Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
INSURANCE OFFICE OF AMERICA 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1992

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
INSURANCE OFFICE OF AMERICA INC.

1855 WEST STATE ROAD 434
LONGWOOD, FL 32750

2b Employer Identification Number (EIN) 59-2472656

2c Plan Sponsor's telephone number 407-788-3000

2d Business code (see instructions) 524210

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.	12/28/2018	BETH SCHICK
	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**	1049
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)**	856
a(2) Total number of active participants at the end of the plan year	**6a(2)**	812
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	257
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1069
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**.	**6f**	1071
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1018
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	103
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 2S 2T 3D 3H

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)	[ ]	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)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
INSURANCE OFFICE OF AMERICA 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INSURANCE OFFICE OF AMERICA INC.

D Employer Identification Number (EIN)
59-2472656

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
AMERICAN UNITED 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
35-0145825	60895	K00103	1018	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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(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		
	(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	2887067
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	3234069
c	Additions: (1) Contributions deposited during the year	7c(1)	276736		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	45270		
	(4) Transferred from separate account	7c(4)	662833		
	(5) Other (specify below)	7c(5)	33239		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	1018078
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	4252147
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	933622		
	(2) Administration charge made by carrier	7e(2)	23707		
	(3) Transferred to separate account	7e(3)	390829		
	(4) Other (specify below)	7e(4)	16922		
	▶ LOAN ISSUED				
	(5) Total deductions			7e(5)	1365080
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2887067

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
INSURANCE OFFICE OF AMERICA 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INSURANCE OFFICE OF AMERICA INC.

D Employer Identification Number (EIN)
59-2472656

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

ASSET ADVISORS OF AMERICA

A. LEE SHANE
1855 WEST STATE ROAD 434
LONGWOOD, FL 32750

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

M & T BANK

16-0538020

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

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

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

MCCREADY & KEENE INC.

35-0500670

(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 38 50 59 60 63 64	NONE	86694	Yes [X] No [ ]	Yes [ ] No [X]	1102	Yes [ ] No [X]

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

MG TRUST CO. DBA MATRIX TRUST CO.

75-3182674

(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?
18 19 21 25 49 50 51 59 60 61 62 63 65	NONE	3418	Yes [X] No [ ]	Yes [ ] No [X]	12874	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 [ ]

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
MG TRUST CO. DBA MATRIX TRUST CO.	49	12874

(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.
MG TRUST CO. DBA MATRIX TRUST CO. 75-3182674	REVENUE SHARING ACCT FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MG TRUST CO. DBA MATRIX TRUST CO.	15 37 38 50 64 59 60 63	1102

(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.
MCCREADY & KEENE INC. 35-0500670	RECORD KEEPING FEES

(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

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

(complete as many entries as needed)

a Name: CLIFTONLARSONALLEN LLP	**b** EIN: 41-0746749	
c Position: AUDITOR		
d Address: 420 SOUTH ORANGE AVENUE SUITE 500 ORLANDO, FL 32801	**e** Telephone: 407-802-1200	

Explanation: THE PLAN SPONSOR IN EVALUATING THE SERVICE OFFERINGS OF BOTH CLIFTON LARSON ALLEN AND CARR RIGGS & INGRAM DETERMINED THAT CARR RIGGS & INGRAM WAS BEST SUITED TO PERFORM FUTURE AUDITS OF THE SPONSOR BENEFIT PLANS

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
INSURANCE OFFICE OF AMERICA 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INSURANCE OFFICE OF AMERICA INC.

D Employer Identification Number (EIN)
59-2472656

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	115078	1111236
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	30761
(2) Participant contributions	1b(2)	0	104094
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	818229	1048525
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	22376189	29783271
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3234069	2887067
(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	26543565	34964954
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	26543565	34964954

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)	759215	
	(B) Participants	2a(1)(B)	2979716	
	(C) Others (including rollovers)	2a(1)(C)	530428	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4269359
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	41923	
	(F) Other	2b(1)(F)	45270	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		87193
	(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)	1033301	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1033301
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3833446
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		9223299
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2816887	
(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)		2816887
f Corrective distributions (see instructions)	2f		539
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	3418	
(2) Contract administrator fees	2i(2)	86694	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		90112
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2907538
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6315761
l Transfers of assets:			
(1) To this plan	2l(1)		2105628
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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 [X] No

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

(1) Name: CARR RIGGS & INGRAM LLC **(2)** EIN: 72-1396621

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			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
INSURANCE OFFICE OF AMERICA 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INSURANCE OFFICE OF AMERICA INC.

D Employer Identification Number (EIN)
59-2472656

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): 75-3182674

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Insurance Office of America, Inc. 401(k) Plan

FINANCIAL STATEMENTS

December 31, 2017 and 2016



Insurance Office of America, Inc. 401(k) Plan
Table of Contents
December 31, 2017 and 2016

REPORT

Independent Auditors' Report 1

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits 3

Statement of Changes in Net Assets Available for Benefits 4

Notes to Financial Statements 5

SUPPLEMENTAL SCHEDULE

Schedule H, Line 4 (i) – Schedule of Assets (Held at End of Year) 13

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

CRI CARR RIGGS & INGRAM
CPAs and Advisors

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Winter Park, FL 32789

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(407) 628-5277 (fax)
www.cricpa.com

INDEPENDENT AUDITORS' REPORT

To the Participants and Management
Insurance Office of America, Inc. 401 (K) Plan
Longwood, FL

Report on the Financial Statements
We have audited the accompanying financial statements of Insurance Office of America, Inc. 401(k) Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2017, the related statement of changes in net assets available for benefits for the year 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.

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2017, and the changes in net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information
Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Prior Period Financial Statements
The financial statements of the Plan as of December 31, 2016, were audited by predecessor auditors whose report dated January 9, 2018, expressed an unmodified opinion under the modified cash basis on those statements.

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS & INGRAM, LLC
Orlando, Florida

December 20, 2018

Insurance Office of America, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits

December 31,	**2017**	2016
Assets		
Investments		
Cash	**$ 1,111,236**	$ 115,078
Investments at fair value	**29,783,271**	22,376,189
Investments at contract value	**2,887,067**	3,234,069
Total investments	**33,781,574**	25,725,336
Receivables		
Employer contribution receivable	**30,761**	-
Employee contribution receivable	**104,094**	-
Notes receivable from participants	**1,048,525**	818,229
Total receivables	**1,183,380**	818,229
Total assets	**34,964,954**	26,543,565
Net assets available for benefits	**$ 34,964,954**	$ 26,543,565

See notes to financial statements.

Insurance Office of America, Inc. 401(k) Plan
Statement of Changes in Net Assets Available for Benefits

For the year ended December 31,	2017
Additions	
Investment income	
Net appreciation in fair value investments	$ 3,833,447
Interest and dividends	1,078,571
Total investment income	4,912,018
Interest income on notes receivable from participants	41,923
Contributions	
Participants	2,979,716
Employer	759,215
Rollover	530,428
Total contributions	4,269,359
Total additions	9,223,300
Deductions	
Benefits paid to participants	2,816,887
Corrective distributions	539
Administrative expenses and other distributions	90,113
Total deductions	2,907,539
Net increase in net assets available for benefits, before transfers	6,315,761
Transfers into the plan from merged plans (See Note 1)	2,105,628
Net increase in net assets available for benefits	8,421,389
Net assets available for benefits, beginning of year	26,543,565
Net assets available for benfits, end of year	$ 34,964,954

See notes to financial statements.

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the Insurance Office of America, Inc. 401(k) Plan (the Plan), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Plan Transfer

On January 31, 2017, the Eagle American Insurance Agency, LLC 401(K) Plan merged into the Plan.

General

The Plan is a defined contribution plan that covers substantially all employees of Insurance Office of America, Inc. and related affiliates or subsidiaries (the "Employer") who have reached age 21 and have completed three months of service, as defined in the Plan document. Employees may make elective deferrals (401(k)) of up to 60% of compensation as defined in the Plan document or the maximum annual deferral determined by the Internal Revenue Service (IRS). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and various provisions of the Internal Revenue Code (IRC). A 401(k) Committee is responsible for overseeing the Plan, determining the appropriateness of the Plan's investment offerings, and monitoring investment performance.

Contributions

Each year, participants may contribute a percentage of their eligible compensation, as defined in the Plan document. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 4% of eligible compensation, and their contributions invested in the designated default fund until changed by the participant. The Employer makes a matching contribution each pay period equal to 50% of each participant's contribution to the Plan, up to 4% of the participant's eligible compensation as defined in the Plan document. The Employer may also make discretionary nonmatching contributions to the Plan.

There were no discretionary nonmatching contributions to the Plan for the years ended December 31, 2016 or 2017. The Plan also permits employee catch-up contributions and rollover contributions, as defined in the Plan document. The annual additions to a participant's elective deferral account, Roth account and Employer contribution accounts for a Plan year shall not exceed the maximum permissible amount.

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, an allocation of the Employer's contributions and Plan earnings or losses, and charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or participant transactions, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Employer's contributions, plus actual earnings thereon, is based on years of credited service. A participant is 100% vested upon completion of six years of credited service. Notwithstanding the above, a participant is fully vested upon reaching early or normal retirement age, becoming disabled, or death, as further defined in the Plan document. The following table sets forth the graded vesting schedule:

Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Benefit Payments

Upon termination of service, death, disability, or retirement a participant may elect to receive the value of the vested interest in the participant's account in a single lump-sum or partial withdrawal. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to Plan provisions. If a participant terminates employment and the participant's account balance does not exceed $5,000, the Plan administrator will authorize the benefit payment without the participant's consent. If the balance of the terminated participant's account is between $1,000 and $5,000, the Employer may authorize that the benefit payment be rolled into an individual retirement account in the participant's name.

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Note receivable transactions are treated as a transfer to (from) the investment fund from (to) the participant loan fund. Up to one-half of the participant's vested account balance under the Plan can be used as security for the note. All notes must bear a reasonable rate of interest commensurate with local prevailing rates. The interest rates on outstanding loans ranged from 3.25% to 6% as of December 31, 2017. Principal and interest is paid ratably through bi-weekly payroll deductions.

Forfeitures

Forfeitures attributable to employer discretionary matching contributions may be used to reduce plan expenses or employer contributions based on the direction of the Plan Administrator. At December 31, 2017 and 2016, forfeited non-vested accounts totaled $- for both years. For the years ended December 31, 2017 and 2016, forfeited non-vested amounts of $18,710 and $14,667, respectively, were used to pay administrative fees and $43,627 and $28,006, respectively, were used to reduce employer contributions.

Plan Termination

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

Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Sponsor by a letter dated March 31, 2014, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America ("U.S. GAAP") require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

In 2017, the Plan changed basis of accounting from modified cash to US GAAP basis. The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with US GAAP.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value on quoted market prices for mutual fund shares. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan has investment in the American United Life Company, ("AUL") Stable Value Fund which is an immediate participation guarantee fund contract which is valued at contract value. Contract value represents contributions made under the contract, plus a rate of return based on the earnings of AUL's general investment portfolio, less funds used to pay benefits and administrative expenses charged by AUL.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Employer, as provided by the Plan document. Expenses paid directly by the Employer are excluded from these financial statements. Certain expenses incurred in connection with general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investment presented in the accompanying statement of changes in net assets available for benefits.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of estimates

The Plan administrator uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and reported revenues and expenditures. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Management's Review

Management of the Plan applies the provisions of ASC 855, *Subsequent Events*, which establishes general standards of accounting for and disclosure of events that occur after the balance sheet date but before the financial statements are issued. See Note 7, *Subsequent Events*

NOTE 3: FAIR VALUE OF INVESTMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

NOTE 3: FAIR VALUE OF INVESTMENTS (Continued)

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 valuation methodologies used at December 31, 2017 and 2016.

Mutual Funds: Valued at the quoted net asset value (NAV) of shares held by the Plan at year end. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. These securities are classified within Level 1 in the fair value hierarchy above.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value on a recurring basis, segregated amount the appropriate levels within the fair value hierarchy for the years ended December 31, 2017 and 2016, respectively.

	Total	Quoted Prices in Activie Markets for Identical Level 1	Siginificant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
December 31, 2017				
Mutual Funds	$ 29,783,271	$ 29,783,271	$ -	$ -
Total investments at fair value	$ 29,783,271	$ 29,783,271	$ -	$ -

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

	Total	Quoted Prices in Activie Markets for Identical Level 1	Siginificant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
December 31, 2016				
Mutual Funds	$ 22,376,189	$ 22,376,189	$ -	$ -
Total investments at fair value	$ 22,376,189	$ 22,376,189	$ -	$ -

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

NOTE 4: GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY

The Plan entered into traditional benefit-responsive investment contracts with American United Life Insurance Company (AUL), a One America company as of January 17, 2014. As part of the contracts, AUL maintains the contributions in a general account. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contracts are included in the financial statements at contract value as reported to the Plan by AUL. Contract value represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The investment contracts issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Because the investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for the portion of net assets available for Plan benefits attributable to the guaranteed investment contract. Contract value represents fair value for this investment.

There are no reserves against contract value for credit risk of the contracts issuers or otherwise. The contract value of the investment contracts at December 31, 2017 and 2016, were $2,887,067 and $3,234,069, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events might limit the ability of the Plan to transact at contract value with the issuers. Such events include the following: (1) amendments to the Plan document (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

NOTE 5: PARTY-IN-INTEREST TRANSACTIONS

The Plan investments are managed by Matrix Trust Company (formerly Wilmington Trust Company). Matrix Trust Company is the custodian as defined by the Plan, and McCready and Keene, Inc. (a One America company) is the third-party administrator, as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investment, as they are paid through revenue sharing, rather than direct payment.

NOTE 6: RISK AND UNCERTAINTIES

The Plan's investments 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 at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 7: CUSTODIAN'S RESPONSIBILITY

The Plan is administered by the Plan Administrator. The custodian is appointed by the Plan Administrator. Authority for control, management and administration of the Plan is vested in the Plan Administrator. As the Plan's fiduciary, the custodian's responsibility is to maintain the Plan's assets.

NOTE 8: SUBSEQUENT EVENTS

Management of the Plan evaluated all events or transactions that occurred after December 31, 2017 through December 20, 2018, the date the financial statements were available to be issued.

As of January 1, 2018, the Plan changed custodians from Matrix Trust Company to BMO Global Asset Management.

SUPPLEMENTAL SCHEDULE

Insurance Office of America, Inc. 401(k) Plan
EIN 59-2472656 – Plan #1
Schedule H, Line 4(i) Schedule of Assets (Held at End of Year)
December 31, 2017

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party (b)	Decription of Investment (c)	Current Value (e)
		Cash	$ 1,111,236
		Group annuity contract with insurance company	
*	One America	AUL Stable Value Fund	2,887,067
		Mutual funds	
	Vanguard	Vanguard Target Retirement 2025 Ret	2,779,297
	Vanguard	Vanguard Target Retirement 2030 Ret	2,755,230
	T Rowe Price	T Rowe Price Blue Chip Growth	2,716,001
	Vanguard	Vanguard Target Retirement 2035 Ret	1,972,157
	Vanguard	Vanguard Target Retirement 2015 Ret	1,530,628
	Vanguard	Vanguard Target Retirement 2020 Ret	1,514,020
	Vanguard	Vanguard Target Retirement 2045 Ret	1,380,434
	Vanguard	Vanguard Target Retirement 2040 Ret	1,218,552
	Vanguard	Vanguard Growth Index Adm	1,122,819
	Ivy Funds	Ivy High Income I	1,066,780
	Vanguard	Vanguard Target Ret Income	1,043,151
	Vanguard	Vanguard Mid Cap Index	974,451
	Vanguard	Vanguard Target Retirement 2050 Ret	904,453
	American Funds	American Funds AM Balanced R6	820,796
	AIG	AIG Focused Dividend Strategy	742,066
	MFS	MFS International Value	721,553
	Oppenheimer	Oppenheimer Global	709,667
	Nicholas	Nicholas Company, Inc.	687,755
	Vanguard	Vanguard Index Small Cap	682,022
	MFS	MFS Mid Cap Value R5	663,614
	Vanguard	Vanguard Gr& Inc Adm	627,406
	Lord Abbett	Lord Abbett Developing Growth	568,337
	Vanguard	Vanguard Target Retirement 2055 Ret	523,117
	Dimensional	DFA US Core Equity 1 Portfolio	407,916
	American Funds	New Perspective Fund Class R6	289,212
	Dimensional	DFA US Large Cap Val Port III	223,145
	Metwest Funds	Metrowest Total Return Bond	179,196
	PIMCO	Pimco Small Cap Stks Plus Ar P	136,025
	Oppenheimer	Oppenheimer Developing Mkts I	127,049
	First Eagle	First Eagle Global	110,834
	Tcw	Tcw Total Return Bond	99,072
	Dimensional	DFA US Targeted Value Port	89,222
	First Eagle	First Eagle Overseas	73,470
	Dimensional	DFA Inflation Protected Secs	60,192
	PIMCO	Pimco Real Return Bond Instl	57,346
	Dimensional	DFA International Core Equity	49,020
	Franklin Templeton Inv.	Franklin Convertible Secs	39,135
	Oppenheimer	Oppenheimer Sr Floating Rate	37,412
	JP Morgan	JP Morgan Mid Cap Value Fund	22,121
	Thompson IM	Thompson Bond	17,346
	Vanguard	Vanguard Short Term Inv	16,680
	Wasatch Funds	Wasatch Long/Short Investor	12,623
	Victory	Victory Integrity Small-Cap Value Fund	10,325
	Vanguard	Vanguard Gnma	1,624
			29,783,271

See independent auditors' report.

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party (b)	Decription of Investment (c)	Current Value (e)
*	Participants	Participant loans, rates from 3.25% to 6%	1,048,525
			$ 34,830,099

**Party-in-interest*
NOTE: Column (d) is not presented as it is not applicable.

Insurance Office of America, Inc. 401(k) Plan

FINANCIAL STATEMENTS

December 31, 2017 and 2016



Insurance Office of America, Inc. 401(k) Plan
Table of Contents
December 31, 2017 and 2016

REPORT

Independent Auditors' Report 1

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits 3

Statement of Changes in Net Assets Available for Benefits 4

Notes to Financial Statements 5

SUPPLEMENTAL SCHEDULE

Schedule H, Line 4 (i) – Schedule of Assets (Held at End of Year) 13

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

CRI CARR RIGGS & INGRAM
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INDEPENDENT AUDITORS' REPORT

To the Participants and Management
Insurance Office of America, Inc. 401 (K) Plan
Longwood, FL

Report on the Financial Statements
We have audited the accompanying financial statements of Insurance Office of America, Inc. 401(k) Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2017, the related statement of changes in net assets available for benefits for the year 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.

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2017, and the changes in net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information
Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Prior Period Financial Statements
The financial statements of the Plan as of December 31, 2016, were audited by predecessor auditors whose report dated January 9, 2018, expressed an unmodified opinion under the modified cash basis on those statements.

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS & INGRAM, LLC
Orlando, Florida

December 20, 2018

Insurance Office of America, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits

December 31,	**2017**	2016
Assets		
Investments		
Cash	**$ 1,111,236**	$ 115,078
Investments at fair value	**29,783,271**	22,376,189
Investments at contract value	**2,887,067**	3,234,069
Total investments	**33,781,574**	25,725,336
Receivables		
Employer contribution receivable	**30,761**	-
Employee contribution receivable	**104,094**	-
Notes receivable from participants	**1,048,525**	818,229
Total receivables	**1,183,380**	818,229
Total assets	**34,964,954**	26,543,565
Net assets available for benefits	**$ 34,964,954**	$ 26,543,565

See notes to financial statements.

Insurance Office of America, Inc. 401(k) Plan
Statement of Changes in Net Assets Available for Benefits

For the year ended December 31,	2017
Additions	
Investment income	
Net appreciation in fair value investments	$ 3,833,447
Interest and dividends	1,078,571
Total investment income	4,912,018
Interest income on notes receivable from participants	41,923
Contributions	
Participants	2,979,716
Employer	759,215
Rollover	530,428
Total contributions	4,269,359
Total additions	9,223,300
Deductions	
Benefits paid to participants	2,816,887
Corrective distributions	539
Administrative expenses and other distributions	90,113
Total deductions	2,907,539
Net increase in net assets available for benefits, before transfers	6,315,761
Transfers into the plan from merged plans (See Note 1)	2,105,628
Net increase in net assets available for benefits	8,421,389
Net assets available for benefits, beginning of year	26,543,565
Net assets available for benfits, end of year	$ 34,964,954

See notes to financial statements.

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the Insurance Office of America, Inc. 401(k) Plan (the Plan), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Plan Transfer

On January 31, 2017, the Eagle American Insurance Agency, LLC 401(K) Plan merged into the Plan.

General

The Plan is a defined contribution plan that covers substantially all employees of Insurance Office of America, Inc. and related affiliates or subsidiaries (the "Employer") who have reached age 21 and have completed three months of service, as defined in the Plan document. Employees may make elective deferrals (401(k)) of up to 60% of compensation as defined in the Plan document or the maximum annual deferral determined by the Internal Revenue Service (IRS). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and various provisions of the Internal Revenue Code (IRC). A 401(k) Committee is responsible for overseeing the Plan, determining the appropriateness of the Plan's investment offerings, and monitoring investment performance.

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Each year, participants may contribute a percentage of their eligible compensation, as defined in the Plan document. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 4% of eligible compensation, and their contributions invested in the designated default fund until changed by the participant. The Employer makes a matching contribution each pay period equal to 50% of each participant's contribution to the Plan, up to 4% of the participant's eligible compensation as defined in the Plan document. The Employer may also make discretionary nonmatching contributions to the Plan.

There were no discretionary nonmatching contributions to the Plan for the years ended December 31, 2016 or 2017. The Plan also permits employee catch-up contributions and rollover contributions, as defined in the Plan document. The annual additions to a participant's elective deferral account, Roth account and Employer contribution accounts for a Plan year shall not exceed the maximum permissible amount.

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, an allocation of the Employer's contributions and Plan earnings or losses, and charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or participant transactions, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Employer's contributions, plus actual earnings thereon, is based on years of credited service. A participant is 100% vested upon completion of six years of credited service. Notwithstanding the above, a participant is fully vested upon reaching early or normal retirement age, becoming disabled, or death, as further defined in the Plan document. The following table sets forth the graded vesting schedule:

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NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Note receivable transactions are treated as a transfer to (from) the investment fund from (to) the participant loan fund. Up to one-half of the participant's vested account balance under the Plan can be used as security for the note. All notes must bear a reasonable rate of interest commensurate with local prevailing rates. The interest rates on outstanding loans ranged from 3.25% to 6% as of December 31, 2017. Principal and interest is paid ratably through bi-weekly payroll deductions.

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Plan Termination

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

Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Sponsor by a letter dated March 31, 2014, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America ("U.S. GAAP") require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Employer, as provided by the Plan document. Expenses paid directly by the Employer are excluded from these financial statements. Certain expenses incurred in connection with general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investment presented in the accompanying statement of changes in net assets available for benefits.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of estimates

The Plan administrator uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and reported revenues and expenditures. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Management's Review

Management of the Plan applies the provisions of ASC 855, *Subsequent Events*, which establishes general standards of accounting for and disclosure of events that occur after the balance sheet date but before the financial statements are issued. See Note 7, *Subsequent Events*

NOTE 3: FAIR VALUE OF INVESTMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

NOTE 3: FAIR VALUE OF INVESTMENTS (Continued)

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 valuation methodologies used at December 31, 2017 and 2016.

Mutual Funds: Valued at the quoted net asset value (NAV) of shares held by the Plan at year end. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. These securities are classified within Level 1 in the fair value hierarchy above.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value on a recurring basis, segregated amount the appropriate levels within the fair value hierarchy for the years ended December 31, 2017 and 2016, respectively.

	Total	Quoted Prices in Activie Markets for Identical Level 1	Siginificant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
December 31, 2017				
Mutual Funds	$ 29,783,271	$ 29,783,271	$ -	$ -
Total investments at fair value	$ 29,783,271	$ 29,783,271	$ -	$ -

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

	Total	Quoted Prices in Activie Markets for Identical Level 1	Siginificant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
December 31, 2016				
Mutual Funds	$ 22,376,189	$ 22,376,189	$ -	$ -
Total investments at fair value	$ 22,376,189	$ 22,376,189	$ -	$ -

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

NOTE 4: GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY

The Plan entered into traditional benefit-responsive investment contracts with American United Life Insurance Company (AUL), a One America company as of January 17, 2014. As part of the contracts, AUL maintains the contributions in a general account. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contracts are included in the financial statements at contract value as reported to the Plan by AUL. Contract value represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The investment contracts issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Because the investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for the portion of net assets available for Plan benefits attributable to the guaranteed investment contract. Contract value represents fair value for this investment.

There are no reserves against contract value for credit risk of the contracts issuers or otherwise. The contract value of the investment contracts at December 31, 2017 and 2016, were $2,887,067 and $3,234,069, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events might limit the ability of the Plan to transact at contract value with the issuers. Such events include the following: (1) amendments to the Plan document (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

NOTE 5: PARTY-IN-INTEREST TRANSACTIONS

The Plan investments are managed by Matrix Trust Company (formerly Wilmington Trust Company). Matrix Trust Company is the custodian as defined by the Plan, and McCready and Keene, Inc. (a One America company) is the third-party administrator, as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investment, as they are paid through revenue sharing, rather than direct payment.

NOTE 6: RISK AND UNCERTAINTIES

The Plan's investments 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 at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 7: CUSTODIAN'S RESPONSIBILITY

The Plan is administered by the Plan Administrator. The custodian is appointed by the Plan Administrator. Authority for control, management and administration of the Plan is vested in the Plan Administrator. As the Plan's fiduciary, the custodian's responsibility is to maintain the Plan's assets.

NOTE 8: SUBSEQUENT EVENTS

Management of the Plan evaluated all events or transactions that occurred after December 31, 2017 through December 20, 2018, the date the financial statements were available to be issued.

As of January 1, 2018, the Plan changed custodians from Matrix Trust Company to BMO Global Asset Management.

SUPPLEMENTAL SCHEDULE

Insurance Office of America, Inc. 401(k) Plan
EIN 59-2472656 – Plan #1
Schedule H, Line 4(i) Schedule of Assets (Held at End of Year)
December 31, 2017

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party (b)	Decription of Investment (c)	Current Value (e)
		Cash	$ 1,111,236
		Group annuity contract with insurance company	
*	One America	AUL Stable Value Fund	2,887,067
		Mutual funds	
	Vanguard	Vanguard Target Retirement 2025 Ret	2,779,297
	Vanguard	Vanguard Target Retirement 2030 Ret	2,755,230
	T Rowe Price	T Rowe Price Blue Chip Growth	2,716,001
	Vanguard	Vanguard Target Retirement 2035 Ret	1,972,157
	Vanguard	Vanguard Target Retirement 2015 Ret	1,530,628
	Vanguard	Vanguard Target Retirement 2020 Ret	1,514,020
	Vanguard	Vanguard Target Retirement 2045 Ret	1,380,434
	Vanguard	Vanguard Target Retirement 2040 Ret	1,218,552
	Vanguard	Vanguard Growth Index Adm	1,122,819
	Ivy Funds	Ivy High Income I	1,066,780
	Vanguard	Vanguard Target Ret Income	1,043,151
	Vanguard	Vanguard Mid Cap Index	974,451
	Vanguard	Vanguard Target Retirement 2050 Ret	904,453
	American Funds	American Funds AM Balanced R6	820,796
	AIG	AIG Focused Dividend Strategy	742,066
	MFS	MFS International Value	721,553
	Oppenheimer	Oppenheimer Global	709,667
	Nicholas	Nicholas Company, Inc.	687,755
	Vanguard	Vanguard Index Small Cap	682,022
	MFS	MFS Mid Cap Value R5	663,614
	Vanguard	Vanguard Gr& Inc Adm	627,406
	Lord Abbett	Lord Abbett Developing Growth	568,337
	Vanguard	Vanguard Target Retirement 2055 Ret	523,117
	Dimensional	DFA US Core Equity 1 Portfolio	407,916
	American Funds	New Perspective Fund Class R6	289,212
	Dimensional	DFA US Large Cap Val Port III	223,145
	Metwest Funds	Metrowest Total Return Bond	179,196
	PIMCO	Pimco Small Cap Stks Plus Ar P	136,025
	Oppenheimer	Oppenheimer Developing Mkts I	127,049
	First Eagle	First Eagle Global	110,834
	Tcw	Tcw Total Return Bond	99,072
	Dimensional	DFA US Targeted Value Port	89,222
	First Eagle	First Eagle Overseas	73,470
	Dimensional	DFA Inflation Protected Secs	60,192
	PIMCO	Pimco Real Return Bond Instl	57,346
	Dimensional	DFA International Core Equity	49,020
	Franklin Templeton Inv.	Franklin Convertible Secs	39,135
	Oppenheimer	Oppenheimer Sr Floating Rate	37,412
	JP Morgan	JP Morgan Mid Cap Value Fund	22,121
	Thompson IM	Thompson Bond	17,346
	Vanguard	Vanguard Short Term Inv	16,680
	Wasatch Funds	Wasatch Long/Short Investor	12,623
	Victory	Victory Integrity Small-Cap Value Fund	10,325
	Vanguard	Vanguard Gnma	1,624
			29,783,271

See independent auditors' report.

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party (b)	Decription of Investment (c)	Current Value (e)
*	Participants	Participant loans, rates from 3.25% to 6%	1,048,525
			$ 34,830,099

**Party-in-interest*
NOTE: Column (d) is not presented as it is not applicable.