial statements for subsequent events through October 3, 2018, which is the date the financial statements were available to be issued, and noted the following disclosure:

Effective February 2018, the Plan changed its custodian and trustee to Acensus Trust Company and its recordkeeper to the Vanguard Group, Inc.

SUPPLEMENTARY INFORMATION

JACMEL JEWELRY, INC. SAVINGS AND RETIREMENT PLAN

(Supplementary Information)

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

as of December 31, 2017

EIN: 13-2914325

PN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost [1]	(e) Current value
	Investments at fair value:			
*	AmCen Mid Cap Value Fund R6	Pooled separate account		$ 122,519
*	American Funds Cap In Bld R6	Pooled separate account		35,050
*	American Funds Fdmntl Inv R6	Pooled separate account		559,752
*	American Funds Income Fnd R6	Pooled separate account		65,414
*	American Funds New World R6	Pooled separate account		147,989
*	American Funds Nw Prspctv R6	Pooled separate account		1,219
*	American Funds Wash Mtual R6	Pooled separate account		247,954
*	American Funds Grth Fund of America	Pooled separate account		850,492
*	ClrBrg SmCp Grw Fd IS	Pooled separate account		14,807
*	Columbia High Yield Bond Fnd Y	Pooled separate account		138,122
*	DFA Commodity Strategy Prt Ins	Pooled separate account		38,852
*	DFA Real Estate Secs Port Ins	Pooled separate account		103,182
*	DFA US Targeted Vl Port Ins	Pooled separate account		169,536
*	Ivy Intl Core Equity Fnd R6	Pooled separate account		406,076
*	Neuberg Berm MdCp Grw Fnd R6	Pooled separate account		106,823
*	PIMCO Real Return Fund Ins	Pooled separate account		43,733
*	Templeton Global Bond Fund R6	Pooled separate account		160,286
*	Vangrd 500 Index Fund Adm	Pooled separate account		286,405
*	Vangrd LifeStrat Cns Gr Fd Inv	Pooled separate account		16,875
*	Vangrd LifeStrat Grw Fd Inv	Pooled separate account		110,751
*	Vangrd LifeStrat Inc Fd Inv	Pooled separate account		70,813
*	Vangrd LifeStrat Md Grw Fd Inv	Pooled separate account		399,923
*	Vangrd Mid-Cap Index Fund Adm	Pooled separate account		322,200
*	Vangrd Small-Cap Index Fnd Adm	Pooled separate account		165,791
*	Vangrd Tot Bd Mkt Ind Fd Adm	Pooled separate account		739,237
*	Vangrd Trgt Retire 2015 Fd Inv	Pooled separate account		158,174
*	Vangrd Trgt Retire 2020 Fd Inv	Pooled separate account		160,446
*	Vangrd Trgt Retire 2025 Fd Inv	Pooled separate account		443,468
*	Vangrd Trgt Retire 2030 Fd Inv	Pooled separate account		40,993
*	Vangrd Trgt Retire 2035 Fd Inv	Pooled separate account		260,096
*	Vangrd Trgt Retire 2040 Fd Inv	Pooled separate account		119,029
*	Vangrd Trgt Retire 2045 Fd Inv	Pooled separate account		290,088
*	Vangrd Trgt Retire 2050 Fd Inv	Pooled separate account		10,168
*	Vangrd Trgt Retire 2055 Fd Inv	Pooled separate account		158,034
*	Vangrd Trgt Retire 2060 Fd Inv	Pooled separate account		164
*	Vangrd Trgt Retire Inc Fd Inv	Pooled separate account		34,844
*	Voya Fixed Account	Guaranteed interest account		1,249,961
	Total investments, at fair value			8,249,266
*	Notes receivable from participants	Interest rates ranging from 4.25% to 5.25%		229,297
	Total			$ 8,478,563

* Represents a party-in-interest as defined by ERISA.

Note: This data is based upon information which has been certified as complete and accurate by the custodian, except for notes receivable from participants.

[1] Cost information may be omitted for plan assets, which are participant directed.

JACMEL JEWELRY, INC. SAVINGS & RETIREMENT PLAN
Voya Plan 814039
Your Investment Program - Plan-related Information
November 30, 2017

The purpose of this document is to summarize certain plan-related information regarding the plan's investment options and fees to be paid in connection with plan services or options selected. It is intended to be read along with the comparative chart of Investment-related Information. These summaries are not intended to replace the Summary Plan Description (SPD), or the investment product information provided separately by Voya. This summary is intended for the sole purpose of complying with the disclosure requirements of Department of Labor regulations under §2550.404a-5. Please refer to your plan's disclosure materials prior to making investment decisions. Fees are subject to change from time to time. If there is any conflict between this summary and the governing plan agreements, then the governing plan agreements will control.

Contributions to the plan can be invested in a variety of investment options and you may have one or more forms of distribution to choose from. You will receive periodic statements that will include account values, unit values, and fees deducted. You will also have access to your account through Voya's Customer Contact Center and participant website.

Where and How to Give investment instructions
The plan permits participants to direct the investment of contributions.

After you have enrolled in the Plan, you may direct your investments by accessing Voya's plan participant website at www.voyaretirementplans.com or by calling the Voya Retirement Services Customer Contact Center at 1-800-584-6001.

Designated Investment Alternatives
The designated investment alternatives available under the plan as of the date above are as follows:

Amer Cent Mid Cap Value Fund R6	American Funds Cap In Bld R6
American Funds Fdmntl Inv R6	American Funds Growth Fnd R6
American Funds Income Fnd R6	American Funds New World R6
American Funds Nw Prspctv R6	American Funds Wash Mtual R6
ClrBrg Sm Cp Growth Fnd IS	Columbia High Yield Bond Fund I3
DFA Commodity Strategy Port Inst	DFA Real Estate Securities Port Inst
DFA U.S. Targeted Value Port Inst	Ivy International Core Equity Fnd N
Neuberger Berman Md Cp Grw Fnd R6	PIMCO Real Return Fund Inst
Templeton Global Bond Fund R6	Vanguard 500 Index Fund Adm
Vanguard LifeStrat Cnsrv Grw Fd Inv	Vanguard LifeStrat Growth Fd Inv
Vanguard LifeStrat Income Fd Inv	Vanguard LifeStrat Mod Grwth Fd Inv
Vanguard Mid-Cap Index Fund Adm	Vanguard Small-Cap Index Fund Adm
Vanguard Total Bnd Mrkt Ind F Adm	Vanguard Trgt Retire 2015 Fnd Inv
Vanguard Trgt Retire 2020 Fnd Inv	Vanguard Trgt Retire 2025 Fnd Inv
Vanguard Trgt Retire 2030 Fnd Inv	Vanguard Trgt Retire 2035 Fnd Inv
Vanguard Trgt Retire 2040 Fnd Inv	Vanguard Trgt Retire 2045 Fnd Inv

Vanguard Trgt Retire 2050 Fnd Inv	Vanguard Trgt Retire 2055 Fnd Inv
Vanguard Trgt Retire 2060 Fnd Inv	Vanguard Trgt Retire Income Fnd Inv
Voya Fixed Account (4062)	

Please refer to the comparative investment chart for information about designated investment alternatives available as of the date above. The funds available are subject to change from time to time. The designated investment alternatives available to new participants are identified during the enrollment process. Once you have enrolled, your Voya website will be your source of information on available funds.

Designated Investment Managers
If elected, Morningstar Investment Management LLC actively manages the participant's account and provides a personalized retirement strategy, discretionary asset management, and ongoing oversight. Morningstar Investment Management LLC assumes responsibility for monitoring the participant's account on a quarterly basis and executing appropriate transactions on the participant's behalf.

Annual Services Fees	Fee	Payment Method
Managed Account Service Fee	.56%	Deducted from Participant Account

Individual Service Fees
The fees below apply to certain individual services and transactions and will be deducted from your account when applicable. If more than one service provider performs services on behalf of the plan, then each provider's fees are shown separately. Fees that apply to the same transaction or service may be combined on your statements.

Fee Type	Fees*	Entity Charging the Fee
Hardship Distribution Processing, one-time charge per disbursement or withdrawal:	$35.00	ASSOCIATED PENSION CONSULTANTS INC
In-Service Withdrawal and Hardship Distribution Processing, one-time charge per disbursement or withdrawal: [Note: Not applicable for 90-day permissible withdrawals under Automatic Enrollment]	$50.00	Voya
In-Service Withdrawal Processing, one-time charge per disbursement or withdrawal:	$35.00	ASSOCIATED PENSION CONSULTANTS INC
Loan Initiation Fee, one-time charge per loan:	$100.00	Voya
Overnight Mail, per occurrence:	$50.00	Voya
Participant-Initiated Wire, per occurrence:	$50.00	Voya
Qualified Domestic Relations Order (QDRO), per occurrence:	$200.00	ASSOCIATED PENSION CONSULTANTS INC
Required Minimum Distribution (RMD) Fee, per occurrence:	$35.00	ASSOCIATED PENSION CONSULTANTS INC
Stop Payment, per occurrence:	$50.00	Voya
Termination Distribution Processing, one-time charge per distribution:	$50.00	Voya
Termination Distribution Processing, one-time charge per distribution:	$35.00	ASSOCIATED PENSION CONSULTANTS INC

*The above fees are subject to change from time to time.

Additional Disclosures
Separate fees may be assessed against your account if you elect other transactions or service programs, or for third party services. The amount of any fees actually deducted from your account will be shown on your quarterly employee statement or confirmation.

Some of the plan's administrative expenses were paid from revenue sharing payments of one or more of the plan's designated investment alternatives.

Voya Retirement Insurance and Annuity Company
INVESTMENT-RELATED INFORMATION
JACMEL JEWELRY, INC. SAVINGS & RETIREMENT PLAN
Voya Plan 814039
November 30, 2017

This document includes important information to help you compare the investment options under your retirement plan. If you want additional information about your investment options, you can go to the specific Internet Web site address shown below. You can also contact Voya Retirement Services Customer Contact Center at 1-800-584-6001, One Orange Way, Windsor, CT 06095. A free paper copy of the information available on the Web site can be obtained by contacting Voya Retirement Services Customer Contact Center at 1-800-584-6001.

This summary is intended for the sole purpose of complying with the disclosure requirements of Department of Labor regulations under §2550.404a-5. Please refer to your plan's disclosure materials prior to making investment decisions.

Document Summary

This document has 2 parts. Part I consists of performance information for plan investment options. This part shows you how well the investments have performed in the past. Part II shows you the fees and expenses you will pay if you invest in an option.

Part I. Performance Information

Table 1 focuses on the performance of investment options that do not have a fixed or stated rate of return. Table 1 shows how these options have performed over time and allows you to compare them with an appropriate benchmark for the same time periods. Past performance does not guarantee how the investment option will perform in the future. Your investment in these options could lose money. Information about an option's principal risks is available on the Web site[s].

All funds assume reinvestment of all dividends (ordinary income and capital gains) and are net of management fees and other fund operating expenses as well as separate account charges where applicable. The numbers may also reflect maintenance fees, administration fees, and/or deferred sales charges, if your contract is funded through a registered separate account. The table shows how these options have performed over time and allows you to compare them with an appropriate benchmark for the same time periods. Note that the benchmark performance does not reflect the fees and charges associated with the product and investment options in your particular contract.

Table 1 - Variable Return Investments

Name / Type of Option	Average Annual Total Return as of 12/31/16				Benchmark			
	1 yr	5 yr	10 yr	Since Inception	1 yr	5 yr	10 yr	Since Inception
ASSET ALLOCATION								
Vanguard LifeStrat Cnsrv Grw Fd Inv www.voyaretirementplans.com	5.49%	5.67%	3.92%		2.65%	2.23%	4.34%	
					Barclays Capital U.S.Aggregate Bond Index TR USD			
Vanguard LifeStrat Growth Fd Inv www.voyaretirementplans.com	7.84%	9.24%	4.18%		12.62%	14.59%	7.18%	

Name / Type of Option	Average Annual Total Return as of 12/31/16				Benchmark			
	1 yr	5 yr	10 yr	Since Inception	1 yr	5 yr	10 yr	Since Inception
					Dow Jones U.S. Total Stock Market Index TR			
Vanguard LifeStrat Income Fd Inv www.voyaretirementplans.com	4.12%	3.80%	3.64%		2.65%	2.23%	4.34%	
					Barclays Capital U.S.Aggregate Bond Index TR USD			
Vanguard LifeStrat Mod Grwth Fd Inv www.voyaretirementplans.com	6.65%	7.47%	4.22%		2.65%	2.23%	4.34%	
					Barclays Capital U.S.Aggregate Bond Index TR USD			
Vanguard Trgt Retire 2015 Fnd Inv www.voyaretirementplans.com	5.68%	6.74%	4.38%		6.40%	7.44%	4.91%	
					Vanguard Target Retirement 2015 Composite Index			
Vanguard Trgt Retire 2020 Fnd Inv www.voyaretirementplans.com	6.47%	7.68%	4.52%		7.17%	8.43%	5.14%	
					Vanguard Target Retirement 2020 Composite Index			
Vanguard Trgt Retire 2025 Fnd Inv www.voyaretirementplans.com	7.00%	8.37%	4.53%		7.67%	9.11%	5.15%	
					Vanguard Target Retirement 2025 Composite Index			
Vanguard Trgt Retire 2030 Fnd Inv www.voyaretirementplans.com	7.37%	9.01%	4.51%		8.11%	9.77%	5.14%	
					Vanguard Target Retirement 2030 Composite Index			
Vanguard Trgt Retire 2035 Fnd Inv www.voyaretirementplans.com	7.78%	9.66%	4.62%		8.55%	10.43%	5.25%	
					Vanguard Target Retirement 2035 Composite Index			
Vanguard Trgt Retire 2040 Fnd Inv www.voyaretirementplans.com	8.25%	10.01%	4.79%		8.98%	10.80%	5.40%	
					Vanguard Target Retirement 2040 Composite Index			
Vanguard Trgt Retire 2045 Fnd Inv www.voyaretirementplans.com	8.38%	10.05%	4.79%		9.13%	10.84%	5.41%	
					Vanguard Target Retirement 2045 Composite Index			
Vanguard Trgt Retire 2050 Fnd Inv www.voyaretirementplans.com	8.36%	10.04%	4.79%		9.13%	10.84%	5.41%	
					Vanguard Target Retirement 2050 Composite Index			
Vanguard Trgt Retire 2055 Fnd Inv www.voyaretirementplans.com	8.39%	10.02%		10.26%	9.13%	10.84%		10.45%
					Vanguard Target Retirement 2055 Composite Index			
Vanguard Trgt Retire 2060 Fnd Inv www.voyaretirementplans.com	8.36%			9.17%	9.13%			9.98%
					Vanguard Target Retirement 2060 Composite Index			
Vanguard Trgt Retire Income Fnd Inv www.voyaretirementplans.com	4.78%	4.43%	4.41%		5.35%	5.10%	4.93%	

Name / Type of Option	Average Annual Total Return as of 12/31/16				Benchmark			
	1 yr	5 yr	10 yr	Since Inception	1 yr	5 yr	10 yr	Since Inception
					Vanguard Target Retirement Income Composite Index			
BALANCED								
American Funds Cap In Bld R6 www.voyaretirementplans.com	6.75%	7.13%	3.79%		7.86%	9.36%	3.56%	
					MSCI ACWI NR USD			
American Funds Income Fnd R6 www.voyaretirementplans.com	10.39%	9.15%	5.19%		11.96%	14.66%	6.95%	
					S&P 500 Index TR USD			
BONDS								
Columbia High Yield Bond Fund I3 www.voyaretirementplans.com	11.10%	6.66%	6.38%		17.34%	7.30%	7.37%	
					BofA Merrill Lynch US HY Cash Pay Constrained Index TR USD			
PIMCO Real Return Fund Inst www.voyaretirementplans.com	4.57%	0.52%	4.14%		4.68%	0.89%	4.36%	
					Barclays Capital U.S.Treasury U.S.TIPS Index TR USD			
Templeton Global Bond Fund R6 www.voyaretirementplans.com	6.30%	3.93%	6.21%		1.60%	-0.99%	2.99%	
					Citigroup World Government Bond Index USD			
Vanguard Total Bnd Mrkt Ind F Adm www.voyaretirementplans.com	2.15%	1.69%	3.83%		2.75%	2.24%	4.36%	
					Spliced Barclays Capital U.S. Aggregate Float Adjusted Index			
GLOBAL / INTERNATIONAL								
American Funds New World R6 www.voyaretirementplans.com	3.84%	4.33%	2.92%		7.86%	9.36%	3.56%	
					MSCI ACWI NR USD			
American Funds Nw Prspctv R6 www.voyaretirementplans.com	1.74%	11.00%	5.55%		7.86%	9.36%	3.56%	
					MSCI ACWI NR USD			
Ivy International Core Equity Fnd N www.voyaretirementplans.com	1.34%	7.20%	3.04%		1.00%	6.53%	0.75%	
					MSCI EAFE Index NR USD			
LARGE CAP GROWTH								
American Funds Growth Fnd R6 www.voyaretirementplans.com	8.33%	14.91%	6.73%		11.96%	14.66%	6.95%	
					S&P 500 Index TR USD			
LARGE CAP VALUE								
American Funds Fdmntl Inv R6 www.voyaretirementplans.com	12.37%	14.17%	6.92%		11.96%	14.66%	6.95%	

Name / Type of Option	Average Annual Total Return as of 12/31/16				Benchmark			
	1 yr	5 yr	10 yr	Since Inception	1 yr	5 yr	10 yr	Since Inception
					S&P 500 Index TR USD			
American Funds Wash Mtual R6 www.voyaretirementplans.com	13.22%	13.15%	6.26%		11.96%	14.66%	6.95%	
					S&P 500 Index TR USD			
Vanguard 500 Index Fund Adm www.voyaretirementplans.com	11.43%	14.11%	6.46%		11.96%	14.66%	6.95%	
					S&P 500 Index TR USD			
SMALL/MID/SPECIALTY								
Amer Cent Mid Cap Value Fund R6 www.voyaretirementplans.com	22.63%	16.07%	8.94%		20.00%	15.70%	7.59%	
					Russell Mid Cap Value Index TR USD			
ClrBrg Sm Cp Growth Fnd IS www.voyaretirementplans.com	5.77%	12.41%	7.59%		11.32%	13.74%	7.76%	
					Russell 2000 Growth Index TR USD			
DFA Commodity Strategy Port Inst www.voyaretirementplans.com	13.27%	-7.80%		-6.98%	11.77%	-8.95%		-8.87%
					Bloomberg Commodity TR Index			
DFA Real Estate Securities Port Inst www.voyaretirementplans.com	7.90%	11.31%	4.34%		11.96%	14.66%	6.95%	
					S&P 500 Index TR USD			
DFA U.S. Targeted Value Port Inst www.voyaretirementplans.com	26.30%	15.46%	6.88%		31.74%	15.07%	6.26%	
					Russell 2000 Value Index TR USD			
Neuberger Berman Md Cp Grw Fnd R6 www.voyaretirementplans.com	4.59%	10.85%	7.01%		7.33%	13.51%	7.83%	
					Russell Mid Cap Growth Index TR USD			
Vanguard Mid-Cap Index Fund Adm www.voyaretirementplans.com	10.72%	13.86%	7.18%		11.25%	14.56%	7.62%	
					CRSP US Mid Cap TR USD			
Vanguard Small-Cap Index Fund Adm www.voyaretirementplans.com	17.77%	14.32%	7.69%		18.26%	15.00%	8.60%	
					CRSP US Small Cap TR USD			

Certain benchmark performance data that appears in Table I may be provided by MSCI or Bank of America. Please read these important disclaimers concerning that information:

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Table 2 focuses on the performance of investment options that have a fixed or stated rate of return. Table 2 shows the annual rate of return of each such option, the term or length of time that you will earn this rate of return, and other information relevant to performance.

Table 2 - Fixed Return Investments

Name / Type of Option	Return	Term	Other
STABILITY OF PRINCIPAL			
Voya Fixed Account (4062) www.voyaretirementplans.com	1.75%	N/A	Rates are subject to change at any time subject to contract guarantees. The Guaranteed Minimum Interest rate is 1.00%. Current rate information is available by calling 1-800-584-6001.

Part II. Fee and Expense Information

Table 3 shows fee and expense information for the investment options listed in Table 1 and Table 2. Table 3 shows the Total Gross and Net Annual Operating Expenses of the options in Table 1. Net Operating Expenses are reduced by fund waivers and adjustments, when applicable. Annual Operating Expenses are expenses that reduce the rate of return of the investment option. Table 3 also shows Shareholder-type Fees. These fees are in addition to Annual Operating Expenses. To find additional information about your investments, please see applicable fund information in the appropriate documents made available to you (e.g. prospectus, Fund Fact Sheet, fund information section on the plan's web site, etc.).

Table 3 - Fees and Expenses

Name / Type of Option	Total Gross Annual Operating Expenses		Total Net Annual Operating Expenses		Shareholder Type Fees/ Fund Restrictions
	As a %	Per $1,000	As a %	Per $1,000	
ASSET ALLOCATION					
Vanguard LifeStrat Cnsrv Grw Fd Inv	0.58%	$5.80	0.58%	$5.80	
Vanguard LifeStrat Growth Fd Inv	0.60%	$6.00	0.60%	$6.00	
Vanguard LifeStrat Income	0.57%	$5.70	0.57%	$5.70	

Name / Type of Option	Total Gross Annual Operating Expenses		Total Net Annual Operating Expenses		Shareholder Type Fees/ Fund Restrictions
	As a %	Per $1,000	As a %	Per $1,000	
Fd Inv					
Vanguard LifeStrat Mod Grwth Fd Inv	0.59%	$5.90	0.59%	$5.90	
Vanguard Trgt Retire 2015 Fnd Inv	0.59%	$5.90	0.59%	$5.90	
Vanguard Trgt Retire 2020 Fnd Inv	0.59%	$5.90	0.59%	$5.90	
Vanguard Trgt Retire 2025 Fnd Inv	0.59%	$5.90	0.59%	$5.90	
Vanguard Trgt Retire 2030 Fnd Inv	0.60%	$6.00	0.60%	$6.00	
Vanguard Trgt Retire 2035 Fnd Inv	0.60%	$6.00	0.60%	$6.00	
Vanguard Trgt Retire 2040 Fnd Inv	0.61%	$6.10	0.61%	$6.10	
Vanguard Trgt Retire 2045 Fnd Inv	0.61%	$6.10	0.61%	$6.10	
Vanguard Trgt Retire 2050 Fnd Inv	0.61%	$6.10	0.61%	$6.10	
Vanguard Trgt Retire 2055 Fnd Inv	0.61%	$6.10	0.61%	$6.10	
Vanguard Trgt Retire 2060 Fnd Inv	0.61%	$6.10	0.61%	$6.10	
Vanguard Trgt Retire Income Fnd Inv	0.58%	$5.80	0.58%	$5.80	
BALANCED					
American Funds Cap In Bld R6	0.75%	$7.50	0.75%	$7.50	
American Funds Income Fnd R6	0.74%	$7.40	0.74%	$7.40	
BONDS					
Columbia High Yield Bond Fund I3	1.11%	$11.10	1.11%	$11.10	
PIMCO Real Return Fund Inst	1.09%	$10.90	0.90%	$9.00	
Templeton Global Bond Fund R6	1.03%	$10.30	0.97%	$9.70	

Name / Type of Option	Total Gross Annual Operating Expenses		Total Net Annual Operating Expenses		Shareholder Type Fees/ Fund Restrictions
	As a %	Per $1,000	As a %	Per $1,000	
Vanguard Total Bnd Mrkt Ind F Adm	0.50%	$5.00	0.50%	$5.00	
GLOBAL / INTERNATIONAL					
American Funds New World R6	1.10%	$11.00	1.10%	$11.00	
American Funds Nw Prspctv R6	0.90%	$9.00	0.90%	$9.00	
Ivy International Core Equity Fnd N	1.27%	$12.70	1.27%	$12.70	
LARGE CAP GROWTH					
American Funds Growth Fnd R6	0.78%	$7.80	0.78%	$7.80	
LARGE CAP VALUE					
American Funds Fdmntl Inv R6	0.76%	$7.60	0.76%	$7.60	
American Funds Wash Mtual R6	0.75%	$7.50	0.75%	$7.50	
Vanguard 500 Index Fund Adm	0.49%	$4.90	0.49%	$4.90	
SMALL/MID/SPECIALTY					
Amer Cent Mid Cap Value Fund R6	1.11%	$11.10	1.06%	$10.60	
ClrBrg Sm Cp Growth Fnd IS	1.23%	$12.30	1.23%	$12.30	
DFA Commodity Strategy Port Inst	0.78%	$7.80	0.78%	$7.80	
DFA Real Estate Securities Port Inst	0.64%	$6.40	0.63%	$6.30	
DFA U.S. Targeted Value Port Inst	0.82%	$8.20	0.82%	$8.20	
Neuberger Berman Md Cp Grw Fnd R6	1.12%	$11.20	1.12%	$11.20	
Vanguard Mid-Cap Index Fund Adm	0.51%	$5.10	0.51%	$5.10	
Vanguard Small-Cap Index Fund Adm	0.51%	$5.10	0.51%	$5.10	
STABILITY OF PRINCIPAL					
Voya Fixed Account (4062)	N/A	N/A	N/A	N/A	•Transfers from Fixed Account to other investment options may be limited to a percentage of the Fixed Account January 1st balance. That percentage will never be less than 10%. A higher percentage may also be allowed. For the current transfer percentage, call 1-800-584-6001.

Name / Type of Option	Total Gross Annual Operating Expenses		Total Net Annual Operating Expenses		Shareholder Type Fees/ Fund Restrictions
	As a %	Per $1,000	As a %	Per $1,000	
					•Market Value Adjustments per contract formula for non-benefit Surrenders.

Voya "Excessive Trading" Policy

Voya actively monitors fund transfer and reallocation activity within its variable insurance and retirement products to identify Excessive Trading. Voya currently defines Excessive Trading as: a) More than one purchase and sale of the same fund (including money market funds) within a 60 calendar day period (hereinafter, a purchase and sale of the same fund is referred to as a "roundtrip"). This means two or more round-trips involving the same fund within a 60 calendar day period would meet Voya's definition of Excessive Trading; or b) Six round-trips within a twelve month period.

Each fund available through Voya's variable insurance and retirement products, either by prospectus or stated policy, has adopted or may adopt its own excessive/frequent trading policy. Voya reserves the right, without prior notice, to implement restrictions and/or block future purchases of a fund by an individual who the fund has identified as violating its excessive/frequent trading policy. All such restrictions and/or blocking of future fund purchases will be done in accordance with the directions Voya receives from the fund.

Voya's Excessive Trading Policy does not apply to Employer Stock Funds, Fixed Account, Fixed Plus Account, Guaranteed Accumulation Account or Stabilizer.

The cumulative effect of fees and expenses can substantially reduce the growth of your retirement savings. Visit the Department of Labor's Web site for an example showing the long-term effect of fees and expenses at http://www.dol.gov/ebsa/publications/401k_employee.html. Fees and expenses are only one of many factors to consider when you decide to invest in an option. You may also want to think about whether an investment in a particular option, along with your other investments, will help you achieve your financial goals.

Please visit Voya Retirement Plans Website at www.voyaretirementplans.com for a glossary of investment terms relevant to the investment options under this plan. This glossary is intended to help you better understand your Options.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Jacmel Jewelry, Inc. Savings and Retirement Plan

Employer Identification Number: ► 13-2914325

For plan year (beginning/ending): ► 01/01/2017-12/31/2017 Plan number: ► 001

(a)	(b) Identity of issue, 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
	VOYA Life Insurance & Annuity Co	American Century Investments Mid Cap		122519
	VOYA Life Insurance & Annuity Co	American Funds Capital Income Builder		35050
	VOYA Life Insurance & Annuity Co	American Funds Fundamental Investor		559752
	VOYA Life Insurance & Annuity Co	American Funds Growth Fund		850492
	VOYA Life Insurance & Annuity Co	American Funds Income Fund		1219
	VOYA Life Insurance & Annuity Co	American Funds New Perspective		65414
	VOYA Life Insurance & Annuity Co	American Funds New World Fund		147989
	VOYA Life Insurance & Annuity Co	American Funds Washington Mutual		247954
	VOYA Life Insurance & Annuity Co	Clear Bridge Aggressive Growth Fund		0
	VOYA Life Insurance & Annuity Co	Clear Bridge Small Cap Growth Fund		14807
	VOYA Life Insurance & Annuity Co	Columbia High Yield Bond Fund		138122
	VOYA Life Insurance & Annuity Co	DFA Commodity Strategy Portfolio		38852
	VOYA Life Insurance & Annuity Co	DFA Real Estate Securities Portfolio		103182
	VOYA Life Insurance & Annuity Co	DFA U.S. Targeted Value Portfolio		169536
	VOYA Life Insurance & Annuity Co	Ivy International Core Equity Fund		406076
	VOYA Life Insurance & Annuity Co	Neuberger Berman Mid Cap Growth		106823
	VOYA Life Insurance & Annuity Co	PIMCO Real Return Fund		43733
	VOYA Life Insurance & Annuity Co	Templeton Global Bond Fund		160286
	VOYA Life Insurance & Annuity Co	Vanguard 500 Index Fund		286405
	VOYA Life Insurance & Annuity Co	Vanguard LifeStrategy Conservative		16875
	VOYA Life Insurance & Annuity Co	Vanguard LifeStrategy Growth Fund		110751
	VOYA Life Insurance & Annuity Co	Vanguard LifeStrategy Income Fund		70813
	VOYA Life Insurance & Annuity Co	Vanguard LifeStrategy Mid-Cap Index		322200
	VOYA Life Insurance & Annuity Co	Vanguard LifeStrategy Moderate Growth		399923
	VOYA Life Insurance & Annuity Co	Vanguard LifeStrategy Small-Cap Index		165791
	VOYA Life Insurance & Annuity Co	Vanguard Target Retirement 2015 Fund		158174
	VOYA Life Insurance & Annuity Co	Vanguard Target Retirement 2020 Fund		160446
	VOYA Life Insurance & Annuity Co	Vanguard Target Retirement 2025 Fund		443468
	VOYA Life Insurance & Annuity Co	Vanguard Target Retirement 2030 Fund		40993
	VOYA Life Insurance & Annuity Co	Vanguard Target Retirement 2035 Fund		260096
	VOYA Life Insurance & Annuity Co	Vanguard Target Retirement 2040 Fund		119029
	VOYA Life Insurance & Annuity Co	Vanguard Target Retirement 2045 Fund		290088
	VOYA Life Insurance & Annuity Co	Vanguard Target Retirement 2050 Fund		10168
	VOYA Life Insurance & Annuity Co	Vanguard Target Retirement 2055 Fund		158034
	VOYA Life Insurance & Annuity Co	Vanguard Target Retirement 2060 Fund		164
	VOYA Life Insurance & Annuity Co	Vanguard Target Retirement Income		34844
	VOYA Life Insurance & Annuity Co	Vanguard Total Bond Market Index		739237
	VOYA Life Insurance & Annuity Co	VOYA Fixed Account		1215890
	Participant Loan	Interest Rates 4.25% - 5.25%		229297