Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
- [X] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

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

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

D Check box if filing under:
- [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
SPMI 401(K) PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 08/01/1998

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)
SOUTHERN PERSONNEL MANAGEMENT, INC

1701 MAIN STREET SUITE B
VAN BUREN, AR 72956

2b Employer Identification Number (EIN) 71-0772119

2c Plan Sponsor's telephone number 479-474-7752

2d Business code (see instructions) 561110

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.	10/12/2018	JOHN W LYON
	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**	3103
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)**	2806
a(2) Total number of active participants at the end of the plan year	**6a(2)**	4570
b Retired or separated participants receiving benefits	**6b**	9
c Other retired or separated participants entitled to future benefits	**6c**	395
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	4974
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**.	**6f**	4976
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1796
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	80
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 3D 2T

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**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	**B** Three-digit plan number (PN) ▶
SPMI 401(K) PLAN	333
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
SOUTHERN PERSONNEL MANAGEMENT, INC	71-0772119

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

TRANSAMERICA FINANCIAL 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
36-6071399	70688	932115	1796	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
173218	

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

H D VEST INSURANCE AGENCY LLC

DEREK A BUTLER
6333 N STATE HWY 161
IRVING, TX 75038

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
173218			3

(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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	56140403

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE FUND

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	62	
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6) Total additions		7c(6)	62
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	62
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) ▶ TRANSFERS	7e(4)	62	
	(5) Total deductions		7e(5)	62
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

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 Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2017
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

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

A Name of plan
SPMI 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHERN PERSONNEL MANAGEMENT, INC

D Employer Identification Number (EIN)
71-0772119

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

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

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

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(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)

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

(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?
15 37 52 62 64 67	RECORDKEEPER	213828	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(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)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

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

A Name of plan
SPMI 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SOUTHERN PERSONNEL MANAGEMENT, INC

D Employer Identification Number (EIN)
71-0772119

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: AEGON CASH RESERVE RET ACCT
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.
c EIN-PN 13-6071399-056 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2117977

a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CENT INFLATION-ADJ BOND INV AC
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.
c EIN-PN 13-6071399-440 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 243615

a Name of MTIA, CCT, PSA, or 103-12 IE: AMER FUNDS EUROPACIFIC GROWTH RET A
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.
c EIN-PN 13-6071399-076 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 828362

a Name of MTIA, CCT, PSA, or 103-12 IE: AMER FUNDS FUNDAMENTAL INVESTORS IN
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.
c EIN-PN 13-6071399-141 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1665150

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AMCAP INV ACCT
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.
c EIN-PN 13-6071399-146 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 539018

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED INV ACCT
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.
c EIN-PN 13-6071399-158 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1599429

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND OF AMERI
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.
c EIN-PN 13-6071399-147 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1169903

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE INV			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-155	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	695011
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS SMALLCAP WORLD RET A			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-077	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	567662
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASHINGTON MUTUAL IN			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-140	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	866834
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HEALTH SCIENCES OPS RET A			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-365	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3735874
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV LEVERAGED COMPANY STOC			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-080	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	359807
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN MUTUAL FINANCIAL SERVICES			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-043	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	473628
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN TOTAL RETURN RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-087	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	408805
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH INV ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-114	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	590006
a Name of MTIA, CCT, PSA, or 103-12 IE: IVY SCIENCE & TECHNOLOGY INV ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-090	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2530167
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS BALANCED INV ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-298	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	433588

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN INTREPID MID CAP RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-331	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	209538
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES BOND RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-107	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	491986
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE BOND			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-094	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	564660
a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT TOTAL RETURN RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-584	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	320845
a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT VALUE OPPORTUNITIES RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-536	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	243296
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MARKETS RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-471	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	952372
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER MAIN STREET INV ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-144	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	648394
a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER DISCIPLINED VALUE INV ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-100	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	228132
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENNISON UTILITY INV ACC			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-093	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	913273
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA EMERGING MARKETS INDEX RET ACC			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-169	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	314700

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL LARGE CAP GROWTH INDEX			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-173	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	785155
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL LARGE CAP VALUE INDEX			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-171	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	676919
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP GROWTH INDEX			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-172	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	362372
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP INDEX RET AC			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-437	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	366410
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP VALUE INDEX			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-355	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	431854
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2020 RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-135	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6261853
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2025 RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-018	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6525971
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2030 RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-163	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3389697
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2035 RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-019	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3276644
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2040 RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-164	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2232123

a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LIFEPATH INDEX 2045 RE		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-295	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1905710
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LIFEPATH INDEX 2050 RE		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-165	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1117681
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LIFEPATH INDEX 2055 RE		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-505	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	662912
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LIFEPATH INDEX 2060 RE		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-607	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	223616
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LIFEPATH INDEX RETIREM		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-417	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	577177
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA VANGUARD REAL ESTATE INDEX RET A		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-130	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1119702
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA VANGUARD TARGET RETIREMENT 2010		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-134	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA VANGUARD TARGET RETIREMENT 2015		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-356	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	VAN ECK GLOBAL HARD ASSETS RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-606	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28471
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD EUROPEAN STOCK INDEX RET A		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-127	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	67859

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRAT CONSER GROWTH RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-501	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21733
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY GROWTH RET AC			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-502	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	60368
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY INCOME RET AC			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-503	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13196
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY MODERATE GROW			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-504	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1179984
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL STOCK MARKET INDEX R			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-166	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	882856
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADVANTAGE PRECIOUS META			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 13-6071399-272	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	258102
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

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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)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection**

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

A Name of plan
SPMI 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHERN PERSONNEL MANAGEMENT, INC

D Employer Identification Number (EIN)
71-0772119

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	57403	58200
(2) Participant contributions	1b(2)	140195	112151
(3) Other	1b(3)		23625
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		47775
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1895477	2524698
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	43486338	56092622
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	45579413	58859071
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	45579413	58859071

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)	2279657	
(B) Participants	2a(1)(B)	4507403	
(C) Others (including rollovers)	2a(1)(C)	588387	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		7375447
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	381	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	81446	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		81827
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		7612229
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		15069503
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3216671	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3216671
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		10660
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	213828	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		213828
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3441159
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		11628344
l Transfers of assets:			
(1) To this plan	2l(1)		2552159
(2) From this plan	2l(2)		900845

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SHOPTAW, LABAHN & COMPANY, P.A. **(2)** EIN: 71-0698607

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		500000
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		X	

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)
LUMBER ONE, LLC	04-3651790	001
PLATINUM DISTRIBUTING, INC.	62-1677624	001

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

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**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
SPMI 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHERN PERSONNEL MANAGEMENT, INC

D Employer Identification Number (EIN)
71-0772119

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3689044 _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

SPMI 401(k) PLAN

Financial Statements and Supplemental Schedule

December 31, 2017 and 2016

(With Independent Auditors' Report Thereon)

SPMI 401(k) Plan

December 31, 2017 and 2016

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SHOPTAW, LABAHN & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

JOHN W. SHOPTAW, CPA
LORI A. MELTON, CPA
JEFFREY S. NUFER, CPA

915 WEST MAIN, SUITE B, P.O. BOX 1065, RUSSELLVILLE, ARKANSAS 72811
TEL. 479-967-3600 FAX 479-967-2131

Independent Auditors' Report

Administrative Committee and
Participants of SPMI 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of SPMI 401(k) Plan, which comprise the statements of net assets available for plan benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Transamerica Financial Life Insurance Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that

the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the plan administrator by the 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 H, line 4i Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2017 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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.

Russellville, Arkansas
October 11, 2018

Shoptaw, Lakahon & Company, P.A.

SPMI 401(k) PLAN

Statements of Net Assets Available for Plan Benefits

December 31, 2017 and 2016

Assets

	2017	2016
Cash	$ 47,775	-
Investments, at fair value	56,092,622	43,486,338
Receivables:		
Employer contributions	58,200	57,403
Participant contributions	112,151	140,195
Participant loans	2,524,698	1,895,477
Other	23,625	-
Total receivables	2,718,674	2,093,075
Total assets	$58,859,071	45,579,413

Net Assets

Net assets available for plan benefits	$58,859,071	45,579,413

See accompanying notes to financial statements.

SPMI 401(k) PLAN

Statement of Changes in Net Assets Available for Plan Benefits

Year ended December 31, 2017

	2017
Investment income:	
Net appreciation in fair value of investments	$ 7,612,229
Interest on participant loans	81,446
Interest on temporary cash	381
Net investment income	7,694,056
Contributions:	
Participating employers	2,279,657
Participants	4,507,403
Transfers into the plan	2,552,159
Rollovers	588,387
Total contributions	9,927,606
Net additions	17,621,662
Deductions	
Benefits paid directly to participants	3,216,671
Deemed loan distributions	10,660
Transfers from the plan	900,845
Administrative expenses	213,828
Total deductions	4,342,004
Net increase	13,279,658
Net assets available for plan benefits, beginning of year	45,579,413
Net assets available for plan benefits, end of year	$58,859,071

See accompanying notes to financial statements.

SPMI 401(k) PLAN

Notes to Financial Statements

December 31, 2017 and 2016

(1) DESCRIPTION

The following description of the SPMI 401(k) Plan (the "Plan"), provides only general information. Participants should refer to their respective participating employer's plan agreement and summary plan description for a more complete description of the Plan's provisions, which are available from the plan administrator.

(a) General

The Plan is a defined contribution multiple employer pension plan covering all eligible employees of the participating employers (PE) who have adopted the Plan. The Plan is sponsored by Southern Personnel Management Inc. (SPMI). Eligibility provisions for the Plan vary by PE and are based on elections made by the respective PE at adoption. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Transamerica Financial Life Insurance Company (Transamerica) serves as the plan trustee.

(b) Contributions

The Plan permits participants to contribute through a salary deferral election of up to the maximum allowed by law or as defined in the respective PE's adoption agreement. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Employer contributions are made by those PE's who have elected such a provision in their respective adoption agreement.

(c) Participant Investment Account Options

The Plan's investment options consist of sub-accounts of a separate account offered under an annuity accumulation contract with Transamerica. Each participant has the option of directing his/her contributions into any of these investment options and may change the allocation daily.

(d) Participant Accounts

Each participant's account is credited with the participant's contribution, allocations of respective employer contributions and net earnings. Allocations are based on participant's earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(e) Vesting

Participants are immediately vested in their voluntary contributions. Contributions made by PE's are vested based on elections made in the respective PE's adoption agreement. Forfeitures are used to offset the respective PE's employer contributions.

(f) Payment of Benefits

Upon termination, for participants with balances less than or equal to $1,000, the balance will be paid directly to the participant in a lump sum. For participants with balances greater than $1,000 but less than $5,000, the balance will be paid to the participant either through a lump sum or to another qualified retirement account elected by the participant. If no election is made, the balance will be rolled over to an individual retirement account (IRA) designated by the plan administrator.

Terminated participants with an account balance of $5,000 or greater may elect to either roll over this benefit directly into another qualified plan or an IRA, or request a payment. If no payment method is elected, the account can remain within the Plan until such time a distribution is elected by the participant.

(g) Participant Loans

The plan document includes provisions authorizing loans from the Plan to active eligible participants. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. A participant may have up to two loans outstanding at a time. The loans are secured by the balance in the participant's account and bear interest based on the prime rate, as specified in the Wall Street Journal plus 1%. Loans are repaid through payroll withholdings unless the participant is paying the loan in full, and must be repaid within five years unless the loan is used to acquire a principal residence, of which the maximum term is 30 years.

(h) Plan Termination

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

Each PE has the right to terminate its plan at any time. In this event, the participants of the PE would become 100% vested in their accounts. Each PE also has the right to discontinue its employer contribution at any time and/or discontinue services with SPMI and transfer its current plan to another service provider. In these events, the current vesting schedule would apply to currently held employer contributions.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

(b) 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 net assets available for benefits and changes therein and disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

(c) Investment Valuation

Pooled separate accounts are valued at estimated fair value as provided by Transamerica. Participant loans are valued at amortized cost, which approximates fair value.

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 investment earnings, realized and unrealized gains and losses on investments bought and sold as well as held during the year.

(d) Plan Tax Status

Each participating employer adopts a prototype plan designed by Transamerica. This prototype plan obtained a determination letter dated March 31, 2008, from the the Internal Revenue Service, which stated the prototype plan constituted a qualified plan under Section 401 of the Internal Revenue Code. The prototype plan has been amended since the date of this letter. Also, some PE's have made amendments since the date of this letter. However, the plan administrator believes the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

With a few exceptions, the Plan is not subject to federal, state and local income tax examinations by tax authorities for years before 2015.

(e) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(f) Administrative Expenses

Certain administrative expenses may be paid by the Plan sponsor or the Plan, at the sponsor's discretion. The Plan is not required to reimburse the sponsor for any administrative expenses paid by the sponsor. Expenses not paid by the sponsor are paid by the Plan.

(3) INVESTMENTS

The following table presents the Plan's investments as of December 31, 2017 and 2016.

	2017	2016
Pooled Separate Accounts:		
AEGON Cash Reserve Retirement Acct.	$ 2,070,202	2,376,315
American Century Inflation-Adjusted Bond Acct.	243,615	95,346
American Funds AMCAP Investment Acct.	539,018	385,247
American Funds Balanced Investment Acct.	1,599,429	550,205
American Funds EuroPacific Growth Ret. Acct.	828,362	436,058
American Funds Fundamental Investors Inv. Acct.	1,665,150	1,203,354
American Funds Growth Fund of America	1,169,903	903,824
American Funds New Perspective Inv. Acct.	695,011	339,069
American Funds SMALLCAP World Ret. Acct.	567,662	371,457
American Funds Washington Mutual Investors Inv.	866,834	662,351
Blackrock Health Sciences Ops Retirement Acct.	3,735,874	3,127,376
Fidelity Advisor Leveraged Company Stock Inv.	359,807	334,249
Franklin Mutual Financial Services	473,628	404,114
Franklin Total Return Retirement Acct.	408,805	313,678
Invesco Small Cap Growth Investment Acct.	590,006	443,679
Ivy Science & Technology Investment Acct.	2,530,167	1,871,136
J.P. Morgan Intrepid Mid Cap Ret. Acct.	209,538	159,478
Janus Henderson Balanced Investment Acct.	433,588	356,893
Loomis Sayles Bond Retirement Acct.	491,986	374,216
Loomis Sayles Investment Grade Bond Ret. Acct.	564,660	449,261
Lord Abbett Total Return Retirement Acct.	320,845	222,953
Lord Abbett Value Opportunities Ret. Acct.	243,296	217,762

(Continued)

(3) INVESTMENTS (continued)

The following table presents the Plan's investments as of December 31, 2017 and 2016.

	2017	2016
Pooled Separate Accounts:		
Oppenheimer Developing Markets Ret	$ 952,372	520,276
Oppenheimer Main Street Investment Acct.	648,394	419,730
Pioneer Disciplined Value Investment Acct.	228,132	127,375
Prudential Jennison Utility Investment Acct.	913,273	834,638
SSgA Emerging Markets Index Retirement Acct.	314,700	102,776
SSgA Russell Large-Cap Growth Index Ret. Acct.	785,155	391,766
SSgA Russell Large-Cap Value Index Ret. Acct.	676,919	527,702
SSgA Russell Small-Cap Growth Index Ret. Acct.	362,372	239,658
SSgA Russell Small-Cap Index Retirement Acct.	366,410	266,823
SSgA Russell Small-Cap Value Index Ret. Acct.	431,854	544,669
TA Blackrock Lifepath Index 2020 Retirement Acct.	6,261,853	3,229,583
TA Blackrock Lifepath Index 2025 Retirement Acct.	6,525,971	5,148,952
TA Blackrock Lifepath Index 2030 Retirement Acct.	3,389,697	2,892,796
TA Blackrock Lifepath Index 2035 Retirement Acct.	3,276,644	2,472,478
TA Blackrock Lifepath Index 2040 Retirement Acct.	2,232,123	1,620,938
TA Blackrock Lifepath Index 2045 Retirement Acct.	1,905,710	1,381,466
TA Blackrock Lifepath Index 2050 Retirement Acct.	1,117,681	730,389
TA Blackrock Lifepath Index 2055 Retirement Acct.	662,912	417,656
TA Blackrock Lifepath Index 2060 Retirement Acct.	223,616	112,590
TA Blackrock Lifepath Index Retirement Acct.	577,177	-
TA Vanguard Real Estate Index Retirement Acct.	1,119,702	1,048,872
TA Vanguard Target Retirement 2010 Ret. Acct.	-	412,773
TA Vanguard Target Retirement 2015 Retirement Acct.	-	2,301,731
Van Eck Global Hard Asset Ret. Acct.	28,471	217,910
Vanguard European Stock Index Ret. Acct.	67,859	36,670
Vanguard Life Strategy Cons. Growth Retirement Acct.	21,733	19,239
Vanguard Life Strategy Growth Retirement Acct.	60,368	42,352
Vanguard Life Strategy Income Retirement Acct.	13,196	8,343
Vanguard Life Strategy Mod. Growth Ret. Acct.	1,179,984	1,043,304
Vanguard Target Retirement Income Ret Acct.	-	142,030
Vanguard Total Stock Market Index Retirement Acct.	882,856	373,766
Wells Fargo Precious Metals Retirement Acct.	258,102	259,066
Total at fair value	$56,092,622	43,486,338

During 2017, the prior year target retirement funds were titled under the Transamerica Vanguard series of target retirement accounts whereby these funds were changed to the currently reported Transamerica Blackrock Lifepath series of accounts.

(Continued)

(3) INVESTMENTS (continued)

During the years ended December 31, 2017 and 2016, the Plan's investments in pooled separate accounts (including gains and losses on investments bought, sold and held during the year) appreciated in value by $7,612,229 and $2,245,530 respectively.

Interest realized on the Plan's investment in participant loans for the years ended December 31, 2017 and 2016 were $81,446 and $71,764, respectively.

(4) FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures* provides 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 FASB ASC 820 are described as follows:

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:

a. Quoted prices for similar assets or liabilities in active markets
b. Quoted prices for identical or similar assets or liabilities in inactive markets
c. Inputs other than quoted prices that are observable for the asset or liability
d. 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 or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Temporary cash - forfeitures are valued at market value which approximates net realizable valu
Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of differen methodologies or assumptions to determine the fair value of certain financial instruments could res in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016.

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	$23,854,980	32,237,642	-	56,092,622

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	$38,213,153	5,273,185	-	43,486,338

Realized and unrealized gains and losses, dividends and interest included in net increase in net assets available for plan benefits for the year ended December 31, 2017, are reported in net appreciation in fair value of investments in the statement of changes in net assets available for Plan benefits.

(5) PARTICIPANT LOANS

The following is a reconciliation of the beginning and ending balances of participant loans recognized in the accompanying statements of net assets available for plan benefits:

Balance, January 1, 2016	$ 1,837,196
Issuances and conversions	1,158,660
Repayments and distribution applications	(1,100,379)
Balance, December 31, 2016	1,895,477
Issuances and conversions	1,763,222
Repayments and distribution applications	(1,134,001)
Balance, December 31, 2017	$ 2,524,698

(6) CONTRACT WITH TRANSAMERICA LIFE INSURANCE COMPANY

The Plan is subject to an annuity accumulation contract (Contract) with Transamerica. Under the terms of the Contract, SPMI deposits employee contributions with Transamerica to be invested among various pooled separate accounts, dependent upon participant elections. Investments in the pooled separate accounts are not guaranteed and are subject to market fluctuations.

(7) PARTY-IN-INTEREST TRANSACTIONS

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

Certain fees paid by the Plan for investment management services were paid within the mutual funds and were deducted from the investment income earned by the fund.

Certain accounting and administrative functions are performed by officers or employees of SPMI. No such officer or employee receives compensation from the Plan. In addition, SPMI pays certain outside administrative expenses of the Plan. SPMI is also considered a PE in the Plan.

(8) RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits. The financial statements have been prepared using values and information currently available to the Plan.

(9) RECENTLY ADOPTED ACCOUNTING PRONOUNCEMENTS

In May 2016, the Financial Accounting Standards Board ("FASB") issued ASU No. 2015-07, *"Fair Value Measurement (Topic 820); Disclosure for Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)"*. ASU 2015-07 removed the requirement to categorize within the fair value heiarchy all investments for which fair value is measured using the net asset value per share as a practical expedient. It also eliminated certain disclosures for investments eligible to be measured at fair value using this practical expedient. This standard was adopted effective January 1, 2017, and applied it retrospectively to all periods presented. It was determined that no investments of the plan are carried as net asset value measured as a practical expedient.

(9) RECENTLY ADOPTED ACCOUNTING PRONOUNCEMENTS (Continued)

In July 2015, the FASB issued ASU 2015-12, *"Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient"*. Part II eliminated the requirements to disclose individual investments that represent five percent or more of net assets available for benefits and net appreciation or depreciation in fair value of investments by general type. Part II also simplified the level of dissaggregation of investments that are measured at fair value. Plans will continue to disaggregate investments that are measured at fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics, and risks. Further, the disclosure of information about fair value measurements should be provided by general type of plan asset. Parts I and III were not applicable to the Plan. The Plan adopted Part II of this standard as of January 1, 2017, and applied it retrospectively to all periods presented. It did not have a material impact on the Plan's financial statement disclosures.

(10) FORFEITURE ACCOUNT ACTIVITY

The following is a reconciliation of the beginning and ending balances of Plan forfeitures recognized in the accompanying statements of net assets available for plan benefits:

Forfeiture balance at December 31, 2015	$ 20,348
New forfeitures	32,708
Forfeitures used to reduce employer contributions	(24,816)
Forfeitures used to pay plan expenses	(1,386)
Gains	161
Forfeiture balance at December 31, 2016	27,015
New forfeitures	72,048
Transfers in - conversions	5,072
Forfeitures used to reduce employer contributions	(19,097)
Forfeitures used to pay plan expenses	(459)
Transfers out - discontinuances	(37,183)
Gains	379
Forfeiture balance at December 31, 2017	$ 47,775

(11) SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 11, 2018 which is the date the financial statements were available to be issued.

(12) CONCENTRATIONS

Approximately 51% of the assets held by the Plan are accounted for by three participating employers.

Supplemental Schedule

SPMI 401(k) PLAN (Sponsor EIN# 71-0772119, Plan #: 333)

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

Year Ended December 31, 2017

(A)	(B) Identity of Issuer	(C) Description of Investment	(E) Current Value
	Pooled Separate Accounts:	Sub Accounts Invested In:	
*	Transamerica Financial Life Ins. Co.	AEGON Cash Reserve Retirement Acct.	$ 2,070,202
*	Transamerica Financial Life Ins. Co.	American Century Inflation-Adjusted Bond Acct.	243,615
*	Transamerica Financial Life Ins. Co.	American Funds AMCAP Investment Acct.	539,018
*	Transamerica Financial Life Ins. Co.	American Funds Balanced Investment Acct.	1,599,429
*	Transamerica Financial Life Ins. Co.	American Funds EuroPacific Growth Ret. Acct.	828,362
*	Transamerica Financial Life Ins. Co.	American Funds Fundamental Investors Inv. Acct.	1,665,150
*	Transamerica Financial Life Ins. Co.	American Funds Growth Fund of America	1,169,903
*	Transamerica Financial Life Ins. Co.	American Funds New Perspective Inv. Acct.	695,011
*	Transamerica Financial Life Ins. Co.	American Funds SMALLCAP World Ret. Acct.	567,662
*	Transamerica Financial Life Ins. Co.	American Funds Washington Mutual Investors Inv.	866,834
*	Transamerica Financial Life Ins. Co.	Fidelity Advisor Leveraged Company Stock Inv.	359,807
*	Transamerica Financial Life Ins. Co.	Franklin Total Return Retirement Acct.	408,805
*	Transamerica Financial Life Ins. Co.	Invesco Small Cap Growth Investment Acct.	590,006
*	Transamerica Financial Life Ins. Co.	Ivy Science & Technology Investment Acct.	2,530,167
*	Transamerica Financial Life Ins. Co.	Janus Henderson Balanced Investment Acct.	433,588
*	Transamerica Financial Life Ins. Co.	Van Eck Global Hard Asset Ret. Acct.	28,471

* Party-in-interest to the Plan as defined by ERISA

(Continued)

SPMI 401(k) PLAN (Sponsor EIN# 71-0772119, Plan #: 333)

Supplemental Schedule H, Line 4i, Schedule of Assets, (Held at End of Year) Continued

Year Ended December 31, 2017

(A)	(B) Identity of Issuer	(C) Description of Investment	(E) Current Value
	Pooled Separate Accounts:	Sub Accounts Invested In:	
*	Transamerica Financial Life Ins. Co.	Prudential Jennison Utility Investment Acct.	$ 913,273
*	Transamerica Financial Life Ins. Co.	Loomis Sayles Bond Retirement Acct.	491,986
*	Transamerica Financial Life Ins. Co.	Loomis Sayles Investment Grade Bond Ret. Acct.	564,660
*	Transamerica Financial Life Ins. Co.	Lord Abbett Value Opportunities Ret. Acct.	243,296
*	Transamerica Financial Life Ins. Co.	Lord Abbett Total Return Ret. Acct.	320,845
*	Transamerica Financial Life Ins. Co.	Oppenheimer Main Street Investment Acct.	648,394
*	Transamerica Financial Life Ins. Co.	Pioneer Disciplined Value Investment Acct.	228,132
*	Transamerica Financial Life Ins. Co.	SSgA Emerging Markets Index Retirement Acct.	314,700
*	Transamerica Financial Life Ins. Co.	SSgA Russell Large-Cap Growth Index Ret. Acct.	785,155
*	Transamerica Financial Life Ins. Co.	SSgA Russell Small-Cap Growth Index Ret. Acct.	362,372
*	Transamerica Financial Life Ins. Co.	SSgA Russell Large-Cap Value Index Ret. Acct.	676,919
*	Transamerica Financial Life Ins. Co.	SSgA Russell Small-Cap Value Index Ret. Acct.	431,854
*	Transamerica Financial Life Ins. Co.	SSgA Russell Small-Cap Index Retirement Acct.	366,410
*	Transamerica Financial Life Ins. Co.	Vanguard European Stock Index Ret. Acct.	67,859
*	Transamerica Financial Life Ins. Co.	Vanguard REIT Index Retirement Acct.	1,119,702
*	Transamerica Financial Life Ins. Co.	TA Blackrock Lifepath Intex Retirement Acct.	577,177
*	Transamerica Financial Life Ins. Co.	TA Blackrock Lifepath Index 2020 Retirement Acct.	6,261,853

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SPMI 401(k) PLAN (Sponsor EIN# 71-0772119, Plan #: 333)

Supplemental Schedule H, Line 4i, Schedule of Assets, (Held at End of Year) Continued

Year Ended December 31, 2017

(A)	(B) Identity of Issuer	(C) Description of Investment	(E) Current Value
	Pooled Separate Accounts:	Sub Accounts Invested In:	
*	Transamerica Financial Life Ins. Co.	TA Blackrock Lifepath Index 2025 Retirement Acct.	$ 6,525,971
*	Transamerica Financial Life Ins. Co.	TA Blackrock Lifepath Index 2030 Retirement Acct.	3,389,697
*	Transamerica Financial Life Ins. Co.	TA Blackrock Lifepath Index 2035 Retirement Acct.	3,276,644
*	Transamerica Financial Life Ins. Co.	TA Blackrock Lifepath Index 2040 Retirement Acct.	2,232,123
*	Transamerica Financial Life Ins. Co.	TA Blackrock Lifepath Index 2045 Retirement Acct.	1,905,710
*	Transamerica Financial Life Ins. Co.	TA Blackrock Lifepath Index 2050 Retirement Acct.	1,117,681
*	Transamerica Financial Life Ins. Co.	TA Blackrock Lifepath Index 2055 Retirement Acct.	662,912
*	Transamerica Financial Life Ins. Co.	TA Blackrock Lifepath Index 2060 Retirement Acct.	223,616
*	Transamerica Financial Life Ins. Co.	Vanguard Total Stock Market Index Ret. Acct.	882,856
*	Transamerica Financial Life Ins. Co.	Vanguard Life Strategy Cons. Growth Ret. Acct.	21,733
*	Transamerica Financial Life Ins. Co.	Vanguard Life Strategy Growth Ret. Acct.	60,368
*	Transamerica Financial Life Ins. Co.	Vanguard Life Strategy Income Ret. Acct.	13,196
*	Transamerica Financial Life Ins. Co.	Vanguard Life Strategy Mod. Growth Ret. Acct.	1,179,984
*	Transamerica Financial Life Ins. Co.	Wells Fargo Precious Metals Ret. Acct.	258,102
*	Transamerica Financial Life Ins. Co.	Franklin Mutual Financial Services	473,628
*	Transamerica Financial Life Ins. Co.	Blackrock Health Sciences Ops Ret. Acct.	3,735,874
*	Transamerica Financial Life Ins. Co.	J.P. Morgan Intrepid Mid Cap Ret. Acct.	209,538
*	Transamerica Financial Life Ins. Co.	Oppenheimer Developing Markets Ret	952,372
*	Various participants, Participant loans - interest rates from 4.25% to 5.25%		2,524,698

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

Plan Name: Southern Personnel Management Inc.
Contract Number: 932115
Employer Identification Number: 71-0772120
Plan Identification Number: 333
Plan Year End: December 31, 2017

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Southern Personnel Management Inc.	71-0772119	2.72%
The Cabinet Shop Inc.	71-0715678	0.00%
Hubbs Belcher Co.	71-0611102	0.45%
REL Stapleton Inc.	71-0640138	0.00%
Dennis Sbnatto P.C.	71-0728051	0.00%
Center for Arts & Education	71-0497273	0.01%
Greg M. Walters D.D.S. P.A.	71-0582567	0.00%
Custom Poultry Bedding Inc. & Custom Wood Recycling Inc.	62-1676411	0.24%
Hodges Heavy Duty Truck Parts	71-0659676	0.92%
American Precision Fabricators	71-0794880	0.39%
Air Pro Heating & A/C Inc.	71-0730804	0.44%
River City Coating Inc.	62-1703660	0.14%
Lexington Retirement Properties LLC	71-0799340	0.05%
Plunkett Distributing Co. Inc.	71-0271786	0.67%
Specialty Woodworks Inc.	71-0682235	0.03%
Platinum Distributing Inc.	62-1677624	0.00%
Perspectives Behavioral Health Management	33-1048513	0.00%
Tri-Hill Turf Care Inc.	71-0805726	0.32%
FWCC Inc.	75-2207977	0.39%
Edge Asset Management LLC	42-1572576	0.00%
Service Comm. & Wireless	73-1521814	0.00%
Jimmy Bell Real Estate Co. Inc.	62-1668494	0.09%
Surrey Vacation Resorts/Grand Crowne Resorts	43-1640937	0.00%
AMYCO Inc. dba Anderson's Discount Pharmacy	71-0844785	0.84%
Best Pallet Inc.	20-0515302	0.74%
Select Title Company LLC	20-3476613	0.00%
Retail Innovative Solutions Group (RISG)	20-8825487	0.00%
Burton Pools & Spas LLC	71-0509940	0.01%
Seb. Co. RSWMD	71-0747508	0.28%
Group W Insurance Inc.	71-0410944	0.00%
The Duttons LC	84-1424115	0.00%
3N1 Office Products Inc.	75-1943504	0.02%
Vantage Telecom LLC dba Newroads Telecom	71-0841743	0.89%
TLC Premium Bedding Inc.	71-0849162	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
United Fabricators Inc.	71-0396820	0.00%
Sophia Meyer Family Medicine	20-4915399	0.29%
Brownwood Life Care Center Inc.	71-0620775	0.65%
Rhodes Chevrolet Company	71-0354484	0.39%
SLW Automotive Inc.	27-1161300	26.93%
Core Staff Support Inc.	27-3251335	0.06%
Lumber One	04-3651790	0.00%
Traxion Inc.	27-0878596	0.25%
Arkansas Colleges of Health Education dba ACHE	46-5138928	7.87%
Building Products Plus Co. LC.	76-0417741	0.71%
Hobbs & Curry Family Limited Partnership LLLP	71-0765774	0.77%
JAM Investments LLC dba JAM Mart	71-0842450	0.25%
JAB QSR Inc. dba Dunkin' Donuts	45-1813082	0.00%
Lavaca Wellness Clinic PA	27-3846374	0.09%
White Dairy Ice Cream Company Inc.	71-0219120	6.84%
Tankersley Food Service LLC	20-3907922	0.56%
Schmitz Family Practice & Rural Health PLLC	80-0633472	0.91%
Smith's Consumer Products Inc.	75-2205289	3.22%
Healthmark Services Inc.	36-3776348	8.27%
General Pallets Inc.	71-0817617	1.83%
Travis Enterprises Inc.	46-2419005	0.55%
Great American Conference Inc.	27-4611301	0.49%
Belmont Management Company Inc.	20-1691978	2.74%
PWL LLC	47-1167040	0.00%
Turf-Pro USA Inc.	20-8767245	0.10%
Tire Tracks of Springdale Inc.	71-0778838	0.96%
Western Arkansas Orthopedic Clinic	47-1683741	0.57%
Pro-Logic Compliance LLC	32-0301432	0.07%
Furniture Factory Outlet LLC	20-8263952	13.01%
Moore Dental Health	71-0760070	0.00%
Yeager Hardware Inc	71-0464268	0.96%
Western Ark Title Services LLC	41-2122442	0.48%
Western Arkansas Child Development Inc	71-0272318	0.32%
Community Rescue Mission Inc	71-0551207	0.05%
DISHEE INC	27-1258994	0.02%
Mars 3M Automation	82-3689400	0.97%
Management Support Services Inc.	62-1705485	0.00%
Williams Energy Efficiency	80-0817420	1.10%
Hospitality Employee Group LLC	32-0480150	4.91%
NRG Wireline LLC	47-5542143	0.00%
Woody Futrell Marine & Aircraft	71-0546051	1.22%
R OK Cancer Support Foundation	71-0507617	0.04%
Custom Pavement Maintenance & Safety LLC.	81-1748630	0.35%
Hillcrest Healthcare LLC	62-1618429	1.33%
Trinity Property Mgmt LLC	20-0434615	0.26%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
M-Tech International Inc. dba Cat 2	62-1666835	0.00%
Shipley & Sills Family Doctors	45-2475379	0.00%
Amigos Library Services	75-1627097	0.00%
M&M Athletic Supply dba Ross Athletic Supply	82-1472054	0.00%
Health Depot Pharmacies LLC	35-2587272	0.00%
Landmark Ministries	20-4694696	0.00%
Lauren James Enterprises Inc.	81-0774303	0.00%
Creative Design Concepts LLC	47-2388058	0.00%
Time Striping Inc.	71-0669392	0.00%

SPMI 401(k) PLAN (Sponsor EIN# 71-0772119, Plan #: 333)

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

Year Ended December 31, 2017

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*	Transamerica Financial Life Ins. Co.	American Funds AMCAP Investment Acct.	539,018
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*	Transamerica Financial Life Ins. Co.	American Funds Washington Mutual Investors Inv.	866,834
*	Transamerica Financial Life Ins. Co.	Fidelity Advisor Leveraged Company Stock Inv.	359,807
*	Transamerica Financial Life Ins. Co.	Franklin Total Return Retirement Acct.	408,805
*	Transamerica Financial Life Ins. Co.	Invesco Small Cap Growth Investment Acct.	590,006
*	Transamerica Financial Life Ins. Co.	Ivy Science & Technology Investment Acct.	2,530,167
*	Transamerica Financial Life Ins. Co.	Janus Henderson Balanced Investment Acct.	433,588
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* Party-in-interest to the Plan as defined by ERISA

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SPMI 401(k) PLAN (Sponsor EIN# 71-0772119, Plan #: 333)

Supplemental Schedule H, Line 4i, Schedule of Assets, (Held at End of Year) Continued

Year Ended December 31, 2017

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*	Transamerica Financial Life Ins. Co.	Loomis Sayles Bond Retirement Acct.	491,986
*	Transamerica Financial Life Ins. Co.	Loomis Sayles Investment Grade Bond Ret. Acct.	564,660
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*	Transamerica Financial Life Ins. Co.	Lord Abbett Total Return Ret. Acct.	320,845
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*	Transamerica Financial Life Ins. Co.	SSgA Russell Large-Cap Value Index Ret. Acct.	676,919
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*	Transamerica Financial Life Ins. Co.	SSgA Russell Small-Cap Index Retirement Acct.	366,410
*	Transamerica Financial Life Ins. Co.	Vanguard European Stock Index Ret. Acct.	67,859
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(Continued)

SPMI 401(k) PLAN (Sponsor EIN# 71-0772119, Plan #: 333)

Supplemental Schedule H, Line 4i, Schedule of Assets, (Held at End of Year) Continued

Year Ended December 31, 2017

(A)	(B) Identity of Issuer	(C) Description of Investment	(E) Current Value
	Pooled Separate Accounts:	Sub Accounts Invested In:	
*	Transamerica Financial Life Ins. Co.	TA Blackrock Lifepath Index 2025 Retirement Acct.	$ 6,525,971
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*	Transamerica Financial Life Ins. Co.	Blackrock Health Sciences Ops Ret. Acct.	3,735,874
*	Transamerica Financial Life Ins. Co.	J.P. Morgan Intrepid Mid Cap Ret. Acct.	209,538
*	Transamerica Financial Life Ins. Co.	Oppenheimer Developing Markets Ret	952,372
*	Various participants, Participant loans - interest rates from 4.25% to 5.25%		2,524,698