# 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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1969

**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)

HOLLAND & KNIGHT LLP

524 GRAND REGENCY BLVD
BRANDON, FL 33510

524 GRAND REGENCY BLVD
BRANDON, FL 33510

**2b** Employer Identification Number (EIN)
59-0663819

**2c** Plan Sponsor's telephone number
813-769-4382

**2d** Business code (see instructions)
541110

**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. | 10/11/2018 | TINA BROOME |
| | **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** | 2792 |
| **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)** | 2318 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 2348 |
| **b** Retired or separated participants receiving benefits | **6b** | 46 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 808 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 3202 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 3203 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 2856 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 73 |
| **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 2F 2G 2J 2K 2R

**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)** [ ] **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] 7 **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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

**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
GUARDIAN LIFE INSURANCE 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 |
| 13-5123390 | 64246 | VARIOUS | 3 | 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 |
|---|---|
| 0 | 0 |

**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

| **(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 | |
| | | | |

**(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 | 1792946 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ NOT PROVIDED

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | 6b | 16673 |
| **c** | Premiums due but unpaid at the end of the year | 6c | 0 |
| **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) [X] 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 ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE 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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

**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 INSURANCE & 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 |
| 41-0991508 | 80942 | I031718-LM | 1 | 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 |
|---|---|
| 494 | 0 |

**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

MERRILL LYNCH LIFE AGENCY, INC.

F/B/O JOSHUA W. ROGERS
4804 DEER LAKE DR. E FL 5
JACKSONVILLE, FL 32246

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 494 | | | |

**(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 | |
| | | | |

**(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** | 118624 |
| **5** | Current value of plan's interest under this contract in separate accounts at year end | **5** | |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ NOT PROVIDED

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | **6b** | 0 |
| **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. | **6d** | |

Specify nature of costs ▶

**e** Type of contract: (1) [X] 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 ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | **7b** | |
| **c** | Additions: (1) Contributions deposited during the year | **7c(1)** | | | |
| | (2) Dividends and credits | **7c(2)** | | | |
| | (3) Interest credited during the year | **7c(3)** | | | |
| | (4) Transferred from separate account | **7c(4)** | | | |
| | (5) Other (specify below) | **7c(5)** | | | |
| | ▶ | | | | |
| | (6) Total additions | | | **7c(6)** | |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | **7d** | |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | **7e(1)** | | | |
| | (2) Administration charge made by carrier | **7e(2)** | | | |
| | (3) Transferred to separate account | **7e(3)** | | | |
| | (4) Other (specify below) | **7e(4)** | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | **7e(5)** | |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | **7f** | |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE 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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

**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
JOHN HANCOCK

| **(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 |
| 01-0233346 | 65838 | VARIOUS | 1 | 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 |
|---|---|
| 0 | |

**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

| **(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 | |
| | | | |

**(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** | 53773 |
| **5** | Current value of plan's interest under this contract in separate accounts at year end | **5** | |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ NOT PROVIDED

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | **6b** | 242 |
| **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) [X] 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 ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | **7b** | |
| **c** | Additions: (1) Contributions deposited during the year | **7c(1)** | | | |
| | (2) Dividends and credits | **7c(2)** | | | |
| | (3) Interest credited during the year | **7c(3)** | | | |
| | (4) Transferred from separate account | **7c(4)** | | | |
| | (5) Other (specify below) ▶ | **7c(5)** | | | |
| | (6) Total additions | | | **7c(6)** | |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | **7d** | |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | **7e(1)** | | | |
| | (2) Administration charge made by carrier | **7e(2)** | | | |
| | (3) Transferred to separate account | **7e(3)** | | | |
| | (4) Other (specify below) ▶ | **7e(4)** | | | |
| | (5) Total deductions | | | **7e(5)** | |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | **7f** | |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE 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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

**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
METLIFE/NEW ENGLAND FINANCIAL

| **(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 |
| 13-5581829 | 65978 | VARIOUS | 2 | 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 |
|---|---|
| 34 | 0 |

**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

NEW ENGLAND LIFE
200 PARK AVENUE
NEW YORK, NY 10166

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
| 34 | | | |

**(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 | | |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
| | | | |

**(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 | |
| | | | |

**(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 | 189694 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ NOT PROVIDED

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | 6b | 5020 |
| **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) [X] 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 ▶

| | | | | |
|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | 7b | |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | | |
| | (2) Dividends and credits | 7c(2) | | |
| | (3) Interest credited during the year | 7c(3) | | |
| | (4) Transferred from separate account | 7c(4) | | |
| | (5) Other (specify below) ▶ | 7c(5) | | |
| | (6) Total additions | | 7c(6) | |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | 7d | |
| **e** | Deductions: | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | |
| | (2) Administration charge made by carrier | 7e(2) | | |
| | (3) Transferred to separate account | 7e(3) | | |
| | (4) Other (specify below) ▶ | 7e(4) | | |
| | (5) Total deductions | | 7e(5) | |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | 7f | |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE 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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

**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
NEW YORK LIFE INSURANCE & ANNUITY CORPORATION

| (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 |
| 13-3044743 | 91596 | VARIOUS | 7 | 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 |
|---|---|
| 31286 | 0 |

**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

COREY METZ
12201 MERIT DR.
SUITE 1000
DALLAS, TX 75251

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 4665 | 0 | | |

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

DOREEN MAHONEY
ONE MONARCH PLACE
SUITE 1840
SPRINGFIELD, MA 01144

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 172 | 0 | | |

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

TOM TYLER

ONE MONARCH PLACE
SUITE 1840
SPRINGFIELD, MA 01144

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 666 | 0 | | |

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

WILLAM E. MAHONEY, JR.

ONE MONARCH PLACE
SUITE 1840
SPRINGFIELD, MA 75251

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 25781 | 0 | | |

**(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 | 1002923 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ NOT PROVIDED

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | 6b | 177690 |
| **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) [X] 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 ▶

| | | | | |
|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | 7b | |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | | |
| | (2) Dividends and credits | 7c(2) | | |
| | (3) Interest credited during the year | 7c(3) | | |
| | (4) Transferred from separate account | 7c(4) | | |
| | (5) Other (specify below) ▶ | 7c(5) | | |
| | (6) Total additions | | 7c(6) | |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | 7d | |
| **e** | Deductions: | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | |
| | (2) Administration charge made by carrier | 7e(2) | | |
| | (3) Transferred to separate account | 7e(3) | | |
| | (4) Other (specify below) ▶ | 7e(4) | | |
| | (5) Total deductions | | 7e(5) | |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | 7f | |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE 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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

**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
NORTHWESTERN MUTUAL

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 39-0509570 | 67091 | 30287 | 7 | 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 |
|---|---|
| 848 | 740 |

**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
OCONNELL FNCL GROUP, INC.
1511 N WESTSHORE BLVD
STE 500
TAMPA, FL 33607

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 212 | 19 | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
CHARLES G. MORRONGIELLO
1511 N WESTSHORE BLVD
STE 500
TAMPA, FL 33607

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 633 | 273 | | |

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

JAMES ISAAC CAMPBELL
2039 CENTRE POINT BLVD.
#203
TALLAHASSEE, FL 32308

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 0 | 326 | | |

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

JAMES L. ERB
3717 W NORTH B ST.
TAMPA, FL 33609

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 3 | 123 | | |

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

ALLEN L. SNYDER III
1 BEACON STREET
FL 25
BOSTON, MA 02108

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 0 | 0 | | |

**(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 | 732534 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ NOT PROVIDED

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | 6b | 22033 |
| **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) [X] 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 ▶

| | | | | |
|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | 7b | |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | | |
| | (2) Dividends and credits | 7c(2) | | |
| | (3) Interest credited during the year | 7c(3) | | |
| | (4) Transferred from separate account | 7c(4) | | |
| | (5) Other (specify below) ▶ | 7c(5) | | |
| | (6) Total additions | | 7c(6) | |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | 7d | |
| **e** | Deductions: | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | |
| | (2) Administration charge made by carrier | 7e(2) | | |
| | (3) Transferred to separate account | 7e(3) | | |
| | (4) Other (specify below) ▶ | 7e(4) | | |
| | (5) Total deductions | | 7e(5) | |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | 7f | |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE 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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

**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
PACIFIC LIFE INSURANCE CO.

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 95-1079000 | 67466 | VARIOUS | 9 | 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 |
|---|---|
| 83 | |

**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

THOMAS FINANCIAL GROUP, INC
5550 W. EXECUTIVE DR.
SUITE 500
TAMPA, FL 33609

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 83 | 0 | | |

**(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 | |
| | | | |

**(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 | 413408 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ NOT PROVIDED

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | 6b | 6 |
| **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. | 6d | |

Specify nature of costs ▶

**e** Type of contract: (1) [X] 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 ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2017**<br>**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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

## 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

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

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

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

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

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

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

**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)

FIDELITY IIOC

04-2647786

| (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? |
|---|---|---|---|---|---|---|
| 37 64 65 71 | RECORD KEEPER | -395870 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

INTERNAL REVENUE SERVICE

81-6371459

| (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? |
|---|---|---|---|---|---|---|
| 14 | OTHER SERVICES | 24 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

CLS INVESTMENT FIRM

4020 S. 147TH ST.
OHAMA, NE 68137

| (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? |
|---|---|---|---|---|---|---|
| 16 | CONSULTANT | 1054 | Yes [ ] No [X] | 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)

FRONTIER ASSET MANAGEMENT

83-0331917

| (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? |
|---|---|---|---|---|---|---|
| 16 | CONSULTANT | 3475 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

JAFFE TILCHIN INVEST

33-1156397

| (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? |
|---|---|---|---|---|---|---|
| 16 | CONSULTANT | 3607 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

RAYMOND JAMES & ASSOCIATES

59-1237041

| (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? |
|---|---|---|---|---|---|---|
| 16 | CONSULTANT | 4563 | Yes [ ] No [X] | 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)

PAVILION ADVISORY GROUP

04-3831795

| (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? |
|---|---|---|---|---|---|---|
| 27 | INVESTMENT ADVISOR | 15000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

FLORIDA ATLANTIC S.C.

65-0746029

| (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? |
|---|---|---|---|---|---|---|
| 16 | CONSULTANT | 17268 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

ASSET MANAGEMENT-IPA, LPL

46-3118454

| (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? |
|---|---|---|---|---|---|---|
| 16 | CONSULTANT | 37752 | Yes [ ] No [X] | 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)

CHAS P. SMITH ASSOC

59-2030217

| (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? |
|---|---|---|---|---|---|---|
| 16 | CONSULTANT | 39371 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

CLS

13-4109249

| (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? |
|---|---|---|---|---|---|---|
| 16 | CONSULTANT | 82935 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

STATEGIC ADVISORS, INC.

04-2654524

| (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? |
|---|---|---|---|---|---|---|
| 27 | ADVISOR | 154912 | Yes [ ] No [X] | 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)

HOLLAND & KNIGHT

59-0663819

| (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? |
|---|---|---|---|---|---|---|
| 16 | CONSULTANT | 314927 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENT INST OPS CO | 60 | 0 |

| **(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. |
|---|---|
| WF SM CO GROWTH IS<br>P.O. BOX 8480<br>BOSTON, MA 02266 | 0.15% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENT INST OPS CO | 60 | 0 |

| **(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. |
|---|---|
| OAKMARK EQ & INC INV<br>P.O. BOX 8406<br>BOSTON, MA 02266 | 0.35% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENT INST OPS CO | 60 | 0 |

| **(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. |
|---|---|
| MSIF MID CAP GRTH I<br>P.O. BOX 8406<br>BOSTON, MA 02266 | 0.15% |

## 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 |
|---|---|---|
| FIDELITY INVESTMENT INST OPS CO | 60 | 0 |

| **(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. |
|---|---|
| LZRD EMRG MKTS EQ IS<br>P.O. BOX 8406<br>BOSTON, MA 02266 | 0.15% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENT INST OPS CO | 60 | 0 |

| **(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. |
|---|---|
| HARBOR CAP APPR INST<br><br>34-1953399 | 0.10% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENT INST OPS CO | 60 | 0 |

| **(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. |
|---|---|
| GS MIDCAP VALUE INST<br><br>13-5108880 | 0.10% |

**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 |
|---|---|---|
| FIDELITY INVESTMENT INST OPS CO | 60 | 0 |

| **(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. |
|---|---|
| DODGE & COX INTL STK | 0.10% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENT INST OPS CO | 60 | 0 |

| **(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. |
|---|---|
| BROKERAGE LINK*3 | SELF-DIRECTED BROKERAGE INVESTMENTS, EACH FUND FAMILY MAY OFFER AN INDIRECT SUPPORT FEE PAID TO FIDELITY INVESTMENTS. EACH INDIRECT SUPPORT FEE PAID BY A FUND MAY DIFFER DEPENDING ON THE FORM OF INVESTMENT. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENT INST OPS CO | 60 | 0 |

| **(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. |
|---|---|
| ALZGI NFJ SMCPVL IS<br>P.O. BOX 8480<br>BOSTON, MA 02266 | 0.10% |

## 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 |
|---|---|---|
| FIDELITY INVESTMENT INST OPS CO | 60 | 0 |

| **(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. |
|---|---|
| ABF LG CAP VAL INST<br>P.O. BOX 8480<br>BOSTON, MA 02266 | 0.04% |

| **(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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

**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: MANAGED INCOME PORTFOLIO 2

**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COM

| **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) |
|---|---|---|
| 04-3022712-024 | C | 27943253 |

**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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HOLLAND & KNIGHT LLP

**D** Employer Identification Number (EIN)
59-0663819

## 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 | 3144 | 2010 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 18017651 | 18537763 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 7052824 | 7341502 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 49793275 | 43004011 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 278685 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | 2524250 | 2140974 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 317309 | 155836 |
| **(B)** Common | 1c(4)(B) | 60168099 | 39789365 |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 22875902 | 27943253 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 556586502 | 701292328 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 4367298 | 4303902 |

| | | | (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** | 721706254 | 844789629 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | **1g** | | |
| **h** | Operating payables | **1h** | | |
| **i** | Acquisition indebtedness | **1i** | | |
| **j** | Other liabilities | **1j** | 0 | |
| **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** | 721706254 | 844789629 |

## 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)** | 18537763 | |
| | **(B)** Participants | **2a(1)(B)** | 22659265 | |
| | **(C)** Others (including rollovers) | **2a(1)(C)** | 11876656 | |
| | **(2)** Noncash contributions | **2a(2)** | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | **2a(3)** | | 53073684 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | **2b(1)(A)** | 299386 | |
| | **(B)** U.S. Government securities | **2b(1)(B)** | | |
| | **(C)** Corporate debt instruments | **2b(1)(C)** | 100962 | |
| | **(D)** Loans (other than to participants) | **2b(1)(D)** | | |
| | **(E)** Participant loans | **2b(1)(E)** | 360581 | |
| | **(F)** Other | **2b(1)(F)** | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | **2b(1)(G)** | | 760929 |
| | **(2)** Dividends: **(A)** Preferred stock | **2b(2)(A)** | 12151 | |
| | **(B)** Common stock | **2b(2)(B)** | 634718 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | **2b(2)(C)** | 35714566 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | **2b(2)(D)** | | 36361435 |
| | **(3)** Rents | **2b(3)** | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | **2b(4)(A)** | 25047793 | |
| | **(B)** Aggregate carrying amount (see instructions) | **2b(4)(B)** | 23989968 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | **2b(4)(C)** | | 1057825 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | **2b(5)(A)** | | |
| | **(B)** Other | **2b(5)(B)** | 5770330 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | **2b(5)(C)** | | 5770330 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 344838 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 79168434 |
| c Other income | 2c | | 597158 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 177134633 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 52862593 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 221664 | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 53084257 |
| f Corrective distributions (see instructions) | 2f | | 15403 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 83856 |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 92319 | |
| (3) Investment advisory and management fees | 2i(3) | 178265 | |
| (4) Other | 2i(4) | 597158 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 867742 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 54051258 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 123083375 |
| 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: SC&H ATTEST SERVICES, P.C., INC **(2)** EIN: 52-1743645

**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 | | 10000000 |
| 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.)

# HOLLAND & KNIGHT
# PROFIT SHARING PLAN AND TRUST

---

**Financial Statements**
**Together with Independent Auditors' Report**

**For the Years Ended December 31, 2017 and 2016**

**INDEPENDENT AUDITORS' REPORT**

To the Administrative Committee of the
Holland & Knight Profit Sharing Plan and Trust and its Participants:

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Holland & Knight Profit Sharing Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

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

**Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

**Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 3, which was certified by Fidelity Management Trust Company, the Trustee of the Plan (excluding the fair value of the cash surrender value of life insurance contracts and self-directed brokerage accounts), except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2017 and 2016 that the information provided to the Plan administrator by the Trustee is complete and accurate.

**Disclaimer of Opinion**

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

**Other Matter**

The supplemental schedule of assets (held at end of year) as of December 31, 2017 is required by the Department of Labor'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 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 Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

SC&H Attest Services, P.C., Inc.

October 9, 2018

# HOLLAND & KNIGHT
# PROFIT SHARING PLAN AND TRUST

## Statements of Net Assets Available for Benefits

| *As of December 31,* | *2017* | *2016* |
|---|---|---|
| Investments, at fair value | $ 818,908,354 | $ 696,634,914 |
| Receivables | | |
| Accrued interest and dividends receivable | 2,010 | 865 |
| Contribution receivable - Firm | 18,537,763 | 18,017,651 |
| Notes receivable from participants | 7,341,502 | 7,052,824 |
| Total Receivables | 25,881,275 | 25,071,340 |
| Total Assets | 844,789,629 | 721,706,254 |
| Liabilities | - | - |
| Net Assets Available for Benefits | $ 844,789,629 | $ 721,706,254 |

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

# HOLLAND & KNIGHT
# PROFIT SHARING PLAN AND TRUST

## Statements of Changes in Net Assets Available for Benefits

| *For the Years Ended December 31,* | *2017* | *2016* |
|---|---|---|
| Changes in Net Assets Available for Benefits Attributable to: | | |
| Investment Income | | |
| Interest and dividends | $ 36,761,782 | $ 24,778,506 |
| Net appreciation in fair value of investments | 86,341,429 | 22,029,568 |
| Other income | 597,158 | 292,336 |
| Total Investment Income | 123,700,369 | 47,100,410 |
| Interest on Notes Receivable from Participants | 360,581 | 361,987 |
| Contributions | | |
| Partners | 12,542,649 | 11,648,214 |
| Firm | 18,537,763 | 18,017,651 |
| Participating employees | 10,116,616 | 10,252,068 |
| Rollovers | 11,876,656 | 11,184,706 |
| Total Contributions | 53,073,684 | 51,102,639 |
| Distributions to Participants | (52,961,852) | (41,335,982) |
| Participant Life Insurance Premiums | (221,664) | (195,313) |
| Fees and Commissions | (867,743) | (434,966) |
| Net Increase in Net Assets Available for Benefits | 123,083,375 | 56,598,775 |
| Net Assets Available for Benefits: | | |
| Beginning of year | 721,706,254 | 665,107,479 |
| End of year | $ 844,789,629 | $ 721,706,254 |

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

## 1. DESCRIPTION OF THE PLAN

The following description of the Holland & Knight Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

### General and Eligibility

The Plan is a defined contribution plan covering partners and employees of Holland & Knight LLP (the Firm). The Plan was established effective January 1, 1969. Members of a collective bargaining unit, non-resident aliens and leased employees are not eligible for the Plan. New employees are eligible for the Plan upon employment and are eligible to participate in Firm contributions on January 1 or July 1 following the completion of one year of service (at least 1,000 hours in a 12-consecutive-month period). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), and was most recently amended effective April 1, 2018 to comply with the Department of Labor (DOL) rule on disability claims procedures.

### Participant Contributions

Participants may contribute up to 75% of their pre-tax annual compensation, as defined by the Plan, not to exceed the maximum allowable contribution under the Internal Revenue Code (the Code). Effective January 1, 2009, employees may also make Roth contributions into the Plan. Roth elective contributions are allocated to a separate account maintained for such contributions. The maximum allowable contribution under the Code totaled $18,000 for each of the years ended December 31, 2017 and 2016. Participants who have attained age 50 before the end of the Plan year may make additional catch-up contributions, subject to limitations imposed by the Code. Participants are permitted to make rollover contributions to the Plan.

### Firm Contributions

The Firm may make matching and non-elective profit sharing contributions to the Plan, at its discretion. In order to share in Firm matching and non-elective profit sharing contributions, the participant must complete one year of service and be employed by the Firm as of the last day of the Plan year. Effective January 1, 2009, associate attorneys, senior counsel and contract attorneys are not eligible for matching or profit sharing contributions.

During the years ended December 31, 2017 and 2016, the Firm matched 25% of each eligible participant’s contributions to the Plan, not to exceed 8% contributed by the participant for a maximum Firm contribution of 2% of eligible compensation. Firm matching contributions totaled $2,244,169 and $2,217,010 during the years ended December 31, 2017 and 2016, respectively.

**1. DESCRIPTION OF THE PLAN – cont'd.**

**Firm Contributions – cont'd.**

The Firm made profit sharing contributions to the accounts of all eligible employees totaling a maximum of 3.84% of compensation for non-highly compensated employees. Profit sharing contributions to the accounts of highly compensated employees totaled a maximum of 11.66% and 11.51% (not to exceed Section 415 annual limits) for each of the years ended December 31, 2017 and 2016, respectively. The minimum contribution totaled 3% up to the Social Security base wages of $127,200 and $118,500, and 6% of compensation exceeding the Social Security limits up to the IRS 401(a) compensation limit of $270,000 and $265,000, for the years ended December 31, 2017 and 2016, respectively. Profit sharing contributions totaled $16,293,594 and $15,800,641 for the years ended December 31, 2017 and 2016, respectively.

**Participant Accounts**

Each participant's account is participant-directed and credited with the participant's contributions and allocations of: (a) Firm contributions, (b) Plan earnings, and (c) administrative expenses. Allocations of earnings, losses, and administrative expenses are based on the proportion of each participant's account balance to the total of all account balances within the respective fund. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of the participant's account.

**Vesting**

Participants are immediately vested in participant contributions and rollover contributions. Participating employees are subject to a six-year graduated vesting schedule for amounts credited to the Firm's profit sharing contribution account and the Firm's matching contribution account. Partners are subject to a three-year cliff-vesting schedule for amounts credited to the Firm's matching and profit sharing contribution account.

**Forfeitures**

Forfeitures of Firm contributions are first applied to pay Plan expenses. The residual amount, if any, may be used by the Firm to offset Firm contributions for the Plan year. As of December 31, 2017 and 2016, forfeited nonvested accounts totaled $167,589 and $122,619, respectively. During each of the years ended December 31, 2017 and 2016, $51,510 and $1,240 in forfeitures were used to offset Plan expenses. During the years ended December 31, 2017 and 2016, $200,000 and $120,000 of forfeitures were used to offset Firm contributions, respectively.

## 1. DESCRIPTION OF THE PLAN – cont'd.

### Notes Receivable from Participants

Participants may borrow a minimum of $500 up to an aggregate maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. Note terms range from one to 5 years, or up to 15 years for the purchase of a primary residence. A participant can have up to 5 notes outstanding at any one time. Notes are secured by the vested balance in the participant's account and bear interest at a rate comparable to that charged by an independent lender. The notes must provide at least quarterly repayments paid under a level amortization schedule. Principal and interest payments are made ratably through payroll deductions.

Notes receivable from participants are measured at their unpaid balances plus accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. Delinquent notes are reclassified as distributions based upon the terms of the Plan document.

### Payment of Benefits

Upon termination of service, death, disability, retirement (age 65), or attainment of age 59 ½, a participant or their beneficiary, in the event of death, may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, a life annuity with guaranteed payment for 10 years or periodic installments over a period not exceeding the longer of the life expectancy of the participant, or the joint life expectancy of the participant and the participant's spouse. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Upon proof, to the satisfaction of the Plan administrator, of an immediate and heavy financial need, amounts contributed by the participant may be withdrawn for a hardship purpose. Distributions are subject to the applicable provisions of the Plan agreement. Certain income taxes and penalties may apply to withdrawals or distributions prior to age 59 ½. As of December 31, 2017 and 2016, there were no net assets of the Plan allocated to accounts of participants who had elected to withdraw from the Plan but had not received such distributions as of year-end.

### Plan Expenses

All administrative expenses are paid with the assets of the Plan, unless paid by the Firm, at its discretion. During the years ended December 31, 2017 and 2016, the Firm paid a portion of the direct expenses related to the Plan. Loan and distribution fees are paid by the Plan and its participants. Investment related expenses are included in net appreciation in fair value of investments. The Firm utilizes a revenue sharing account to offset Plan expenses due from the Firm which is shown as other income on the accompanying statements of changes in net assets available for benefits. Plan expenses are shown gross on the accompanying statements of changes in net assets available for benefits.

## 1. DESCRIPTION OF THE PLAN – cont'd.

### Plan Termination

Although it has not expressed any intent to do so, the Firm 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 a Plan termination, participants will become 100% vested in their accounts.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

### 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 at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

### Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and Trustee.

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

### Risks and Uncertainties

The Plan provides for investments in assets that are exposed to risks such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities may occur and materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - cont'd.

### Payment of Benefits

Benefits are recorded when paid.

### Subsequent Events

The Plan evaluated for disclosure any subsequent events through October 9, 2018, the date the financial statements were available to be issued, and determined there were no material events that warrant disclosure, except as disclosed in Note 1.

## 3. INVESTMENTS

The following investment information was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by Fidelity Management Trust Company, the Trustee of the Plan. The fair value of the life insurance contracts and self-directed brokerage accounts not held by Fidelity are not certified.

| | 2017 | 2016 |
|---|---|---|
| Investment values certified by the Trustee (inclusive of notes receivable) | $ 817,710,801 | $ 693,977,606 |

| | 2017 | 2016 |
|---|---|---|
| Investment income certified by Trustee: | | |
| Net appreciation in fair value of investments | $ 85,497,329 | $ 21,557,166 |
| Interests and dividends certified by the Trustee (inclusive of interest income on notes receivable) | 37,012,698 | 25,033,642 |

| | 2017 | 2016 |
|---|---|---|
| Information not certified by the Trustee: | | |
| Fair value of investments held in self-directed brokerage accounts | $ 4,235,153 | $ 5,328,568 |
| Cash surrender value of life insurance policies | 4,303,902 | 4,381,564 |

## 4. FAIR VALUE MEASUREMENT

Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) 820, *Fair Value Measurement*, defines fair value and establishes a framework for measuring fair value. That framework 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 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 upon 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.

**4. FAIR VALUE MEASUREMENT – cont'd.**

The following is a description of the valuation methodologies used for assets measured at fair value:

*Interest bearing cash*: Valued at amortized cost, which approximates fair value.

*Interests in registered investment companies*: Valued at the closing price reported in the active market in which the funds are traded.

*Interest in common/collective trust*: Valued based on the net asset value as determined by the issuer.

*Interests in common stocks*: Valued at the closing price reported on the active market on which the individual securities are traded.

*Other*: Corporate obligations, preferred stocks, and U.S. government and government agency securities are valued at fair value determined by quoted market prices. Cash surrender values of life insurance policies are valued at their redemption values.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Investments held in self-directed accounts are allocated to their respective investment type within the fair value hierarchy.

**4. FAIR VALUE MEASUREMENT – cont'd.**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Interests in common stocks | $ 39,789,365 | $ - | $ - | $ 39,789,365 |
| Interests in registered investment companies | 701,292,328 | - | - | 701,292,328 |
| Interest bearing cash | 43,004,011 | - | - | 43,004,011 |
| Other | - | 6,879,397 | - | 6,879,397 |
| Total investments in the fair value hierarchy | 784,085,704 | 6,879,397 | - | 790,965,101 |
| Interest in common/collective trust * | n/a | n/a | n/a | 27,943,253 |
| Total | $784,085,704 | $ 6,879,397 | $ - | $ 818,908,354 |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Interests in common stocks | $ 60,826,734 | $ - | $ - | $ 60,826,734 |
| Interests in registered investment companies | 555,844,623 | - | - | 555,844,623 |
| Interest bearing cash | 49,796,419 | - | - | 49,796,419 |
| Other | - | 7,291,236 | - | 7,291,236 |
| Total investments in the fair value hierarchy | 666,467,776 | 7,291,236 | - | 673,759,012 |
| Interest in common/collective trust * | n/a | n/a | n/a | 22,875,902 |
| Total | $666,467,776 | $ 7,291,236 | $ - | $ 696,634,914 |

*(*) In accordance with ASC 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 this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.*

**4. FAIR VALUE MEASUREMENT - cont'd.**

The following table presents the investments, measured at fair value using the NAV per share as of December 31,:

| | 2017 | 2016 | Redemption Frequency | Redemption Notice Period | Unfunded Commitments |
|---|---|---|---|---|---|
| Fidelity Managed Income Portfolio (a) | $27,943,253 | $22,875,902 | Daily | Daily | N/A |

*(a) The portfolio invests in assets (typically fixed-income securities or bond funds and may include derivative instruments such as future contracts and swap agreements) and enters into "wrap" contracts issued by third-parties and invests in cash equivalents represented by shares in money market funds.*

**5. INCOME TAX STATUS**

The Plan has received a determination letter from the Internal Revenue Service dated May 25, 2016, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the Internal Revenue Service, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

ASC 740, *Income Taxes*, prescribes a recognition threshold and a measurement attribute for the financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return as well as guidance on de-recognition, classification, interest and penalties and financial statement reporting disclosures. For these benefits to be recognized, a tax position must be more-likely-than-not to be sustained upon examination by taxing authorities. As the Plan is tax exempt and has no unrelated business income, the provisions of ASC 740 do not have an impact on the Plan's financial statements. The Plan recognizes interest and penalties accrued on any unrecognized tax exposures as a component of income tax expense. The Plan does not have any amounts accrued relating to interest and penalties as of December 31, 2017 and 2016.

The Plan is subject to routine audits by the IRS and Department of Labor; however, there are currently no audits for any tax periods in progress.

## 6. PARTY-IN-INTEREST TRANSACTIONS

The Plan invests in shares of investment funds managed by Fidelity Investments Institutional Operations Corporation, Inc. (FIIOC). An affiliate of FIIOC acts as the Trustee of the Plan. The Plan allows participants to take out notes receivable against their vested account balances. The Firm provides certain accounting and administrative services to the Plan for which no fees are charged. Such transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

SUPPLEMENTAL SCHEDULE PROVIDED
PURSUANT TO THE DEPARTMENT OF LABOR'S
RULES AND REGULATIONS

# HOLLAND & KNIGHT
# PROFIT SHARING PLAN AND TRUST
# EIN#: 59-0663819
# Plan #: 001

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
## As of December 31, 2017

| (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) | (e) Current Value |
|---|---|---|---|
| | 3M Co | Interest in common stock | $ 11,298 |
| | A O Smith Corporation | Interest in common stock | 2,022 |
| | Abbott Laboratories | Interest in common stock | 11,985 |
| | Abbvie Inc. | Interest in common stock | 5,803 |
| | Adobe Systems Inc | Interest in common stock | 24,533 |
| | Aetna Inc | Interest in common stock | 2,345 |
| | Agilent Technologies Inc | Interest in common stock | 10,046 |
| | Alcoa Corporation | Interest in common stock | 2,155 |
| | Alexion Pharmaceuticals Inc | Interest in common stock | 4,784 |
| | Align Technology Inc | Interest in common stock | 11,554 |
| | Allegion Public Limited | Interest in common stock | 2,228 |
| | Allergan PLC | Interest in common stock | 6,380 |
| | Allstate Corp | Interest in common stock | 4,503 |
| | Ally Financial Inc. | Interest in common stock | 15,455 |
| | Alphabet, Inc. | Interest in common stock | 37,860 |
| | Amazon.com Inc | Interest in common stock | 31,576 |
| | American Electric Power Co Inc | Interest in common stock | 2,943 |
| | American International Group | Interest in common stock | 4,945 |
| | American Tower Corporation | Interest in common stock | 8,846 |
| | American Tower Reit Inc | Interest in common stock | 11,414 |
| | American Water Works Co Inc | Interest in common stock | 8,417 |
| | Amphenol Corporation | Interest in common stock | 1,317 |
| | Andeavor | Interest in common stock | 10,176 |
| | Anthem Inc | Interest in common stock | 9,450 |
| | Apple Inc | Interest in common stock | 42,984 |
| | Arista networks Inc | Interest in common stock | 1,178 |
| | AT&T Inc | Interest in common stock | 8,165 |
| | Automatic Data Proc | Interest in common stock | 12,071 |
| | Bank of America Corporation | Interest in common stock | 29,019 |
| | Biogen Idec Inc | Interest in common stock | 6,690 |
| | Blackrock Inc | Interest in common stock | 13,870 |
| | Booz Allen Hamilton Holding | Interest in common stock | 1,792 |
| | Bristol-Myers Squibb Company | Interest in common stock | 6,741 |
| | British American Tobacco | Interest in common stock | 2,278 |
| | Broadcom | Interest in common stock | 22,607 |
| | C S X Corp | Interest in common stock | 12,652 |

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
## As of December 31, 2017

| (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) | (e) Current Value |
|---|---|---|---|
| | Canadian Natural Resources | Interest in common stock | $ 2,572 |
| | Capital One Financial Corp | Interest in common stock | 2,589 |
| | Celanese Corp | Interest in common stock | 12,850 |
| | Celgene Corp | Interest in common stock | 5,949 |
| | Cerner Corp | Interest in common stock | 2,628 |
| | CF Industries Holdings Inc | Interest in common stock | 1,744 |
| | Chevron Corporation | Interest in common stock | 8,638 |
| | Chubb LTD | Interest in common stock | 15,198 |
| | Cigna Corporation | Interest in common stock | 3,656 |
| | Citigroup Inc Com New | Interest in common stock | 21,545 |
| | Cognizant Technology Solutions | Interest in common stock | 3,054 |
| | Comcast Corp Cl A | Interest in common stock | 37,286 |
| | Comerica Inc | Interest in common stock | 2,604 |
| | Constellation Brands Inc-A | Interest in common stock | 17,371 |
| | CoPart Inc | Interest in common stock | 2,764 |
| | Corning Inc | Interest in common stock | 12,476 |
| | Costco Wholesale | Interest in common stock | 28,662 |
| | Danaher Corp | Interest in common stock | 12,624 |
| | Deere & Co | Interest in common stock | 12,208 |
| | Devon Energy Corp New | Interest in common stock | 2,525 |
| | Dollar Tree Inc | Interest in common stock | 2,254 |
| | Dow dupont Inc | Interest in common stock | 23,004 |
| | Eaton Corp PLC | Interest in common stock | 10,271 |
| | Ecolab Inc | Interest in common stock | 8,990 |
| | Edison International | Interest in common stock | 1,771 |
| | Edwards Lifesciences Corp | Interest in common stock | 5,861 |
| | Electronic Arts Inc | Interest in common stock | 13,552 |
| | Enterprise Products | Interest in common stock | 3,628 |
| | EOG Resources | Interest in common stock | 4,640 |
| | Equinix, Inc. | Interest in common stock | 7,252 |
| | Everest Re Group LTD | Interest in common stock | 1,106 |
| | Exelon Corp | Interest in common stock | 8,276 |

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.**
**As of December 31, 2017**

| (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) | (e) Current Value |
|---|---|---|---|
| | Facebook Inc | Interest in common stock | $ 34,939 |
| | Fedex Corp Deleware Com | Interest in common stock | 13,226 |
| | Fidelity National Financial | Interest in common stock | 3,139 |
| | First American Financial | Interest in common stock | 1,793 |
| | Fiserv Inc | Interest in common stock | 2,098 |
| | General Electric Cap | Interest in common stock | 5,173 |
| | Gilead Sciences | Interest in common stock | 2,507 |
| | Goldman Sachs Group Inc | Interest in common stock | 11,195 |
| | Halliburton Co | Interest in common stock | 9,285 |
| | Hartford Finl Svcs Group Inc | Interest in common stock | 11,256 |
| | Hess Corporation | Interest in common stock | 2,516 |
| | Hill-Rom Holdings Inc | Interest in common stock | 4,215 |
| | Home Depot | Interest in common stock | 43,403 |
| | Honeywell Intl Inc | Interest in common stock | 33,126 |
| | HP Inc | Interest in common stock | 3,383 |
| | Humana Inc | Interest in common stock | 11,659 |
| | Idex Corp | Interest in common stock | 660 |
| | Illinois Tool Works Inc | Interest in common stock | 18,354 |
| | Incyte Corporation | Interest in common stock | 3,220 |
| | Ingersoll-Rand PLC | Interest in common stock | 16,054 |
| | Intel Corp | Interest in common stock | 4,662 |
| | Intercontinentalexchange Group, Inc. | Interest in common stock | 8,820 |
| | Intuitive Surgical Inc | Interest in common stock | 5,474 |
| | Invesco Limited | Interest in common stock | 13,520 |
| | JetBlue Airways Corp | Interest in common stock | 1,877 |
| | Johnson & Johnson | Interest in common stock | 9,780 |
| | JP Morgan Chase & Co | Interest in common stock | 21,275 |
| | Kimco Realty Corp | Interest in common stock | 2,360 |
| | Lam Research Corp | Interest in common stock | 12,333 |
| | Lear Corporation | Interest in common stock | 1,413 |
| | Eli Lilly & Co | Interest in common stock | 5,068 |
| | Lockhead Martin Corp | Interest in common stock | 16,053 |
| | Magna International Inc | Interest in common stock | 3,910 |
| | Mallinckrodt PLC | Interest in common stock | 1,376 |
| | Marathon Petroleum Corp | Interest in common stock | 3,695 |
| | Marketaxess Holdings Inc | Interest in common stock | 2,623 |
| | Mckesson Corp | Interest in common stock | 3,275 |
| | Medtronic PLC | Interest in common stock | 8,156 |
| | Merck & Co Inc | Interest in common stock | 7,315 |
| | Mettler-Toledo International | Interest in common stock | 1,239 |
| | Michaels Companies Inc | Interest in common stock | 2,080 |

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.**
**As of December 31, 2017**

| (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) | (e) Current Value |
|---|---|---|---|
| | Micron Technology Inc | Interest in common stock | $ 4,112 |
| | Microsoft Corporation | Interest in common stock | 30,907 |
| | Mid America Apartment | Interest in common stock | 1,408 |
| | Mondelez International | Interest in common stock | 11,128 |
| | Monster Beverage Corporation | Interest in common stock | 17,152 |
| | Mrgan Stanley | Interest in common stock | 3,028 |
| | NCR Corp New | Interest in common stock | 1,224 |
| | Nextera Energy Inc | Interest in common stock | 9,059 |
| | Nike Inc | Interest in common stock | 8,632 |
| | Nisource Inc | Interest in common stock | 1,977 |
| | Nokia Corporation | Interest in common stock | 2,395 |
| | Nucor Corp | Interest in common stock | 8,265 |
| | Nvidia Corp | Interest in common stock | 25,156 |
| | OneMain Holdings Inc | Interest in common stock | 1,092 |
| | Oracle Corp | Interest in common stock | 6,619 |
| | Oshkosh Corp | Interest in common stock | 2,181 |
| | Paypal Holdings Inc | Interest in common stock | 2,135 |
| | Pepsico Inc | Interest in common stock | 13,551 |
| | Pfizer Inc | Interest in common stock | 4,709 |
| | Philip Morris International Inc | Interest in common stock | 15,636 |
| | Pioneer Natural Resources Company | Interest in common stock | 7,778 |
| | Priceline Group inc | Interest in common stock | 1,738 |
| | Prologis | Interest in common stock | 11,612 |
| | Raytheon Co | Interest in common stock | 4,321 |
| | Roper Technologies New | Interest in common stock | 3,367 |
| | RPC Inc | Interest in common stock | 2,987 |
| | S&P Global Inc | Interest in common stock | 2,372 |
| | Salesforce.Com Inc | Interest in common stock | 12,063 |
| | Schlumberger Ltd | Interest in common stock | 4,919 |
| | Charles Schwab Corp New | Interest in common stock | 17,466 |
| | Sherwin Williams | Interest in common stock | 820 |
| | Splunk Inc. | Interest in common stock | 12,426 |
| | Starbucks Corp | Interest in common stock | 13,611 |
| | Suntrust Bank Inc | Interest in common stock | 13,047 |
| | SVB Financial Group | Interest in common stock | 8,416 |
| | Synchrony Financial | Interest in common stock | 15,058 |
| | Sysco Corporation | Interest in common stock | 13,361 |

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.**
**As of December 31, 2017**

| (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) | (e) Current Value |
|---|---|---|---|
| | T Mobile US inc | Interest in common stock | $ 11,749 |
| | Taiwan Semiconductor Mfg Co Ltd | Interest in common stock | 8,327 |
| | Targa Resources Corp | Interest in common stock | 4,358 |
| | Teva Pharmaceutical | Interest in common stock | 1,592 |
| | Texas Instruments | Interest in common stock | 18,277 |
| | The Procter & Gamble Company | Interest in common stock | 8,269 |
| | The Walt Disney Company | Interest in common stock | 20,535 |
| | Thermo Fisher Scientific | Interest in common stock | 15,570 |
| | TJX Companies Inc. New | Interest in common stock | 3,441 |
| | Total S.A. SP ADR | Interest in common stock | 11,498 |
| | Twenty-First Century Fox, Inc. | Interest in common stock | 12,327 |
| | Tyson Foods Inc. CL A | Interest in common stock | 1,702 |
| | Ulta Beauty Inc | Interest in common stock | 2,684 |
| | Union Pacific Corp | Interest in common stock | 15,958 |
| | Unitedhealth Group Inc | Interest in common stock | 27,778 |
| | Valero Energy Corp New | Interest in common stock | 11,029 |
| | Vantiv, Inc. | Interest in common stock | 9,562 |
| | Versizon | Interest in common stock | 6,676 |
| | Visa Inc | Interest in common stock | 40,363 |
| | Voya Financial Inc | Interest in common stock | 9,894 |
| | Wabco Holdings Inc | Interest in common stock | 1,722 |
| | Walmart Stores | Interest in common stock | 14,023 |
| | Wells Fargo & Co | Interest in common stock | 12,802 |
| | Xerox Company | Interest in common stock | 2,128 |
| | Xilinx Inc | Interest in common stock | 4,247 |
| | Yum! Brands Inc | Interest in common stock | 11,425 |
| | Zoetis Inc | Interest in common stock | 5,907 |
| | Brokeragelink | Interest in common stock | 38,098,782 |
| | | | 39,789,365 |
| | AB Discovery Growth Fund Inc ADV CL | Interest in registered investment companies | 34,611 |
| | AB Discovery Value Fund Advisor CL | Interest in registered investment companies | 33,505 |
| | AB Global BD Fund Inc Advsr CL | Interest in registered investment companies | 137,622 |
| | AB High Income Fund ADV CL | Interest in registered investment companies | 149,619 |
| | AB Select US Equity Protfolio CL Advisor | Interest in registered investment companies | 159,754 |
| | ABF Large Cap Value | Interest in registered investment companies | 20,217,493 |
| | AF Balanced R6 | Interest in registered investment companies | 100,341,425 |
| | ALZGI NFJ Sm Cp Vl IS | Interest in registered investment companies | 13,025,179 |
| | American Euro Pacific Growth Fund Cl F2 | Interest in registered investment companies | 94,876 |
| | Artisan Mid Cap Inst | Interest in registered investment companies | 11,681,723 |
| | Bernstein Emerging Mkts Portfolio | Interest in registered investment companies | 37,330 |

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.**
**As of December 31, 2017**

| (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) | (e) Current Value |
|---|---|---|---|
| | Bernstein International Portfolio | Interest in registered investment companies | $ 180,311 |
| | BNY Mellon Bond Fund | Interest in registered investment companies | 645,948 |
| | BNY Mellon Income Stock Fund ( MPISX ) | Interest in registered investment companies | 283,106 |
| | BP CAPITAL MARKETS PLC | Interest in registered investment companies | 6,207 |
| | Consumer Discretionary SPDR | Interest in registered investment companies | 22,107 |
| | Dodge & Cox Intl Stk | Interest in registered investment companies | 24,544,127 |
| * | FID CONTRAFUND K | Interest in registered investment companies | 96,716,723 |
| * | FID FREEDOM K 2005 | Interest in registered investment companies | 539,156 |
| * | FID FREEDOM K 2010 | Interest in registered investment companies | 3,000,556 |
| * | FID FREEDOM K 2015 | Interest in registered investment companies | 6,288,386 |
| * | FID FREEDOM K 2020 | Interest in registered investment companies | 17,490,908 |
| * | FID FREEDOM K 2025 | Interest in registered investment companies | 21,398,596 |
| * | FID FREEDOM K 2030 | Interest in registered investment companies | 11,987,349 |
| * | FID FREEDOM K 2035 | Interest in registered investment companies | 14,635,387 |
| * | FID FREEDOM K 2040 | Interest in registered investment companies | 12,979,416 |
| * | FID FREEDOM K 2045 | Interest in registered investment companies | 7,656,646 |
| * | FID FREEDOM K 2050 | Interest in registered investment companies | 4,308,766 |
| * | FID FREEDOM K 2055 | Interest in registered investment companies | 2,832,751 |
| * | FID FREEDOM K 2060 | Interest in registered investment companies | 382,708 |
| * | FID FREEDOM K INCOME | Interest in registered investment companies | 533,829 |
| * | FID INTL INDEX INS | Interest in registered investment companies | 9,465,916 |
| * | FID LOW PRICED STK K | Interest in registered investment companies | 30,129,945 |
| * | FID NEW MARKETS INC | Interest in registered investment companies | 1,927,987 |
| | First TR Dorsey WRT | Interest in registered investment companies | 146,672 |
| | Harbor Cap APPR INST | Interest in registered investment companies | 30,699,481 |
| | Health Care Select SPDR | Interest in registered investment companies | 18,272 |
| | Ishares MSCI JAPAN | Interest in registered investment companies | 9,609 |
| | JPM High Yield R6 | Interest in registered investment companies | 9,950,125 |
| | Lzrd Emrg Mkts Eq IS | Interest in registered investment companies | 15,102,564 |
| | Materials Select Sector | Interest in registered investment companies | 10,593 |
| | Oakmark Intl Fund | Interest in registered investment companies | 96,967 |
| | PRU Total RTN BDQ | Interest in registered investment companies | 47,612,661 |
| | REAL ESTATE SELECT SECTOR SPDR FD SHS | Interest in registered investment companies | 12,353 |
| | Sector SPDR Consumers STPL | Interest in registered investment companies | 19,343 |
| | Sector SPDR Energy | Interest in registered investment companies | 6,576 |

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.**
**As of December 31, 2017**

| (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) | (e) Current Value |
|---|---|---|---|
| | Sector SPDR Industrial | Interest in registered investment companies | $ 29,738 |
| | Sector SPDR Utilities | Interest in registered investment companies | 7,797 |
| | SPDR S&P Insurance ETF | Interest in registered investment companies | 5,772 |
| | TA MID CAP VL OPP R6 | Interest in registered investment companies | 12,519,219 |
| | Tmpl Inst Frgn Sm Co | Interest in registered investment companies | 3,173,955 |
| | VANG Midcap IDX INST | Interest in registered investment companies | 5,548,533 |
| | VANG SM CAP IDX ADM | Interest in registered investment companies | 4,947,377 |
| | VANG TOT BD MKT INST | Interest in registered investment companies | 5,382,711 |
| | Vanguard Financials ETF | Interest in registered investment companies | 23,253 |
| | Vanguard Information tech ETF | Interest in registered investment companies | 44,971 |
| | Vanguard Inst Index | Interest in registered investment companies | 61,826,020 |
| | Western Asset Smash C fund | Interest in registered investment companies | 25,313 |
| | Western Asset Smash EC fund | Interest in registered investment companies | 62,659 |
| | Western Asset Smash M fund | Interest in registered investment companies | 74,207 |
| | WF SM CO Growth IS | Interest in registered investment companies | 10,227,999 |
| | Brokeragelink | Interest in registered investment companies | 79,837,620 |
| | | | 701,292,328 |
| * | MIP CL 2 | Interest in common/collective Trust | 27,943,253 |
| | BIF Money Fund | Interest bearing cash | 27,555 |
| | BNY Mellon Money Market | Interest bearing cash | 17,122 |
| | Cash - AB | Interest bearing cash | 14,321 |
| * | Fidelity Retirement Money Market | Interest bearing cash | 28,403,856 |
| | Brokeragelink | Interest bearing cash | 14,541,157 |
| | | | 43,004,011 |
| | Brokeragelink | Corporate obligations | 2,140,974 |
| | Fed home ln MTG Corp | Interest in government securities | 8,187 |
| | FEDERAL NATL MTG ASSOC | Interest in government securities | 3,980 |
| | FEDERAL NATL MTG ASSOC BONDS 01.125% OCT 19 2018 | Interest in government securities | 9,950 |
| | FEDERAL NATL MTG ASSOC BONDS 06.625% NOV 15 2030 | Interest in government securities | 2,813 |
| | FHLMC G0 8615 03 50%2044 | Interest in government securities | 7,686 |
| | FHLMC G0 8627 03 50%2045 | Interest in government securities | 619 |
| | FHLMC G0 8650 03 50%2045 | Interest in government securities | 722 |
| | FHLMC G0 8660 04%2045 | Interest in government securities | 1,226 |
| | FHLMC G0 8669 04%2045 | Interest in government securities | 1,251 |
| | FHLMC G0 8702 03 50%2046 | Interest in government securities | 1,641 |
| | FHLMC G0 8737 03%2046 | Interest in government securities | 8,415 |
| | FHLMC G0 8748 03 50%2047 | Interest in government securities | 1,899 |
| | FHLMC G0 8751 03 50%2047 | Interest in government securities | 956 |
| | FHLMC G0 8759 04 50%2047 | Interest in government securities | 920 |
| | FHLMC G0 8761 03 50%2047 | Interest in government securities | 1,922 |
| | FHLMC G0 8786 04 50%2047 | Interest in government securities | 1,047 |

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.**
**As of December 31, 2017**

| (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) | (e) Current Value |
|---|---|---|---|
| | FHLMC G6 0855 04 50%2045 | Interest in government securities | 3,384 |
| | FHLMC Q3 5614 03 50%2045 | Interest in government securities | 803 |
| | FHLMC Q4 9490 03 50%2047 | Interest in government securities | 1,006 |
| | FNMA PAL6004 04 50%2043 | Interest in government securities | 4,410 |
| | FNMA PAL7767 04 50%2044 | Interest in government securities | 1,905 |
| | FNMA PAX2501 04%2044 | Interest in government securities | 5,422 |
| | FNMA PMA2495 03 50%2046 | Interest in government securities | 1,573 |
| | FNMA PMA2705 03%2046 | Interest in government securities | 902 |
| | FNMA PMA3073 04 50%2047 | Interest in government securities | 1,976 |
| | FNMA PMA3120 03 50%2047 | Interest in government securities | 1,009 |
| | FNMA PMA3182 03 50%2047 | Interest in government securities | 7,135 |
| | U.S. TREASURY BOND | Interest in government securities | 4,102 |
| | U.S. TREASURY BOND 2.500% FEB 15 2046 | Interest in government securities | 5,710 |
| | U.S. TREASURY BOND 3.000% MAY 15 2045 | Interest in government securities | 4,201 |
| | U.S. TREASURY NOTE | Interest in government securities | 2,001 |
| | U.S. TREASURY NOTE 2.125% SEP 30 2021 | Interest in government securities | 1,001 |
| | U.S. TREASURY INFLATION BOND | Interest in government securities | 1,112 |
| | U.S. TREASURY INFLATION BOND 1.000% FEB 15 2046 | Interest in government securities | 2,224 |
| | U.S. TREASURY INFLATION NTE 0.125% JAN 15 2023 | Interest in government securities | 3,181 |
| | Brokeragelink | | 172,394 |
| | | | 278,685 |
| | Guardian Life | Cash surrender value in life insurance policy | 1,792,946 |
| | John Hancock Life Ins. Co. | Cash surrender value in life insurance policy | 53,773 |
| | New England Life Ins. Co. | Cash surrender value in life insurance policy | 189,694 |
| | New York Life Ins. Co. | Cash surrender value in life insurance policy | 732,534 |
| | Northwestern Life Ins. Co. | Cash surrender value in life insurance policy | 1,002,923 |
| | Pacific Life Ins. Co. | Cash surrender value in life insurance policy | 413,408 |
| | Voya/ING Annuity | Cash surrender value in life insurance policy | 118,624 |
| | | | 4,303,902 |
| | Brokeragelink | Preferred stocks | 155,836 |
| * | Participant Loans | Interest rates ranging from 3.25% to 6.25%; maturing through 2032 | 7,341,502 |

* Denotes a party-in-interest to the Plan.

Cost data (column d) has not been included, as all investments are participant-directed

# HOLLAND & KNIGHT
# PROFIT SHARING PLAN AND TRUST
# EIN#: 59-0663819
# Plan #: 001

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
## As of December 31, 2017

| (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) | (e) Current Value |
|---|---|---|---|
| | 3M Co | Interest in common stock | $ 11,298 |
| | A O Smith Corporation | Interest in common stock | 2,022 |
| | Abbott Laboratories | Interest in common stock | 11,985 |
| | Abbvie Inc. | Interest in common stock | 5,803 |
| | Adobe Systems Inc | Interest in common stock | 24,533 |
| | Aetna Inc | Interest in common stock | 2,345 |
| | Agilent Technologies Inc | Interest in common stock | 10,046 |
| | Alcoa Corporation | Interest in common stock | 2,155 |
| | Alexion Pharmaceuticals Inc | Interest in common stock | 4,784 |
| | Align Technology Inc | Interest in common stock | 11,554 |
| | Allegion Public Limited | Interest in common stock | 2,228 |
| | Allergan PLC | Interest in common stock | 6,380 |
| | Allstate Corp | Interest in common stock | 4,503 |
| | Ally Financial Inc. | Interest in common stock | 15,455 |
| | Alphabet, Inc. | Interest in common stock | 37,860 |
| | Amazon.com Inc | Interest in common stock | 31,576 |
| | American Electric Power Co Inc | Interest in common stock | 2,943 |
| | American International Group | Interest in common stock | 4,945 |
| | American Tower Corporation | Interest in common stock | 8,846 |
| | American Tower Reit Inc | Interest in common stock | 11,414 |
| | American Water Works Co Inc | Interest in common stock | 8,417 |
| | Amphenol Corporation | Interest in common stock | 1,317 |
| | Andeavor | Interest in common stock | 10,176 |
| | Anthem Inc | Interest in common stock | 9,450 |
| | Apple Inc | Interest in common stock | 42,984 |
| | Arista networks Inc | Interest in common stock | 1,178 |
| | AT&T Inc | Interest in common stock | 8,165 |
| | Automatic Data Proc | Interest in common stock | 12,071 |
| | Bank of America Corporation | Interest in common stock | 29,019 |
| | Biogen Idec Inc | Interest in common stock | 6,690 |
| | Blackrock Inc | Interest in common stock | 13,870 |
| | Booz Allen Hamilton Holding | Interest in common stock | 1,792 |
| | Bristol-Myers Squibb Company | Interest in common stock | 6,741 |
| | British American Tobacco | Interest in common stock | 2,278 |
| | Broadcom | Interest in common stock | 22,607 |
| | C S X Corp | Interest in common stock | 12,652 |

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
## As of December 31, 2017

| (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) | (e) Current Value |
|---|---|---|---|
| | Canadian Natural Resources | Interest in common stock | $ 2,572 |
| | Capital One Financial Corp | Interest in common stock | 2,589 |
| | Celanese Corp | Interest in common stock | 12,850 |
| | Celgene Corp | Interest in common stock | 5,949 |
| | Cerner Corp | Interest in common stock | 2,628 |
| | CF Industries Holdings Inc | Interest in common stock | 1,744 |
| | Chevron Corporation | Interest in common stock | 8,638 |
| | Chubb LTD | Interest in common stock | 15,198 |
| | Cigna Corporation | Interest in common stock | 3,656 |
| | Citigroup Inc Com New | Interest in common stock | 21,545 |
| | Cognizant Technology Solutions | Interest in common stock | 3,054 |
| | Comcast Corp Cl A | Interest in common stock | 37,286 |
| | Comerica Inc | Interest in common stock | 2,604 |
| | Constellation Brands Inc-A | Interest in common stock | 17,371 |
| | CoPart Inc | Interest in common stock | 2,764 |
| | Corning Inc | Interest in common stock | 12,476 |
| | Costco Wholesale | Interest in common stock | 28,662 |
| | Danaher Corp | Interest in common stock | 12,624 |
| | Deere & Co | Interest in common stock | 12,208 |
| | Devon Energy Corp New | Interest in common stock | 2,525 |
| | Dollar Tree Inc | Interest in common stock | 2,254 |
| | Dow dupont Inc | Interest in common stock | 23,004 |
| | Eaton Corp PLC | Interest in common stock | 10,271 |
| | Ecolab Inc | Interest in common stock | 8,990 |
| | Edison International | Interest in common stock | 1,771 |
| | Edwards Lifesciences Corp | Interest in common stock | 5,861 |
| | Electronic Arts Inc | Interest in common stock | 13,552 |
| | Enterprise Products | Interest in common stock | 3,628 |
| | EOG Resources | Interest in common stock | 4,640 |
| | Equinix, Inc. | Interest in common stock | 7,252 |
| | Everest Re Group LTD | Interest in common stock | 1,106 |
| | Exelon Corp | Interest in common stock | 8,276 |

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.**
**As of December 31, 2017**

| (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) | (e) Current Value |
|---|---|---|---|
| | Facebook Inc | Interest in common stock | $ 34,939 |
| | Fedex Corp Deleware Com | Interest in common stock | 13,226 |
| | Fidelity National Financial | Interest in common stock | 3,139 |
| | First American Financial | Interest in common stock | 1,793 |
| | Fiserv Inc | Interest in common stock | 2,098 |
| | General Electric Cap | Interest in common stock | 5,173 |
| | Gilead Sciences | Interest in common stock | 2,507 |
| | Goldman Sachs Group Inc | Interest in common stock | 11,195 |
| | Halliburton Co | Interest in common stock | 9,285 |
| | Hartford Finl Svcs Group Inc | Interest in common stock | 11,256 |
| | Hess Corporation | Interest in common stock | 2,516 |
| | Hill-Rom Holdings Inc | Interest in common stock | 4,215 |
| | Home Depot | Interest in common stock | 43,403 |
| | Honeywell Intl Inc | Interest in common stock | 33,126 |
| | HP Inc | Interest in common stock | 3,383 |
| | Humana Inc | Interest in common stock | 11,659 |
| | Idex Corp | Interest in common stock | 660 |
| | Illinois Tool Works Inc | Interest in common stock | 18,354 |
| | Incyte Corporation | Interest in common stock | 3,220 |
| | Ingersoll-Rand PLC | Interest in common stock | 16,054 |
| | Intel Corp | Interest in common stock | 4,662 |
| | Intercontinentalexchange Group, Inc. | Interest in common stock | 8,820 |
| | Intuitive Surgical Inc | Interest in common stock | 5,474 |
| | Invesco Limited | Interest in common stock | 13,520 |
| | JetBlue Airways Corp | Interest in common stock | 1,877 |
| | Johnson & Johnson | Interest in common stock | 9,780 |
| | JP Morgan Chase & Co | Interest in common stock | 21,275 |
| | Kimco Realty Corp | Interest in common stock | 2,360 |
| | Lam Research Corp | Interest in common stock | 12,333 |
| | Lear Corporation | Interest in common stock | 1,413 |
| | Eli Lilly & Co | Interest in common stock | 5,068 |
| | Lockhead Martin Corp | Interest in common stock | 16,053 |
| | Magna International Inc | Interest in common stock | 3,910 |
| | Mallinckrodt PLC | Interest in common stock | 1,376 |
| | Marathon Petroleum Corp | Interest in common stock | 3,695 |
| | Marketaxess Holdings Inc | Interest in common stock | 2,623 |
| | Mckesson Corp | Interest in common stock | 3,275 |
| | Medtronic PLC | Interest in common stock | 8,156 |
| | Merck & Co Inc | Interest in common stock | 7,315 |
| | Mettler-Toledo International | Interest in common stock | 1,239 |
| | Michaels Companies Inc | Interest in common stock | 2,080 |

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.**
**As of December 31, 2017**

| (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) | (e) Current Value |
|---|---|---|---|
| | Micron Technology Inc | Interest in common stock | $ 4,112 |
| | Microsoft Corporation | Interest in common stock | 30,907 |
| | Mid America Apartment | Interest in common stock | 1,408 |
| | Mondelez International | Interest in common stock | 11,128 |
| | Monster Beverage Corporation | Interest in common stock | 17,152 |
| | Mrgan Stanley | Interest in common stock | 3,028 |
| | NCR Corp New | Interest in common stock | 1,224 |
| | Nextera Energy Inc | Interest in common stock | 9,059 |
| | Nike Inc | Interest in common stock | 8,632 |
| | Nisource Inc | Interest in common stock | 1,977 |
| | Nokia Corporation | Interest in common stock | 2,395 |
| | Nucor Corp | Interest in common stock | 8,265 |
| | Nvidia Corp | Interest in common stock | 25,156 |
| | OneMain Holdings Inc | Interest in common stock | 1,092 |
| | Oracle Corp | Interest in common stock | 6,619 |
| | Oshkosh Corp | Interest in common stock | 2,181 |
| | Paypal Holdings Inc | Interest in common stock | 2,135 |
| | Pepsico Inc | Interest in common stock | 13,551 |
| | Pfizer Inc | Interest in common stock | 4,709 |
| | Philip Morris International Inc | Interest in common stock | 15,636 |
| | Pioneer Natural Resources Company | Interest in common stock | 7,778 |
| | Priceline Group inc | Interest in common stock | 1,738 |
| | Prologis | Interest in common stock | 11,612 |
| | Raytheon Co | Interest in common stock | 4,321 |
| | Roper Technologies New | Interest in common stock | 3,367 |
| | RPC Inc | Interest in common stock | 2,987 |
| | S&P Global Inc | Interest in common stock | 2,372 |
| | Salesforce.Com Inc | Interest in common stock | 12,063 |
| | Schlumberger Ltd | Interest in common stock | 4,919 |
| | Charles Schwab Corp New | Interest in common stock | 17,466 |
| | Sherwin Williams | Interest in common stock | 820 |
| | Splunk Inc. | Interest in common stock | 12,426 |
| | Starbucks Corp | Interest in common stock | 13,611 |
| | Suntrust Bank Inc | Interest in common stock | 13,047 |
| | SVB Financial Group | Interest in common stock | 8,416 |
| | Synchrony Financial | Interest in common stock | 15,058 |
| | Sysco Corporation | Interest in common stock | 13,361 |

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.**
**As of December 31, 2017**

| (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) | (e) Current Value |
|---|---|---|---|
| | T Mobile US inc | Interest in common stock | $ 11,749 |
| | Taiwan Semiconductor Mfg Co Ltd | Interest in common stock | 8,327 |
| | Targa Resources Corp | Interest in common stock | 4,358 |
| | Teva Pharmaceutical | Interest in common stock | 1,592 |
| | Texas Instruments | Interest in common stock | 18,277 |
| | The Procter & Gamble Company | Interest in common stock | 8,269 |
| | The Walt Disney Company | Interest in common stock | 20,535 |
| | Thermo Fisher Scientific | Interest in common stock | 15,570 |
| | TJX Companies Inc. New | Interest in common stock | 3,441 |
| | Total S.A. SP ADR | Interest in common stock | 11,498 |
| | Twenty-First Century Fox, Inc. | Interest in common stock | 12,327 |
| | Tyson Foods Inc. CL A | Interest in common stock | 1,702 |
| | Ulta Beauty Inc | Interest in common stock | 2,684 |
| | Union Pacific Corp | Interest in common stock | 15,958 |
| | Unitedhealth Group Inc | Interest in common stock | 27,778 |
| | Valero Energy Corp New | Interest in common stock | 11,029 |
| | Vantiv, Inc. | Interest in common stock | 9,562 |
| | Versizon | Interest in common stock | 6,676 |
| | Visa Inc | Interest in common stock | 40,363 |
| | Voya Financial Inc | Interest in common stock | 9,894 |
| | Wabco Holdings Inc | Interest in common stock | 1,722 |
| | Walmart Stores | Interest in common stock | 14,023 |
| | Wells Fargo & Co | Interest in common stock | 12,802 |
| | Xerox Company | Interest in common stock | 2,128 |
| | Xilinx Inc | Interest in common stock | 4,247 |
| | Yum! Brands Inc | Interest in common stock | 11,425 |
| | Zoetis Inc | Interest in common stock | 5,907 |
| | Brokeragelink | Interest in common stock | 38,098,782 |
| | | | 39,789,365 |
| | AB Discovery Growth Fund Inc ADV CL | Interest in registered investment companies | 34,611 |
| | AB Discovery Value Fund Advisor CL | Interest in registered investment companies | 33,505 |
| | AB Global BD Fund Inc Advsr CL | Interest in registered investment companies | 137,622 |
| | AB High Income Fund ADV CL | Interest in registered investment companies | 149,619 |
| | AB Select US Equity Protfolio CL Advisor | Interest in registered investment companies | 159,754 |
| | ABF Large Cap Value | Interest in registered investment companies | 20,217,493 |
| | AF Balanced R6 | Interest in registered investment companies | 100,341,425 |
| | ALZGI NFJ Sm Cp Vl IS | Interest in registered investment companies | 13,025,179 |
| | American Euro Pacific Growth Fund Cl F2 | Interest in registered investment companies | 94,876 |
| | Artisan Mid Cap Inst | Interest in registered investment companies | 11,681,723 |
| | Bernstein Emerging Mkts Portfolio | Interest in registered investment companies | 37,330 |

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.**
**As of December 31, 2017**

| (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) | (e) Current Value |
|---|---|---|---|
| | Bernstein International Portfolio | Interest in registered investment companies | $ 180,311 |
| | BNY Mellon Bond Fund | Interest in registered investment companies | 645,948 |
| | BNY Mellon Income Stock Fund ( MPISX ) | Interest in registered investment companies | 283,106 |
| | BP CAPITAL MARKETS PLC | Interest in registered investment companies | 6,207 |
| | Consumer Discretionary SPDR | Interest in registered investment companies | 22,107 |
| | Dodge & Cox Intl Stk | Interest in registered investment companies | 24,544,127 |
| * | FID CONTRAFUND K | Interest in registered investment companies | 96,716,723 |
| * | FID FREEDOM K 2005 | Interest in registered investment companies | 539,156 |
| * | FID FREEDOM K 2010 | Interest in registered investment companies | 3,000,556 |
| * | FID FREEDOM K 2015 | Interest in registered investment companies | 6,288,386 |
| * | FID FREEDOM K 2020 | Interest in registered investment companies | 17,490,908 |
| * | FID FREEDOM K 2025 | Interest in registered investment companies | 21,398,596 |
| * | FID FREEDOM K 2030 | Interest in registered investment companies | 11,987,349 |
| * | FID FREEDOM K 2035 | Interest in registered investment companies | 14,635,387 |
| * | FID FREEDOM K 2040 | Interest in registered investment companies | 12,979,416 |
| * | FID FREEDOM K 2045 | Interest in registered investment companies | 7,656,646 |
| * | FID FREEDOM K 2050 | Interest in registered investment companies | 4,308,766 |
| * | FID FREEDOM K 2055 | Interest in registered investment companies | 2,832,751 |
| * | FID FREEDOM K 2060 | Interest in registered investment companies | 382,708 |
| * | FID FREEDOM K INCOME | Interest in registered investment companies | 533,829 |
| * | FID INTL INDEX INS | Interest in registered investment companies | 9,465,916 |
| * | FID LOW PRICED STK K | Interest in registered investment companies | 30,129,945 |
| * | FID NEW MARKETS INC | Interest in registered investment companies | 1,927,987 |
| | First TR Dorsey WRT | Interest in registered investment companies | 146,672 |
| | Harbor Cap APPR INST | Interest in registered investment companies | 30,699,481 |
| | Health Care Select SPDR | Interest in registered investment companies | 18,272 |
| | Ishares MSCI JAPAN | Interest in registered investment companies | 9,609 |
| | JPM High Yield R6 | Interest in registered investment companies | 9,950,125 |
| | Lzrd Emrg Mkts Eq IS | Interest in registered investment companies | 15,102,564 |
| | Materials Select Sector | Interest in registered investment companies | 10,593 |
| | Oakmark Intl Fund | Interest in registered investment companies | 96,967 |
| | PRU Total RTN BDQ | Interest in registered investment companies | 47,612,661 |
| | REAL ESTATE SELECT SECTOR SPDR FD SHS | Interest in registered investment companies | 12,353 |
| | Sector SPDR Consumers STPL | Interest in registered investment companies | 19,343 |
| | Sector SPDR Energy | Interest in registered investment companies | 6,576 |

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.**
**As of December 31, 2017**

| (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) | (e) Current Value |
|---|---|---|---|
| | Sector SPDR Industrial | Interest in registered investment companies | $ 29,738 |
| | Sector SPDR Utilities | Interest in registered investment companies | 7,797 |
| | SPDR S&P Insurance ETF | Interest in registered investment companies | 5,772 |
| | TA MID CAP VL OPP R6 | Interest in registered investment companies | 12,519,219 |
| | Tmpl Inst Frgn Sm Co | Interest in registered investment companies | 3,173,955 |
| | VANG Midcap IDX INST | Interest in registered investment companies | 5,548,533 |
| | VANG SM CAP IDX ADM | Interest in registered investment companies | 4,947,377 |
| | VANG TOT BD MKT INST | Interest in registered investment companies | 5,382,711 |
| | Vanguard Financials ETF | Interest in registered investment companies | 23,253 |
| | Vanguard Information tech ETF | Interest in registered investment companies | 44,971 |
| | Vanguard Inst Index | Interest in registered investment companies | 61,826,020 |
| | Western Asset Smash C fund | Interest in registered investment companies | 25,313 |
| | Western Asset Smash EC fund | Interest in registered investment companies | 62,659 |
| | Western Asset Smash M fund | Interest in registered investment companies | 74,207 |
| | WF SM CO Growth IS | Interest in registered investment companies | 10,227,999 |
| | Brokeragelink | Interest in registered investment companies | 79,837,620 |
| | | | 701,292,328 |
| * | MIP CL 2 | Interest in common/collective Trust | 27,943,253 |
| | BIF Money Fund | Interest bearing cash | 27,555 |
| | BNY Mellon Money Market | Interest bearing cash | 17,122 |
| | Cash - AB | Interest bearing cash | 14,321 |
| * | Fidelity Retirement Money Market | Interest bearing cash | 28,403,856 |
| | Brokeragelink | Interest bearing cash | 14,541,157 |
| | | | 43,004,011 |
| | Brokeragelink | Corporate obligations | 2,140,974 |
| | Fed home ln MTG Corp | Interest in government securities | 8,187 |
| | FEDERAL NATL MTG ASSOC | Interest in government securities | 3,980 |
| | FEDERAL NATL MTG ASSOC BONDS 01.125% OCT 19 2018 | Interest in government securities | 9,950 |
| | FEDERAL NATL MTG ASSOC BONDS 06.625% NOV 15 2030 | Interest in government securities | 2,813 |
| | FHLMC G0 8615 03 50%2044 | Interest in government securities | 7,686 |
| | FHLMC G0 8627 03 50%2045 | Interest in government securities | 619 |
| | FHLMC G0 8650 03 50%2045 | Interest in government securities | 722 |
| | FHLMC G0 8660 04%2045 | Interest in government securities | 1,226 |
| | FHLMC G0 8669 04%2045 | Interest in government securities | 1,251 |
| | FHLMC G0 8702 03 50%2046 | Interest in government securities | 1,641 |
| | FHLMC G0 8737 03%2046 | Interest in government securities | 8,415 |
| | FHLMC G0 8748 03 50%2047 | Interest in government securities | 1,899 |
| | FHLMC G0 8751 03 50%2047 | Interest in government securities | 956 |
| | FHLMC G0 8759 04 50%2047 | Interest in government securities | 920 |
| | FHLMC G0 8761 03 50%2047 | Interest in government securities | 1,922 |
| | FHLMC G0 8786 04 50%2047 | Interest in government securities | 1,047 |

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.**
**As of December 31, 2017**

| (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) | (e) Current Value |
|---|---|---|---|
| | FHLMC G6 0855 04 50%2045 | Interest in government securities | 3,384 |
| | FHLMC Q3 5614 03 50%2045 | Interest in government securities | 803 |
| | FHLMC Q4 9490 03 50%2047 | Interest in government securities | 1,006 |
| | FNMA PAL6004 04 50%2043 | Interest in government securities | 4,410 |
| | FNMA PAL7767 04 50%2044 | Interest in government securities | 1,905 |
| | FNMA PAX2501 04%2044 | Interest in government securities | 5,422 |
| | FNMA PMA2495 03 50%2046 | Interest in government securities | 1,573 |
| | FNMA PMA2705 03%2046 | Interest in government securities | 902 |
| | FNMA PMA3073 04 50%2047 | Interest in government securities | 1,976 |
| | FNMA PMA3120 03 50%2047 | Interest in government securities | 1,009 |
| | FNMA PMA3182 03 50%2047 | Interest in government securities | 7,135 |
| | U.S. TREASURY BOND | Interest in government securities | 4,102 |
| | U.S. TREASURY BOND 2.500% FEB 15 2046 | Interest in government securities | 5,710 |
| | U.S. TREASURY BOND 3.000% MAY 15 2045 | Interest in government securities | 4,201 |
| | U.S. TREASURY NOTE | Interest in government securities | 2,001 |
| | U.S. TREASURY NOTE 2.125% SEP 30 2021 | Interest in government securities | 1,001 |
| | U.S. TREASURY INFLATION BOND | Interest in government securities | 1,112 |
| | U.S. TREASURY INFLATION BOND 1.000% FEB 15 2046 | Interest in government securities | 2,224 |
| | U.S. TREASURY INFLATION NTE 0.125% JAN 15 2023 | Interest in government securities | 3,181 |
| | Brokeragelink | | 172,394 |
| | | | 278,685 |
| | Guardian Life | Cash surrender value in life insurance policy | 1,792,946 |
| | John Hancock Life Ins. Co. | Cash surrender value in life insurance policy | 53,773 |
| | New England Life Ins. Co. | Cash surrender value in life insurance policy | 189,694 |
| | New York Life Ins. Co. | Cash surrender value in life insurance policy | 732,534 |
| | Northwestern Life Ins. Co. | Cash surrender value in life insurance policy | 1,002,923 |
| | Pacific Life Ins. Co. | Cash surrender value in life insurance policy | 413,408 |
| | Voya/ING Annuity | Cash surrender value in life insurance policy | 118,624 |
| | | | 4,303,902 |
| | Brokeragelink | Preferred stocks | 155,836 |
| * | Participant Loans | Interest rates ranging from 3.25% to 6.25%; maturing through 2032 | 7,341,502 |

* Denotes a party-in-interest to the Plan.

Cost data (column d) has not been included, as all investments are participant-directed