

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 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>INTERNATIONAL AUTO PROCESSING, INC. 401(K) PROFIT SHARING PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
		1c	Effective date of plan <u>09/01/2014</u>
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) <u>INTERNATIONAL AUTO PROCESSING, INC.</u> <u>1 JOE FRANK HARRIS BLVD</u> <u>BRUNSWICK, GA 31523</u>	2b	Employer Identification Number (EIN) <u>58-1656828</u>
		2c	Plan Sponsor's telephone number <u>912-264-8131</u>
		2d	Business code (see instructions) <u>493100</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	JOHN MCCRARY
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 430
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 330 6a(2) 330 6b 0 6c 67 6d 397 6e 0 6f 397 6g 309 6h 14
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 2F 2G 3D 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan INTERNATIONAL AUTO PROCESSING, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL AUTO PROCESSING, INC.	D Employer Identification Number (EIN) 58-1656828	

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.
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1 Coverage Information:

(a) Name of insurance carrier THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-2656036	78778	300476	326	01/01/2018	05/04/2018

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 10009	(b) Total amount of fees paid 525
--	---

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid PARK AVENUE SECURITIES 7 HANOVER SQUARE NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10009	0 N/A		4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid SWBC INVESTMENT ADVISORY SERV LLC 900 SOUTH CAPITAL OF TEXAS STE 115 AUSTIN, TX 78746
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	525	ADVISORY SERVICES TO PLAN SPONSORS	7

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5** 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 ▶ OTHER GROUP PENSIONS**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0**e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	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 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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan INTERNATIONAL AUTO PROCESSING, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL AUTO PROCESSING, INC.	D Employer Identification Number (EIN) 58-1656828	

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.
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1 Coverage Information:

(a) Name of insurance carrier AMERITAS LIFE INSURANCE CORP.

(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
47-0098400	61301	E63 5681	326	05/05/2018	12/31/2018

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 16698	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid TBS AGENCY INC 1776 PLEASANT PLAIN RD FAIRFIELD, IA 52556
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16698	0	N/A	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	7344245

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year.....	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan INTERNATIONAL AUTO PROCESSING, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL AUTO PROCESSING, INC.	D Employer Identification Number (EIN) 58-1656828	

Part I	Service Provider Information (see instructions)
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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)..... ☐ 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
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

AMERITAS LIFE INSURANCE CORPORATION

47-0098400

(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	RECORD-KEEPER	22401	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STADION MONEY MANAGEMENT, INC.

58-2099805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	INVESTMENT ADVISORY	12411	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE GUARDIAN INSURANCE & ANNUITY CO

13-2656036

(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 49 60 62 63 64 65	RECORD-KEEPER	402	Yes ☒ No ☐	Yes ☒ No ☐	4513	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)

DORSA CONSULTING SERVICES INC.

26-4614358

(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	PARTICIPANT PROCESSING	2314	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
THE GUARDIAN INSURANCE & ANNUITY CO	64 15 38	4513
(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.	
THE GUARDIAN INSURANCE & ANNUITY CO 13-2650636	ADMINISTRATIVE & MARKETING SERVICES FOR STADION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE GUARDIAN INSURANCE & ANNUITY CO	60 63 15 49	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THE GUARDIAN INSURANCE & ANNUITY CO 13-2650636	SEE ATTACHED DISCLOSURE C	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>INTERNATIONAL AUTO PROCESSING, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL AUTO PROCESSING, INC.</u>	D Employer Identification Number (EIN) <u>58-1656828</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BENEFIT STADION GROWTH FUND</u>			
b Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>			
c EIN-PN <u>43-0995254-020</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1177001</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BENEFIT STADION MODERATE GROWTH FD</u>			
b Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>			
c EIN-PN <u>43-0995254-021</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2299136</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BENEFIT STADION BALANCED FD</u>			
b Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>			
c EIN-PN <u>43-0995254-022</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>656672</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BENEFIT STADION CONSERVATIVE FUND</u>			
b Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>			
c EIN-PN <u>43-0995254-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81157</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BENEFIT STADION CAPITALPRESERVATION</u>			
b Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>			
c EIN-PN <u>43-0995254-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>176211</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BENEFIT STADION MAXIMUM GROWTH FUND</u>			
b Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>			
c EIN-PN <u>43-0995254-048</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>429390</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FEDERATED CAPITAL PRESERVATION</u>			
b Name of sponsor of entity listed in (a): <u>FEDERATED INVESTORS TRUST COMPANY</u>			
c EIN-PN <u>22-2712853-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>301</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT G**b** Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORPORATION**c** EIN-PN 47-0098400-003**d** Entity
code P**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)2524377**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan INTERNATIONAL AUTO PROCESSING, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL AUTO PROCESSING, INC.	D Employer Identification Number (EIN) 58-1656828	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	272552	370943
(9) Value of interest in common/collective trusts	1c(9)	4474819	4819868
(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)	2370565	2524377
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	7117936	7715188

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7117936	7715188
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	401069	
(B) Participants	2a(1)(B)	874689	
(C) Others (including rollovers)	2a(1)(C)	60053	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1335811

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)	18011	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18011

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(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)		-240223
(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)		-146364
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		967235

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	323585	
(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)		323585
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	46398	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		46398
j Total expenses. Add all expense amounts in column (b) and enter total	2j		369983

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		597252
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: MOORE STEPHENS TILLER, LLC

(2) EIN: 58-0673524

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:

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.).....

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.)

	Yes	No	Amount
4a	X		4435
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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
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?		X	
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?.....		X	
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?.....		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
4n		X	

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

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

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

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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>INTERNATIONAL AUTO PROCESSING, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL AUTO PROCESSING, INC.</u>	D Employer Identification Number (EIN) <u>58-1656828</u>

Part I	Distributions
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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	<u>0</u>
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): <u>13-2656036</u>		
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
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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
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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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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):

International Auto Processing, Inc.
401(k) Profit Sharing Plan

Financial Report

December 31, 2018

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Independent Auditor's Report

To the Administrator
International Auto Processing, Inc. 401(k) Profit Sharing Plan
Atlanta, Georgia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of International Auto Processing, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2018 and 2017, the related statement of changes in net assets available for benefits - modified cash basis for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstance. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Ameritas Life Insurance Corp., the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets notes receivable from participants and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2018 and 2017 and for the year ended December 31, 2018, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Basis of Accounting

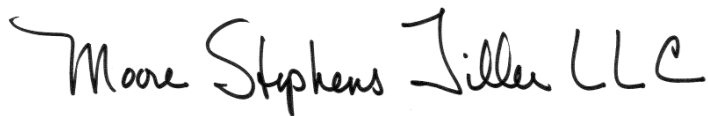
We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than the accounting principles generally accepted in the United States of America. Our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

Other Matter

The supplemental schedules of assets (held at end of year) – modified cash basis and of delinquent participant contributions, as of or for the year ended December 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

A handwritten signature in black ink that reads "Moore Stephens Ziller LLC". The signature is written in a cursive, flowing style.

Atlanta, Georgia
October 14, 2019

FINANCIAL STATEMENTS

INTERNATIONAL AUTO PROCESSING, INC. 401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS

December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Assets		
Investments, at fair value -		
Pooled separate accounts	\$ 7,344,245	\$ 6,845,384
Receivables -		
Notes receivable from participants	<u>370,943</u>	<u>272,552</u>
Total assets	<u>7,715,188</u>	<u>7,117,936</u>
Net Assets Available for Benefits	<u>\$ 7,715,188</u>	<u>\$ 7,117,936</u>

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

INTERNATIONAL AUTO PROCESSING, INC. 401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS

Year Ended December 31, 2018

	<u>2018</u>
Additions to Net Assets Attributed to:	
Investment income (loss) -	
Net depreciation in fair value of investments	\$ (386,585)
Interest from notes receivable	<u>18,011</u>
Contributions:	
Participants' contributions including rollovers	934,742
Employer's contributions	<u>401,069</u>
Total contributions	<u>1,335,811</u>
Total additions	<u>967,237</u>
Deductions from Net Assets Attributed to:	
Benefits paid to participants	323,715
Administrative expenses	<u>46,270</u>
Total deductions	<u>369,985</u>
Net increase	597,252
Net Assets Available for Benefits	
Beginning of year	<u>7,117,936</u>
End of year	<u><u>\$ 7,715,188</u></u>

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

INTERNATIONAL AUTO PROCESSING, INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

The following description of the International Auto Processing, Inc. 401(k) Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

A. *General.* The Plan is a defined contribution profit sharing plan, effective September 1, 2014, covering all employees (other than union employees, lease employees, and nonresident aliens) of International Auto Processing, Inc. (the "Company" or the "Plan Sponsor") who have attained the age of 21 and 3 months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. *Contributions.* The Plan includes a provision under Internal Revenue Code (IRC) Section 401(k) whereby participants may make pretax and Roth contributions to the Plan up to 100% of their annual compensation, subject to limitations under the IRC. New participants are auto-enrolled with deferrals equal to 6% of compensation. Participants age fifty and older are also allowed to make catch-up contributions. The Company contributes as a matching contribution an amount equal to 100% of the participant's elective deferrals that are not to exceed 1% of compensation plus 50% of participant elective deferrals that exceed 1% of compensation but do not exceed 6% of compensation. For the year ended December 31, 2018, the Company made \$401,069 of safe harbor matching contributions to all eligible employees. The Company may elect to make a discretionary profit sharing contribution but did not in 2018.

Participants may also contribute amounts representing rollover distributions from other qualified plans.

C. *Participant Accounts.* Each participant account is credited with pretax, Roth, and rollover contributions made by the participant, Plan Sponsor contributions, and plan earnings. Earnings, expenses, gains, and losses on investments are allocated based on participant account balances, as defined in the plan agreement.

D. *Vesting.* Participants' vesting in their safe harbor matching and profit sharing contributions is based on years of continuous service during which an employee completes at least 1,000 hours of service with the Company. Participants become 100% vested in their safe harbor matching contributions after two years of service. Participants become 100% vested in their profit sharing contributions after five years of service.

Participants also become 100% vested upon termination of the Plan, upon total and permanent disability, or death of the participant.

Any portion of a participant's account balance attributable to salary deferrals including catch-up contributions and rollover contributions from another qualified plan are 100% vested at the time of contribution and not subject to forfeiture.

E. *Notes Receivable from Participants.* Participants may borrow from their account in any amount greater than \$1,000 but less than 50% of their vested account balance, not to exceed \$50,000. Loans are secured by the balance in the participant's account and bear interest at a fixed rate comparable to the rates currently charged by commercial loans under similar circumstances. At December 31, 2018 and 2017, the interest rate for outstanding loans was two percentage points over the prime interest rate. Principal and interest is paid ratably through payroll deductions.

F. *Payment of Benefits.* In-service withdrawals of all or a portion of a participant's vested account balance may be made by a participant after reaching age fifty-nine and one half.

Upon normal retirement at age sixty-five, permanent disability or death, the participant or beneficiary may receive the value of the account through a lump sum distribution.

Participants withdrawing from the Plan due to termination of employment, other than due to retirement, permanent disability, or death, may receive the value of their vested account by transfer to another qualified plan or individual retirement account or through a lump sum distribution. In general, the Plan may, upon termination of service for any reason, automatically pay the benefits owed in a lump sum if the account balance is \$5,000 or less.

Distributions from the Plan will normally be subject to income taxes and in certain circumstances may also be subject to Internal Revenue Service (IRS) penalties, unless the distribution is transferred to another qualified plan or individual retirement account.

G. *Forfeited Accounts.* As of December 31, 2018 and 2017, forfeited nonvested accounts totaled \$6,533 and \$8,741, respectively. Forfeited nonvested accounts are available to reduce future employer contributions, to pay plan expenses, and, for portions attributable to returned uncashed distribution checks, to pay claims for such payments by former participants. In 2018, forfeitures used to pay plan expenses and reduce employer contributions were \$8,741 and nil, respectively.

2. Summary of Significant Accounting Policies

A. *Accounting Method.* The accounts of the plan are maintained, and the accompanying financial statements have been prepared, on the modified cash basis. Investment income is recognized when received, and disbursements are recognized when made. Additionally, securities investments are reflected at fair value. Accordingly, the financial statements are not intended to present the net assets available for benefits and changes in net assets available for benefits of the plan in accordance with accounting principles generally accepted in the United States of America.

B. *Use of Accounting Estimates.* The preparation of financial statements in conformity with the modified cash basis of accounting requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

C. *Investment Valuation and Income Recognition.* The Plan's investments are stated at fair value. The value of each pooled separate account is determined at the close of each business day based on the market value of the underlying investment assets. Purchases and sales of investments are recorded on a trade-date basis. Interest and dividends are recorded when received. The net appreciation (depreciation) in the fair value of investments includes both realized and unrealized gains and losses on investments.

D. *Notes Receivable from Participants.* Notes receivable from participants is measured at the unpaid principal balance with no allowance for credit balances. Interest is recorded when received. Delinquent notes are reclassified as distributions based on the terms of the plan documents.

E. *Benefit Payments.* Benefit payments to participants are recorded upon distribution.

F. *Expenses.* Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

G. *Subsequent Events.* Plan management has evaluated the need for disclosures or adjustments from subsequent events through October 14, 2019, the date the financial statements were available for issuance. This evaluation did not identify any events requiring disclosure in or adjustment to the financial statement.

3. Information Certified by the Plan's Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Ameritas Life Insurance Corp., the custodian of the Plan, has certified to the completeness and accuracy of the investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits – modified cash basis as of December 31, 2018 and 2017, the related investment activity and interest from notes receivable from participants reflected in the statement of changes in net assets available for benefits - modified cash basis for the year ended December 31, 2018, and the investments and notes receivable on the schedule of assets (held at end of year) - modified cash basis as of December 31, 2018.

4. Fair Value Measurements

FASB ASC 820, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy under FASB ASC 820 are described below:

Basis of Fair Value Measurement:

- | | |
|---------|--|
| Level 1 | Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities; |
| Level 2 | Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly; |
| Level 3 | Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable. |

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.

The following discussion describes the valuation methodologies used for assets measured at fair value on a recurring basis. The techniques utilized in estimating the fair values of financial instruments are reliant on the assumptions used. Care should be exercised in deriving conclusions based on the fair value information of financial instruments presented below.

Fair value estimates are made as of a specific point in time, based on available market information and judgments about the financial instrument. Such estimates do not consider the tax impact of the realization of unrealized gains or losses. In addition, the disclosed fair values may not be realized in the immediate settlement of the financial instrument.

Pooled Separate Accounts - Investments in pooled separate accounts represent a unit of account whose per unit value is the result of the accumulated values of the underlying investments. The underlying investments are public investment vehicles valued using net asset value ("NAV") per share, as determined by the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is used as a practical expedient to estimate fair value. All investments of the Plan are pooled separate accounts and are valued using NAV.

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share.

		Unfunded	Redemption	Other	Redemption
	<u>Fair Value</u>	<u>Commitment</u>	<u>Frequency</u>	<u>Restrictions</u>	<u>Notice</u> <u>Period</u>
As of December 31, 2018:					
Pooled separate accounts	\$7,344,245	\$ -	Daily	None	None
As of December 31, 2017:					
Pooled separate accounts	\$6,845,384	\$ -	Daily	None	None

5. Related-Party and Party in Interest Transactions

During the year ended December 31, 2018, the Plan paid \$46,270 for expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

6. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions and to terminate the Plan subject to the provisions of the ERISA. In the event of plan termination, all participants become fully vested and amounts in the individual participant accounts will be disbursed to the participants if no successor plan is established.

7. Tax Status

The Internal Revenue Service issued its latest opinion letter on March 31, 2014, which stated that the Plan qualified under the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Risk and Uncertainties

The Plan provides various investment options. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risks associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

9. Delinquent Participant Contributions

In 2018, the sponsor failed to timely deposit amounts contributed by employees of \$3,475. All amounts have been remitted to the Plan. The Plan Sponsor is in the process of calculating the lost earnings for the 2018 late remittances and depositing the amount into the affected participants' accounts.

In 2017, the plan sponsor failed to timely deposit amounts contributed by employees totaling \$960. All amounts have been remitted to the Plan. The Plan Sponsor calculated the lost earnings for the late remittances and deposited the amount into the affected participants' accounts in 2018.

SUPPLEMENTAL SCHEDULES

Plan Sponsor's EIN: 58-1656828
Plan Number: 002
Schedule H, Line 4i

INTERNATIONAL AUTO PROCESSING, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - MODIFIED CASH BASIS
December 31, 2018

(a)	(b)	(c)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment	Current value
Pooled Separate Accounts:			
*	Ameritas	Stadion Moderate Growth Fund	\$ 2,299,134
*	Ameritas	Stadion Growth Fund	1,177,001
*	Ameritas	Stadion Balance Fund	656,672
*	Ameritas	Vanguard 500 Index Fund	481,726
*	Ameritas	Stadion Maximum Growth Fund	429,390
*	Ameritas	American Century US Gov Money Market	386,709
*	Ameritas	Stadion Capital Preservation	176,211
*	Ameritas	Franklin Templeton Growth Fund	143,663
*	Ameritas	Massachusetts Financial Services Value Fund	134,670
*	Ameritas	Vanguard Total Intl Stock Index	127,141
*	Ameritas	Vanguard Mid Cap Index Fund	101,921
*	Ameritas	JP Morgan Mid Cap Growth Fund	101,238
*	Ameritas	Vanguard Retirement 2030	96,601
*	Ameritas	Vanguard Retirement 2035	92,916
*	Ameritas	Vanguard Small Cap Index Fund	82,394
*	Ameritas	Stadion Conservative Fund	81,157
*	Ameritas	Janus Henderson Balanced Fund	78,158
*	Ameritas	Vanguard Retirement 2015	75,964
*	Ameritas	Virtus Investment Partners Realest Sector	68,322
*	Ameritas	Janus Henderson Global Lifescience	68,266
*	Ameritas	Vanguard Retirement 2050	67,974
*	Ameritas	American Century Mid Cap Value	60,703
*	Ameritas	Legg Mason Clearbridge Small Cap Growth	54,907
*	Ameritas	Legg Mason Western Asset Core Plus Bond	44,341
*	Ameritas	Dimensional Fund Advisors U.S. Targeted Value	34,244
*	Ameritas	Lord Abbett Short Duration Inc	29,970
*	Ameritas	Dimensional Fund Advisors International Core Equity	26,783
*	Ameritas	Ivy Investments High Income Fund	26,454
*	Ameritas	Vanguard Total Bond Market Index	26,125
*	Ameritas	Vanguard Retirement 2055	23,870
*	Ameritas	Vanguard Retirement 2025	23,671
*	Ameritas	Oppenheimer International Growth	21,512
*	Ameritas	Wells Fargo Spec Small Cap Value	14,790

See Auditor's Report

Plan Sponsor's EIN: 58-1656828
Plan Number: 002
Schedule H, Line 4i

(a)	(b)	(c)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment	Current value
*	Ameritas	Vanguard Retirement 2045	9,309
*	Ameritas	American Century Inflation Adjust Bond	7,508
*	Ameritas	Vanguard Retirement 2040	3,831
*	Ameritas	Janus Henderson Global Technology	3,575
*	Ameritas	Vanguard Retirement 2020	2,913
*	Ameritas	Vanguard Retirement Income	1,888
*	Ameritas	Vanguard Retirement 2060	322
*	Ameritas	Federated Capital Preservation	301
	Total pooled separate accounts		<u>\$ 7,344,245</u>
*	Notes receivable from participants		
		Interest rates of 4.25% - 7.25%	<u>\$ 370,943</u>
*	Indicates a party in interest		

See Auditor's Report

Plan Sponsor's EIN: 58-1656828
Plan Number: 002
Schedule H, Line 4a

INTERNATIONAL AUTO PROCESSING, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Year Ended December 31, 2018

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Check Here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP
		\$ 3,475	\$ 960	\$ -
				\$ -

See Auditor's Report



Disclosure C

Investment advisers (or their affiliates) of the underlying funds offered as variable investment options under the contract or the funding agreement pay The Guardian Insurance & Annuity Company, Inc. (GIAC) or its affiliates for services provided to the funds. Such services may include administration, distribution, marketing or other services. The receipt of compensation from the funds by GIAC or its affiliates will not increase the fees applicable to any fund and charged to the plan above the fee and expense levels established by each fund.

The list of variable investment options provided below details the 12b-1 fees and/or administrative fees that are paid to GIAC or its affiliates for the services described above. This list contains detail for all the funds that have been available under the contract or funding agreement. For information that is specific to your plan, please refer to the underlying funds offered as variable investment options that you have selected for your plan from the listing below.

In order to calculate an approximate annual dollar amount for the Fee for Fund Marketing and Distribution Service, multiply the average assets for the year that your contract or funding agreement had invested in each of the funds listed below by the total percentage that is provided below.

The Guardian Choice®

Revenue Sharing Disclosure

<u>Fund Company/Fund Name</u>	<u>Share Class</u>	<u>12b-1 Fees</u>	<u>Admin Fees</u>	<u>Total Revenue</u>
AllianceBernstein Investments, Inc. 1345 Avenue of the Americas, NY, NY 10105 EIN# 13-3191825				
AB Discovery Value Fund	A	0.25%	0.25%	0.50%
AB Global Bond Fund	A	0.25%	0.25%	0.50%
AB International Value Fund	A	0.25%	0.25%	0.50%
American Century Investment Services, Inc 4500 Main Street, Kansas City, MO 64111 EIN# 43-0821857				
American Century Diversified Bond Fund	Investor	0.00%	0.25%	0.25%
American Century Equity Income Fund	Investor	0.00%	0.35%	0.35%
American Century Inflation-Adjusted Bond Fund	A	0.25%	0.25%	0.50%
American Century Inflation-Adjusted Bond Fund	Investor	0.00%	0.25%	0.25%
American Century International Growth Fund	Investor	0.00%	0.35%	0.35%



American Century One Choice 2025 Portfolio	Investor	0.00%	0.35%	0.35%
American Century One Choice 2035 Portfolio	Investor	0.00%	0.35%	0.35%
American Century One Choice 2045 Portfolio	Investor	0.00%	0.35%	0.35%
American Century One Choice 2055 Portfolio	Investor	0.00%	0.35%	0.35%
American Century One Choice In Retirement Portfolio	Investor	0.00%	0.35%	0.35%
American Century Mid Cap Value Fund	Investor	0.00%	0.35%	0.35%
American Century Real Estate Fund	Investor	0.00%	0.35%	0.35%
American CenturyHeritage Fund	Investor	0.00%	0.35%	0.35%
American Century U.S. Government Money Market Fund	A	0.25%	0.00%	0.25%

American Funds Distributors Inc
333 South Hope Street, Los Angeles,
CA 90071

EIN# 95-1411037

American Funds AMCAP Fund	R3	0.50%	0.15%	0.65%
American Funds Capital Income Builder Fund	R3	0.50%	0.15%	0.65%
American Funds International Growth and Income Fund	R3	0.50%	0.15%	0.65%
American Funds New Perspective Fund	R3	0.50%	0.15%	0.65%
American Funds 2010 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2015 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2020 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2025 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2030 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2035 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2040 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2045 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2050 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2055 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2060 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%

Benefit Trust Company
5901 College Boulevard Ste 200, Overland
Park, KS 66211

EIN# 43-1971558

Stadion Balanced Fund 5	5	0.00%	0.70%	0.70%
Stadion Capital Preservation Fund 5	5	0.00%	0.70%	0.70%
Stadion Conservative Fund 5	5	0.00%	0.70%	0.70%
Stadion Moderate Growth Fund 5	5	0.00%	0.70%	0.70%
Stadion Growth Fund 5	5	0.00%	0.70%	0.70%
Stadion Maximum Growth Fund 5	5	0.00%	0.70%	0.70%
Benefit Stadion Pension Plan Trust 5	5	0.00%	0.50%	0.50%
Stadion Core Income ETF Fund, Class 5	5	0.00%	0.70%	0.70%
Stadion Cyclical Trend ETF Fund, Class 5	5	0.00%	0.70%	0.70%
Stadion Domestic Equity ETF Fund, Class 5	5	0.00%	0.70%	0.70%



Stadion Dynamic Trend ETF Fund, Class 5	5	0.00%	0.70%	0.70%
Stadion International Equity ETF Fund, Class 5	5	0.00%	0.70%	0.70%
Brinker Capital Destinations CIT Aggressive Fund 5	5	0.00%	0.70%	0.70%
Brinker Capital Destinations CIT Conservative Fund 5	5	0.00%	0.70%	0.70%
Brinker Capital Destinations CIT Moderate Fund 5	5	0.00%	0.70%	0.70%
Brinker Capital Destinations CIT Moderately Aggressive Fund 5	5	0.00%	0.70%	0.70%
Brinker Capital Destinations CIT Moderately Conservative Fund 5	5	0.00%	0.70%	0.70%

BlackRock Investments, LLC
40 East 52nd Street, NY, NY 10022
EIN# 13-3806694

BlackRock Basic Value Fund	A	0.25%	0.25%	0.50%
BlackRock Capital Appreciation Fund	A	0.25%	0.25%	0.50%
BlackRock Equity Dividend Fund	A	0.25%	0.25%	0.50%
BlackRock Global Allocation Fund	A	0.25%	0.25%	0.50%
BlackRock High Yield Bond Portfolio Inv	A	0.25%	0.15%	0.40%
BlackRock Inflation Protected Bond Portfolio Inv	A	0.25%	0.15%	0.40%

Calvert Investment Distributors, Inc.
4550 Montgomery Avenue, Suite 1000N,
Bethesda, MD 20814
EIN# 52-1899581

Calvert Mid-Cap Fund	I	0.00%	0.00%	0.00%
Calvert Equity Fund	I	0.00%	0.00%	0.00%

Columbia Management Investment Services Corp.
225 Franklin St, Boston, MA 02110
EIN# 41-1861053

Columbia Dividend Income Fund	A	0.25%	0.25%	0.50%
Columbia Emerging Markets Bond Fund	A	0.25%	0.25%	0.50%
Columbia Overseas Value Fund	A	0.25%	0.25%	0.50%
Columbia Large Cap Growth Fund III	A	0.25%	0.25%	0.50%
Columbia Mid Cap Growth Fund	A	0.25%	0.25%	0.50%
Columbia Disciplined Small Core Fund	A	0.25%	0.25%	0.50%
Columbia Small Cap Value I Fund	A	0.25%	0.25%	0.50%
Columbia Emerging Markets Fund	A	0.25%	0.25%	0.50%



Davis Selected Advisors, L.P.
2949 East Elvira Road, Suite 101 Tucson,
AZ 85756
EIN# 85-0360310

Davis Financial Fund	A	0.25%	0.15%	0.40%
Davis New York Venture Fund	A	0.25%	0.15%	0.40%

Delaware Distributors, L.P.
2005 Market Street, Philadelphia, PA 19103
EIN# 23-2791871

Delaware Small Cap Value Fund	A	0.25%	0.15%	0.40%
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Dimensional Fund Advisors LP
6300 Bee Cave Road, Bldg One, Austin,
TX 78746
EIN# 30-0447847

DFA Emerging Markets Core Equity Portfolio	Instl	0.00%	0.00%	0.00%
DFA International Core Equity Portfolio	Instl	0.00%	0.00%	0.00%
DFA U.S. Small Cap Value Portfolio	Instl	0.00%	0.00%	0.00%
DFA U.S. Sustainability Core 1 Portfolio	Instl	0.00%	0.00%	0.00%
DFA U.S. Targeted Value Portfolio	Instl	0.00%	0.00%	0.00%

Dodge & Cox
555 California Street, 40th Floor,
San Francisco, CA 94104
EIN# 94-1441976

Dodge & Cox Income Fund	N/A	0.00%	0.08%	0.08%
Dodge & Cox International Stock Fund	N/A	0.00%	0.10%	0.10%
Dodge & Cox Stock Fund	N/A	0.00%	0.10%	0.10%

MBSC Securities Corporation
200 Park Avenue, NY, NY 10166 (Distributor of
the Dreyfus Family of Funds)
EIN# 13-2603136

Dreyfus Opportunistic Midcap Value Fund	I	0.00%	0.25%	0.25%
Dreyfus International Equity Fund	A	0.00%	0.50%	0.50%
Dreyfus Natural Resources Fund	A	0.00%	0.50%	0.50%



Federated Shareholder Services Company
4000 Ericsson Drive, Warrendale, PA 15086
EIN# 25-1111467

Federated Capital Preservation Fund	R6P	0.00%	0.00%	0.00%
Federated Clover Small Value Fund	A	0.00%	0.50%	0.50%
Federated Emerging Market Debt Fund	A	0.00%	0.40%	0.40%
Federated Strategic Income Fund	A	0.00%	0.45%	0.45%

Fidelity Distributors Corporation
100 Salem St Smithfield, RI 02917
EIN# 04-2270522

Fidelity Advisor Diversified Stock Fund	Instl	0.00%	0.05%	0.05%
Fidelity Advisor Equity Income Fund	Instl	0.00%	0.05%	0.05%
Fidelity Advisor High Income Advantage Fund	Instl	0.00%	0.05%	0.05%
Fidelity Advisor Mid Cap Value Fund	Instl	0.00%	0.05%	0.05%
Fidelity Advisor New Insights Fund	Instl	0.00%	0.05%	0.05%
Fidelity Advisor Small Cap Fund	Instl	0.00%	0.05%	0.05%

Franklin Templeton Distributors, Inc.
One Franklin Parkway, San Mateo, CA 94403
EIN# 13-2670991

Franklin Growth Fund	A	0.25%	0.15%	0.40%
Franklin Rising Dividends Fund	A	0.25%	0.15%	0.40%
Franklin Small Cap Value Fund	A	0.25%	0.15%	0.40%
Franklin Small Cap Growth Fund	A	0.25%	0.15%	0.40%
Franklin Utilities Fund	A	0.15%	0.15%	0.30%
Templeton Foreign Fund	A	0.25%	0.15%	0.40%
Templeton Global Bond Fund	A	0.25%	0.15%	0.40%

Goldman Sachs & Co.
71 S. Wacker Dr, Chicago, IL 60606
EIN# 13-5108880

Goldman Sachs Mid Cap Value Fund	Investor	0.00%	0.25%	0.25%
Goldman Sachs Short Duration Government Fund	Investor	0.00%	0.20%	0.20%
Goldman Sachs Small Cap Value Fund	Investor	0.00%	0.25%	0.25%
Goldman Sachs Small/Mid Cap Growth Fund	Investor	0.00%	0.25%	0.25%



Invesco Advisers, Inc.
1555 Peachtree Street, N.E. Atlanta,
GA 30309
EIN# 58-1707262

Invesco Small Cap Equity Fund	A	0.25%	0.30%	0.55%
Invesco International Growth Fund	A	0.25%	0.30%	0.55%
Invesco Comstock Fund	A	0.25%	0.30%	0.55%

Ivy Funds Distributor, Inc.
6300 Lamar Avenue, Overland Park, KS 66202
EIN# 65-0417837

Ivy Asset Strategy Fund	A	0.25%	0.25%	0.50%
Ivy High Income Fund	A	0.25%	0.25%	0.50%
Ivy International Core Equity Fund	A	0.25%	0.25%	0.50%
Ivy Mid Cap Growth Fund	A	0.25%	0.25%	0.50%
Ivy Small Cap Growth Fund	A	0.25%	0.25%	0.50%

Janus Services LLC
151 Detroit Street, Denver, CO 80206
EIN#75-3019319

Janus Henderson Balanced Fund	S	0.25%	0.25%	0.50%
Janus Henderson Flexible Bond Fund	S	0.25%	0.25%	0.50%
Janus Henderson Forty Fund	S	0.25%	0.25%	0.50%
Janus Henderson Global Research Fund	S	0.25%	0.25%	0.50%
Janus Henderson Overseas Fund	S	0.25%	0.25%	0.50%
Janus Henderson Triton Fund	S	0.25%	0.25%	0.50%
Janus Henderson Mid Cap Value Fund	S	0.25%	0.25%	0.50%
Janus Henderson Global Life Sciences Fund	S	0.25%	0.25%	0.50%
Janus Henderson Global Technology Fund	S	0.25%	0.25%	0.50%

JP Morgan Distribution Services, Inc
1111 Polaris Parkway, Columbus,
OH 43240
EIN# 13-3200244

JPMorgan Mid Cap Growth Fund	A	0.25%	0.25%	0.50%
JPMorgan U.S. Equity Fund	A	0.25%	0.25%	0.50%
JPMorgan Equity Income Fund	A	0.25%	0.25%	0.50%



**Legg Mason Investor Services, LLC/Western
Asset Management Company
100 First Stamford Place, Stamford, CT 06902
EIN# 13-4146187**

ClearBridge Small Cap Growth Fund	I	0.00%	0.10%	0.10%
Western Asset Core Plus Bond Fund	I	0.00%	0.10%	0.10%
Western Asset Global Strategic Income Fund	A	0.25%	0.15%	0.40%

**Lord Abbett Distributors LLC
90 Hudson Street Jersey City, NJ 07302
EIN# 13-5620131**

Lord Abbett Calibrated Dividend Growth Fund	A	0.25%	0.25%	0.50%
Lord Abbett Developing Growth Fund	A	0.25%	0.25%	0.50%
Lord Abbett Short Duration Income Fund	A	0.15%	0.25%	0.40%
Lord Abbett Short Duration Income Fund	R4	0.25%	0.25%	0.50%
Lord Abbett Total Return Fund	A	0.15%	0.25%	0.40%
Lord Abbett Total Return Fund	R4	0.25%	0.25%	0.50%
Lord Abbett Value Opportunities Fund	A	0.25%	0.25%	0.50%
Lord Abbett Value Opportunities Fund	R4	0.25%	0.25%	0.50%

**MFS Fund Distributors, Inc.
111 Huntington Ave Boston, MA 02119
EIN# 04-3169826**

MFS International Growth Fund	R3	0.25%	0.25%	0.50%
MFS International Value Fund	R3	0.25%	0.25%	0.50%
MFS New Discovery Fund	R3	0.25%	0.25%	0.50%
MFS Mid Cap Growth Fund	R3	0.25%	0.25%	0.50%
MFS Utilities Fund	R3	0.25%	0.25%	0.50%
MFS Value Fund	R3	0.25%	0.25%	0.50%
MFS Mid Cap Value Fund	R3	0.25%	0.25%	0.50%
MFS New Discovery Value Fund	R3	0.25%	0.25%	0.50%

**Morgan Stanley & Co. LLC
1585 Broadway New York, NY 10036
EIN# 13-3040307**

Morgan Stanley Institutional Fund Inc Emerging Markets Portfolio	A	0.25%	0.15%	0.40%
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**Natixis Vaughan Nelson
399 Boylston St, Boston, MA 02116**

Natixis Vaughan Nelson Value Opportunity Fund	A	0.25%	0.30%	0.55%
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Oppenheimer Funds

6803 South Tucson Way, Centennial,
CO 80112

EIN# 13-2953455

Oppenheimer International Growth Fund	A	0.25%	0.20%	0.45%
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Payden & Rygel Distributors

333 South Grand Avenue, 32nd Fl,
Los Angeles, CA 90071

EIN# 95-4358901

Payden/Kravitz Cash Balance Plan Fund	Adviser	0.25%	0.10%	0.35%
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Pacific Investment Management Company LLC

650 Newport Center Dr, Newport Beach,
CA 92660

EIN# 33-0629048

PIMCO Short-Term Fund	Instl	0.00%	0.00%	0.00%
PIMCO Total Return Fund	Instl	0.00%	0.00%	0.00%

Pioneer Funds Distributor, Inc.

60 State Street, Boston, MA 02109

EIN# 04-3042318

Pioneer Short Term Income Fund	A	0.20%	0.30%	0.50%
Pioneer Strategic Income Fund	A	0.25%	0.25%	0.50%

Putnam Investment Management LLC

One Post Office Square, Boston, MA 02109

EIN# 04-3542621

Putnam Small Cap Value Fund	A	0.25%	0.25%	0.50%
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Victory Capital Management Inc

4900 Tiedeman Rd, Brooklyn, OH 44144

EIN# 13-2700161

Victory Sophus Emerging Markets Fund	A	0.25%	0.14%	0.39%
Victory Global Natural Resources Fund	A	0.25%	0.14%	0.39%
Victory INCORE Investment Quality Bond Fund	A	0.25%	0.14%	0.39%
Victory INCORE Low Duration Bond Fund	A	0.25%	0.14%	0.39%
Victory RS Science and Technology Fund	A	0.25%	0.14%	0.39%
Victory RS Small Cap Growth Fund	A	0.25%	0.14%	0.39%



State Street Bank & Trust Company
One Lincoln Street, Boston, MA 02111
EIN# 04-1867445

State Street International Index Securities Lending Fund III	III	0.00%	0.50%	0.50%
State Street Russell Small Cap Index Securities Lending Fund III	III	0.00%	0.52%	0.52%
State Street S&P 500 Index Securities Lending Fund H	H	0.00%	0.51%	0.51%
State Street S&P MidCap Index Securities Lending Fund III	III	0.00%	0.52%	0.52%
State Street Short Term Investment Fund	N/A	0.00%	0.50%	0.50%
State Street U.S. Bond Index Securities Lending Fund III	III	0.00%	0.54%	0.54%

T. Rowe Price Investment Services, Inc.
100 East Pratt Street, Baltimore, MD 21202
EIN# 52-0556948

T. Rowe Price Capital Appreciation Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Blue Chip Growth Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Equity Income Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Growth Stock Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Real Estate Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2010 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2015 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2020 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2025 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2030 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2035 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2040 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2045 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2050 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2055 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2060 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement Balanced Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Short Term Bond Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Value Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price International Value Equity Fund	Advisor	0.25%	0.15%	0.40%

The Vanguard Group, Inc.
100 Vanguard Boulevard, Malvern, PA 19355
EIN# 23-1945930

Vanguard 500 Index Fund	Admiral	0.00%	0.00%	0.00%
Vanguard International Value Fund	Admiral	0.00%	0.00%	0.00%



Vanguard Mid-Cap Index Fund	Investor	0.00%	0.00%	0.00%
Vanguard Small-Cap Index Fund	Admiral	0.00%	0.00%	0.00%
Vanguard Target Retirement 2015 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Target Retirement 2020 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Target Retirement 2025 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Target Retirement 2030 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Target Retirement 2035 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Target Retirement 2040 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Target Retirement 2045 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Target Retirement 2050 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Target Retirement 2055 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Target Retirement 2060 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Total Bond Market Index Fund	Investor	0.00%	0.00%	0.00%
Vanguard Total International Stock Index Fund	Admiral	0.00%	0.00%	0.00%
Vanguard Target Retirement Income Fund	Admiral	0.00%	0.00%	0.00%
Vanguard LifeStrategy Conservative Growth Fund	Investor	0.00%	0.00%	0.00%
Vanguard LifeStrategy Growth Fund	Investor	0.00%	0.00%	0.00%
Vanguard LifeStrategy Income Fund	Investor	0.00%	0.00%	0.00%
Vanguard LifeStrategy Moderate Growth Fund	Investor	0.00%	0.00%	0.00%

Virtus Fund Services, LLC
100 Pearl Street Hartford, CT 06103
EIN# 46-1291612

Virtus Vontobel Emerging Markets Opportunities Fund A	A	0.25%	0.20%	0.45%
Virtus Duff & Phelps Real Estate Securities Fund A	A	0.25%	0.20%	0.45%

Wells Fargo Funds Distributor, LLC
525 Market Street, San Francisco, CA 94105
EIN#94-3382001

Wells Fargo Emerging Markets Equity Fund	Instl	0.00%	0.15%	0.15%
Wells Fargo Large Cap Growth Fund	Instl	0.00%	0.10%	0.10%
Wells Fargo Special Mid Cap Value Fund	Instl	0.00%	0.15%	0.15%
Wells Fargo Special Small Cap Value Fund	Instl	0.00%	0.15%	0.15%

