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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CFG SAVINGS & PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 009

1c Effective date of plan 07/01/1988

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)
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

P.O. BOX 1381
BINGHAMTON, NY 13902-1381

2b Employer Identification Number (EIN) 15-0274455

2c Plan Sponsor's telephone number 607-724-2472

2d Business code (see instructions) 524140

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.	10/13/2020	NANCY ORCUTT MIZER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2020	LESLEY FREY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	482
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	338
a(2) Total number of active participants at the end of the plan year	**6a(2)**	327
b Retired or separated participants receiving benefits	**6b**	20
c Other retired or separated participants entitled to future benefits	**6c**	124
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	471
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**.	**6f**	473
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	470
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	20
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2S 2T 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
CFG SAVINGS & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

D Employer Identification Number (EIN)
15-0274455

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ 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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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)

THE VANGUARD GROUP, INC.

23-1945930

(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 16 25 26 37 38 52	NONE	44200	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

PORTFOLIO EVALUATIONS INC

22-3189064

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	18500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
CFG SAVINGS & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

D Employer Identification Number (EIN)
15-0274455

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	998034	973199
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	57620963	72795639
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	58618997	73768838
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	58618997	73768838

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1793982	
	(B) Participants	2a(1)(B)	2310671	
	(C) Others (including rollovers)	2a(1)(C)	27897	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4132550
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)	51519	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		51519
	(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)	1526222	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1526222
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		12074478
c Other income	2c		2483
d Total income. Add all **income** amounts in column (b) and enter total	2d		17787252
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2576711	
(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)		2576711
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	60700	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		60700
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2637411
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		15149841
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) ☐ Unmodified **(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: DERMODY, BURKE & BROWN CPAS, LLC **(2)** EIN: 01-0723685

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		7000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
CFG SAVINGS & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

D Employer Identification Number (EIN)
15-0274455

Part I Distributions

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

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

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): 23-2186884

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

CFG SAVINGS AND PROFIT SHARING PLAN

FINANCIAL STATEMENTS
December 31, 2019 and 2018

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Dermody, Burke & Brown, CPAs, LLC

INDEPENDENT AUDITORS' REPORT

TO THE TRUSTEES AND PARTICIPANTS OF THE CFG SAVINGS AND PROFIT SHARING PLAN

We were engaged to audit the accompanying financial statements of the **CFG SAVINGS AND PROFIT SHARING PLAN** (the "Plan"), which comprise the statements of net assets available for plan benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Vanguard Fiduciary Trust Company, the Trustee 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 Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2019 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

Dermody, Burke & Brown

DERMODY, BURKE & BROWN, CPAs, LLC

Syracuse, NY

October 9, 2020

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31, 2019 and 2018

	2019	2018
ASSETS		
Investments at Fair Value	$ 72,795,639	$ 57,620,963
RECEIVABLES		
Notes Receivable from Participants	973,199	998,034
NET ASSETS AVAILABLE FOR BENEFITS	$ 73,768,838	$ 58,618,997

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

Years Ended December 31, 2019 and 2018

	2019	2018
ADDITIONS		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	$ 12,074,478	$ (4,549,957)
Interest and Dividend Income	1,526,222	1,658,779
Total Investment Income (Loss)	13,600,700	(2,891,178)
Interest Income on Notes Receivable from Participants	51,519	45,076
Contributions:		
Participant	2,310,671	2,252,166
Employer	1,793,982	1,771,795
Rollover	27,897	87,448
Total Contributions	4,132,550	4,111,409
Other Additions:		
Other Income	2,483	383
Total Other Additions	2,483	383
Total Additions	17,787,252	1,265,690
DEDUCTIONS		
Benefits Paid to Participants	2,576,711	2,667,666
Administrative Expenses	60,700	23,349
Total Deductions	2,637,411	2,691,015
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	15,149,841	(1,425,325)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	58,618,997	60,044,322
End of Year	$ 73,768,838	$ 58,618,997

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 1 – DESCRIPTION OF THE PLAN

The following brief description of CFG Savings and Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General

The Plan is a participant-directed, defined contribution plan covering all employees of Columbian Mutual Life Insurance Company and subsidiaries (the "Company") who are not already covered by a defined contribution plan of a subsidiary, as defined, and have elected to be included in the Plan. Plan management controls and manages the operation and administration of the Plan. Vanguard Fiduciary Trust Company (the "Trustee") serves as the Trustee of the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Pension Committee is responsible for oversight of the Plan. The Pension Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions

Employee contributions may not exceed the annual limits as set by the Internal Revenue Code (IRC). The limit was $19,000 and $18,500 for the years ended December 31, 2019 and 2018, respectively. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investments offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan at a specified deferral rate unless they affirmatively elect not to defer in the Plan, and their contributions invested in the designated fund until changed by the participant. Effective October 23, 2017, automatically enrolled participants have their deferral rate set at 6% of eligible compensation, subject to automatic annual 1% increases until the participant reaches a deferral rate of 10%. Prior to October 23, 2017, participants were automatically enrolled at a deferral rate of 3% of eligible compensation, subject to automatic annual 1% increases until the participant reached a deferral rate of 10%. The Company may at its discretion determine the matching amount for the Plan year. The Company matches 100% for the first 2% of compensation and then 50% of the next 4% of compensation. Additionally, the Company contributes 100% of the first 4% of compensation for all employees as employer safe harbor contributions. An additional contribution may be made at the discretion of the Company. During 2019 and 2018, there were no additional discretionary contributions.

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Participants' Accounts

Each participant's account is credited with the participant's contributions, employer safe harbor contributions, matching contributions, discretionary contributions, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately fully vested in their contributions and employer safe harbor contributions plus earnings thereon. Participants become 100% vested in the Company's matching and discretionary contributions upon completion of two years of credited service. Vesting is based on years of continuous service, as defined by the Plan Document.

Notes Receivable from Participants

The Plan allows participants to borrow against their accumulated vested balances in the Plan. In general, participants may borrow up to 50% of their vested account balances from a minimum of $1,000, to a maximum of $50,000. Participants cannot be granted more than two notes in any one calendar year, and no more than two notes can be outstanding at any time. Terms of the notes receivable may not exceed five years, except for the purchase of a principal residence, in which case the term may be for a period of up to 15 years. The notes receivable are secured by the balance in the participant's account and bear interest at the prime rate plus 1% effective at the date of issuance. Principal and interest are paid ratably through weekly payroll deductions. Participants are charged $40 for each new note and a $25 annual maintenance fee for as long as the note receivable remains outstanding.

Payment of Benefits

Upon reaching normal retirement age or termination of service, participants may select a method of payment of their vested benefit available, as outlined in the Plan Document.

Forfeitures

Upon termination, participants' non-vested account balances are forfeited, as defined in the Plan Document. Forfeited amounts can be used to offset Plan expenses and reduce employer contributions. During 2019 and 2018, forfeitures totaling $41,994 and $13,849, respectively, were used to offset Plan expenses. During 2019 and 2018, forfeitures totaling $20,023 and $12,240, respectively, were used to reduce employer contributions. At December 31, 2019 and 2018, forfeited non-vested accounts totaled $14,173 and $47,778, respectively.

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Pension Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance company. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2019 and 2018.

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses

Most administrative expenses, management fees, and operating expenses incurred by the Plan are paid directly by the Company. Expenses that are paid by the Company are excluded from these financial statements. Certain expenses of maintaining the Plan are paid directly by the Plan. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 3 – CERTIFIED INVESTMENT INFORMATION

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, as permitted under such election, the Plan Administrator has obtained a certification from the Trustee that all of the information provided by them is complete and accurate.

The following information included in the accompanying financial statements and supplemental schedule of assets (held at end of year) was obtained from data that has been prepared and certified as complete and accurate by Vanguard Fiduciary Trust Company, the Trustee, as of and for the years ended December 31, 2019 and 2018.

	2019	2018
Investments, at Fair Value	$ 72,795,639	$ 57,620,963
Notes Receivable from Participants	$ 973,199	$ 998,034
Investment Income (Loss)	$ 13,600,700	$ (2,891,178)
Interest Income on Notes Receivable from Participants	$ 51,519	$ 45,076

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 4 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

Assets at Fair Value as of December 31, 2019

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 72,795,639	$ 0	$ 0	$ 72,795,639
Total Investments at Fair Value	$ 72,795,639	$ 0	$ 0	$ 72,795,639

Assets at Fair Value as of December 31, 2018

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 57,620,963	$ 0	$ 0	$ 57,620,963
Total Investments at Fair Value	$ 57,620,963	$ 0	$ 0	$ 57,620,963

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2019 and 2018, are reported in net appreciation (depreciation) in fair value of investments.

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

The Plan has investments in mutual funds managed by Vanguard Group Inc. Vanguard Fiduciary Trust Company is the record keeper and the Trustee for the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Vanguard Group Inc. receives fees for investment management that is paid from the net assets of the mutual funds. As described in Note 2, the Plan Sponsor or the Plan paid certain expenses related to Plan operation and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA and are exempt from prohibitive transaction rules.

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 6 – PLAN TERMINATION

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

NOTE 7 – TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company through a prototype plan opinion letter dated May 28, 2014, that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Company and Plan management believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan is qualified and the related Trust is tax-exempt.

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

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is 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 statements of net assets available for plan benefits.

NOTE 9 – SUBSEQUENT EVENTS

On March 11, 2020, the World Health Organization characterized coronavirus (COVID-19) as a pandemic. Global financial markets have experienced significant volatility resulting from the spread of COVID-19. The extent of the impact of COVID-19 on the Plan's net assets available for benefits, contributions and benefit obligations will depend on future developments, including the duration and continued spread of the outbreak. Because of the uncertainty of the economy as a result of COVID-19, Plan Management is unable to estimate the total impact the pandemic will have. No adjustments have been made to these financial statements as a result of this uncertainty.

Plan management has evaluated subsequent events through October 9, 2020, which is the date the financial statements were available to be issued.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2019

Plan # 009
EIN # 15-0274455
Schedule H, Part IV, Line 4i

	(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Number of Shares, Description of Investment	(d) Cost	(e) Current Value
*		Vanguard 500 Index Fund Investor Shares	Mutual Fund	**	$ 6,871,208
*		Vanguard Balanced Index Fund Investor Shares	Mutual Fund	**	5,599,857
*		Vanguard Federal Money Market Fund	Mutual Fund	**	3,547,172
*		Vanguard Growth Index Fund Investor Shares	Mutual Fund	**	10,551,868
*		Vanguard Intermediate-Term Bond Index Fund Investor Shares	Mutual Fund	**	6,116,958
*		Vanguard International Growth Fund Investor Shares	Mutual Fund	**	4,513,732
*		Vanguard Mid-Cap Growth Index Fund Investor Shares	Mutual Fund	**	714,383
*		Vanguard Mid-Cap Index Fund Investor Shares	Mutual Fund	**	869,842
*		Vanguard Mid-Cap Value Index Fund Investor Shares	Mutual Fund	**	555,503
*		Vanguard Small-Cap Growth Index Fund	Mutual Fund	**	984,071
*		Vanguard Small-Cap Index Fund Investor Shares	Mutual Fund	**	2,137,259
*		Vanguard Small-Cap Value Index Fund	Mutual Fund	**	1,178,354
*		Vanguard Target Retirement 2015 Fund	Mutual Fund	**	996,610
*		Vanguard Target Retirement 2020 Fund	Mutual Fund	**	2,304,007
*		Vanguard Target Retirement 2025 Fund	Mutual Fund	**	5,259,446
*		Vanguard Target Retirement 2030 Fund	Mutual Fund	**	3,143,751
*		Vanguard Target Retirement 2035 Fund	Mutual Fund	**	1,971,455
*		Vanguard Target Retirement 2040 Fund	Mutual Fund	**	1,475,572
*		Vanguard Target Retirement 2045 Fund	Mutual Fund	**	1,600,071
*		Vanguard Target Retirement 2050 Fund	Mutual Fund	**	777,901
*		Vanguard Target Retirement 2055 Fund	Mutual Fund	**	477,099
*		Vanguard Target Retirement 2060 Fund	Mutual Fund	**	272,932
*		Vanguard Target Retirement 2065 Fund	Mutual Fund	**	18,564
*		Vanguard Target Retirement Income	Mutual Fund	**	1,461,231
*		Vanguard Value Index Fund Investor Shares	Mutual Fund	**	5,062,235
*		Vanguard Wellington Fund Investor Shares	Mutual Fund	**	4,334,558
					72,795,639
			4.25% - 6.50% with maturity dates through 2034. Collateral consists of each participant's account in the Plan.		
*		Participant Loans		**	973,199
					$ 73,768,838

* Party-in-Interest as defined by ERISA.

** In accordance with ERISA, the historical cost has been omitted as the Plan's investments are participant directed.

CFG SAVINGS AND PROFIT SHARING PLAN

FINANCIAL STATEMENTS
December 31, 2019 and 2018

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Dermody, Burke & Brown, CPAs, LLC

INDEPENDENT AUDITORS' REPORT

TO THE TRUSTEES AND PARTICIPANTS OF THE CFG SAVINGS AND PROFIT SHARING PLAN

We were engaged to audit the accompanying financial statements of the **CFG SAVINGS AND PROFIT SHARING PLAN** (the "Plan"), which comprise the statements of net assets available for plan benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Vanguard Fiduciary Trust Company, the Trustee 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 Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2019 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

Dermody, Burke & Brown

DERMODY, BURKE & BROWN, CPAs, LLC

Syracuse, NY

October 9, 2020

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31, 2019 and 2018

	2019	2018
ASSETS		
Investments at Fair Value	$ 72,795,639	$ 57,620,963
RECEIVABLES		
Notes Receivable from Participants	973,199	998,034
NET ASSETS AVAILABLE FOR BENEFITS	$ 73,768,838	$ 58,618,997

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

Years Ended December 31, 2019 and 2018

	2019	2018
ADDITIONS		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	$ 12,074,478	$ (4,549,957)
Interest and Dividend Income	1,526,222	1,658,779
Total Investment Income (Loss)	13,600,700	(2,891,178)
Interest Income on Notes Receivable from Participants	51,519	45,076
Contributions:		
Participant	2,310,671	2,252,166
Employer	1,793,982	1,771,795
Rollover	27,897	87,448
Total Contributions	4,132,550	4,111,409
Other Additions:		
Other Income	2,483	383
Total Other Additions	2,483	383
Total Additions	17,787,252	1,265,690
DEDUCTIONS		
Benefits Paid to Participants	2,576,711	2,667,666
Administrative Expenses	60,700	23,349
Total Deductions	2,637,411	2,691,015
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	15,149,841	(1,425,325)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	58,618,997	60,044,322
End of Year	$ 73,768,838	$ 58,618,997

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 1 – DESCRIPTION OF THE PLAN

The following brief description of CFG Savings and Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General

The Plan is a participant-directed, defined contribution plan covering all employees of Columbian Mutual Life Insurance Company and subsidiaries (the "Company") who are not already covered by a defined contribution plan of a subsidiary, as defined, and have elected to be included in the Plan. Plan management controls and manages the operation and administration of the Plan. Vanguard Fiduciary Trust Company (the "Trustee") serves as the Trustee of the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Pension Committee is responsible for oversight of the Plan. The Pension Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions

Employee contributions may not exceed the annual limits as set by the Internal Revenue Code (IRC). The limit was $19,000 and $18,500 for the years ended December 31, 2019 and 2018, respectively. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investments offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan at a specified deferral rate unless they affirmatively elect not to defer in the Plan, and their contributions invested in the designated fund until changed by the participant. Effective October 23, 2017, automatically enrolled participants have their deferral rate set at 6% of eligible compensation, subject to automatic annual 1% increases until the participant reaches a deferral rate of 10%. Prior to October 23, 2017, participants were automatically enrolled at a deferral rate of 3% of eligible compensation, subject to automatic annual 1% increases until the participant reached a deferral rate of 10%. The Company may at its discretion determine the matching amount for the Plan year. The Company matches 100% for the first 2% of compensation and then 50% of the next 4% of compensation. Additionally, the Company contributes 100% of the first 4% of compensation for all employees as employer safe harbor contributions. An additional contribution may be made at the discretion of the Company. During 2019 and 2018, there were no additional discretionary contributions.

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Participants' Accounts

Each participant's account is credited with the participant's contributions, employer safe harbor contributions, matching contributions, discretionary contributions, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately fully vested in their contributions and employer safe harbor contributions plus earnings thereon. Participants become 100% vested in the Company's matching and discretionary contributions upon completion of two years of credited service. Vesting is based on years of continuous service, as defined by the Plan Document.

Notes Receivable from Participants

The Plan allows participants to borrow against their accumulated vested balances in the Plan. In general, participants may borrow up to 50% of their vested account balances from a minimum of $1,000, to a maximum of $50,000. Participants cannot be granted more than two notes in any one calendar year, and no more than two notes can be outstanding at any time. Terms of the notes receivable may not exceed five years, except for the purchase of a principal residence, in which case the term may be for a period of up to 15 years. The notes receivable are secured by the balance in the participant's account and bear interest at the prime rate plus 1% effective at the date of issuance. Principal and interest are paid ratably through weekly payroll deductions. Participants are charged $40 for each new note and a $25 annual maintenance fee for as long as the note receivable remains outstanding.

Payment of Benefits

Upon reaching normal retirement age or termination of service, participants may select a method of payment of their vested benefit available, as outlined in the Plan Document.

Forfeitures

Upon termination, participants' non-vested account balances are forfeited, as defined in the Plan Document. Forfeited amounts can be used to offset Plan expenses and reduce employer contributions. During 2019 and 2018, forfeitures totaling $41,994 and $13,849, respectively, were used to offset Plan expenses. During 2019 and 2018, forfeitures totaling $20,023 and $12,240, respectively, were used to reduce employer contributions. At December 31, 2019 and 2018, forfeited non-vested accounts totaled $14,173 and $47,778, respectively.

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Pension Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance company. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2019 and 2018.

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses

Most administrative expenses, management fees, and operating expenses incurred by the Plan are paid directly by the Company. Expenses that are paid by the Company are excluded from these financial statements. Certain expenses of maintaining the Plan are paid directly by the Plan. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 3 – CERTIFIED INVESTMENT INFORMATION

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, as permitted under such election, the Plan Administrator has obtained a certification from the Trustee that all of the information provided by them is complete and accurate.

The following information included in the accompanying financial statements and supplemental schedule of assets (held at end of year) was obtained from data that has been prepared and certified as complete and accurate by Vanguard Fiduciary Trust Company, the Trustee, as of and for the years ended December 31, 2019 and 2018.

	2019	2018
Investments, at Fair Value	$ 72,795,639	$ 57,620,963
Notes Receivable from Participants	$ 973,199	$ 998,034
Investment Income (Loss)	$ 13,600,700	$ (2,891,178)
Interest Income on Notes Receivable from Participants	$ 51,519	$ 45,076

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 4 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

Assets at Fair Value as of December 31, 2019

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 72,795,639	$ 0	$ 0	$ 72,795,639
Total Investments at Fair Value	$ 72,795,639	$ 0	$ 0	$ 72,795,639

Assets at Fair Value as of December 31, 2018

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 57,620,963	$ 0	$ 0	$ 57,620,963
Total Investments at Fair Value	$ 57,620,963	$ 0	$ 0	$ 57,620,963

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2019 and 2018, are reported in net appreciation (depreciation) in fair value of investments.

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

The Plan has investments in mutual funds managed by Vanguard Group Inc. Vanguard Fiduciary Trust Company is the record keeper and the Trustee for the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Vanguard Group Inc. receives fees for investment management that is paid from the net assets of the mutual funds. As described in Note 2, the Plan Sponsor or the Plan paid certain expenses related to Plan operation and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA and are exempt from prohibitive transaction rules.

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 6 – PLAN TERMINATION

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

NOTE 7 – TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company through a prototype plan opinion letter dated May 28, 2014, that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Company and Plan management believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan is qualified and the related Trust is tax-exempt.

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

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is 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 statements of net assets available for plan benefits.

NOTE 9 – SUBSEQUENT EVENTS

On March 11, 2020, the World Health Organization characterized coronavirus (COVID-19) as a pandemic. Global financial markets have experienced significant volatility resulting from the spread of COVID-19. The extent of the impact of COVID-19 on the Plan's net assets available for benefits, contributions and benefit obligations will depend on future developments, including the duration and continued spread of the outbreak. Because of the uncertainty of the economy as a result of COVID-19, Plan Management is unable to estimate the total impact the pandemic will have. No adjustments have been made to these financial statements as a result of this uncertainty.

Plan management has evaluated subsequent events through October 9, 2020, which is the date the financial statements were available to be issued.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2019

Plan # 009
EIN # 15-0274455
Schedule H, Part IV, Line 4i

	(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Number of Shares, Description of Investment	(d) Cost	(e) Current Value
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					72,795,639
			4.25% - 6.50% with maturity dates through 2034. Collateral consists of each participant's account in the Plan.		
*		Participant Loans		**	973,199
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* Party-in-Interest as defined by ERISA.

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CFG SAVINGS AND PROFIT SHARING PLAN

FINANCIAL STATEMENTS
December 31, 2019 and 2018

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SCHEDULE OF ASSETS (HELD AT END OF YEAR) 12

Dermody, Burke & Brown, CPAs, LLC

INDEPENDENT AUDITORS' REPORT

TO THE TRUSTEES AND PARTICIPANTS OF THE CFG SAVINGS AND PROFIT SHARING PLAN

We were engaged to audit the accompanying financial statements of the **CFG SAVINGS AND PROFIT SHARING PLAN** (the "Plan"), which comprise the statements of net assets available for plan benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

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Auditor's Responsibility

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

Basis for Disclaimer of Opinion

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Disclaimer of Opinion

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

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Dermody, Burke & Brown

DERMODY, BURKE & BROWN, CPAs, LLC

Syracuse, NY

October 9, 2020

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31, 2019 and 2018

	2019	2018
ASSETS		
Investments at Fair Value	$ 72,795,639	$ 57,620,963
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Total Other Additions	2,483	383
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NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

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The Plan is a participant-directed, defined contribution plan covering all employees of Columbian Mutual Life Insurance Company and subsidiaries (the "Company") who are not already covered by a defined contribution plan of a subsidiary, as defined, and have elected to be included in the Plan. Plan management controls and manages the operation and administration of the Plan. Vanguard Fiduciary Trust Company (the "Trustee") serves as the Trustee of the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Pension Committee is responsible for oversight of the Plan. The Pension Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions

Employee contributions may not exceed the annual limits as set by the Internal Revenue Code (IRC). The limit was $19,000 and $18,500 for the years ended December 31, 2019 and 2018, respectively. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investments offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan at a specified deferral rate unless they affirmatively elect not to defer in the Plan, and their contributions invested in the designated fund until changed by the participant. Effective October 23, 2017, automatically enrolled participants have their deferral rate set at 6% of eligible compensation, subject to automatic annual 1% increases until the participant reaches a deferral rate of 10%. Prior to October 23, 2017, participants were automatically enrolled at a deferral rate of 3% of eligible compensation, subject to automatic annual 1% increases until the participant reached a deferral rate of 10%. The Company may at its discretion determine the matching amount for the Plan year. The Company matches 100% for the first 2% of compensation and then 50% of the next 4% of compensation. Additionally, the Company contributes 100% of the first 4% of compensation for all employees as employer safe harbor contributions. An additional contribution may be made at the discretion of the Company. During 2019 and 2018, there were no additional discretionary contributions.

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Participants' Accounts

Each participant's account is credited with the participant's contributions, employer safe harbor contributions, matching contributions, discretionary contributions, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately fully vested in their contributions and employer safe harbor contributions plus earnings thereon. Participants become 100% vested in the Company's matching and discretionary contributions upon completion of two years of credited service. Vesting is based on years of continuous service, as defined by the Plan Document.

Notes Receivable from Participants

The Plan allows participants to borrow against their accumulated vested balances in the Plan. In general, participants may borrow up to 50% of their vested account balances from a minimum of $1,000, to a maximum of $50,000. Participants cannot be granted more than two notes in any one calendar year, and no more than two notes can be outstanding at any time. Terms of the notes receivable may not exceed five years, except for the purchase of a principal residence, in which case the term may be for a period of up to 15 years. The notes receivable are secured by the balance in the participant's account and bear interest at the prime rate plus 1% effective at the date of issuance. Principal and interest are paid ratably through weekly payroll deductions. Participants are charged $40 for each new note and a $25 annual maintenance fee for as long as the note receivable remains outstanding.

Payment of Benefits

Upon reaching normal retirement age or termination of service, participants may select a method of payment of their vested benefit available, as outlined in the Plan Document.

Forfeitures

Upon termination, participants' non-vested account balances are forfeited, as defined in the Plan Document. Forfeited amounts can be used to offset Plan expenses and reduce employer contributions. During 2019 and 2018, forfeitures totaling $41,994 and $13,849, respectively, were used to offset Plan expenses. During 2019 and 2018, forfeitures totaling $20,023 and $12,240, respectively, were used to reduce employer contributions. At December 31, 2019 and 2018, forfeited non-vested accounts totaled $14,173 and $47,778, respectively.

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Pension Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance company. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2019 and 2018.

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses

Most administrative expenses, management fees, and operating expenses incurred by the Plan are paid directly by the Company. Expenses that are paid by the Company are excluded from these financial statements. Certain expenses of maintaining the Plan are paid directly by the Plan. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 3 – CERTIFIED INVESTMENT INFORMATION

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, as permitted under such election, the Plan Administrator has obtained a certification from the Trustee that all of the information provided by them is complete and accurate.

The following information included in the accompanying financial statements and supplemental schedule of assets (held at end of year) was obtained from data that has been prepared and certified as complete and accurate by Vanguard Fiduciary Trust Company, the Trustee, as of and for the years ended December 31, 2019 and 2018.

	2019	2018
Investments, at Fair Value	$ 72,795,639	$ 57,620,963
Notes Receivable from Participants	$ 973,199	$ 998,034
Investment Income (Loss)	$ 13,600,700	$ (2,891,178)
Interest Income on Notes Receivable from Participants	$ 51,519	$ 45,076

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 4 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

Assets at Fair Value as of December 31, 2019

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 72,795,639	$ 0	$ 0	$ 72,795,639
Total Investments at Fair Value	$ 72,795,639	$ 0	$ 0	$ 72,795,639

Assets at Fair Value as of December 31, 2018

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 57,620,963	$ 0	$ 0	$ 57,620,963
Total Investments at Fair Value	$ 57,620,963	$ 0	$ 0	$ 57,620,963

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2019 and 2018, are reported in net appreciation (depreciation) in fair value of investments.

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

The Plan has investments in mutual funds managed by Vanguard Group Inc. Vanguard Fiduciary Trust Company is the record keeper and the Trustee for the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Vanguard Group Inc. receives fees for investment management that is paid from the net assets of the mutual funds. As described in Note 2, the Plan Sponsor or the Plan paid certain expenses related to Plan operation and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA and are exempt from prohibitive transaction rules.

NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 6 – PLAN TERMINATION

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

NOTE 7 – TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company through a prototype plan opinion letter dated May 28, 2014, that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Company and Plan management believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan is qualified and the related Trust is tax-exempt.

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

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is 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 statements of net assets available for plan benefits.

NOTE 9 – SUBSEQUENT EVENTS

On March 11, 2020, the World Health Organization characterized coronavirus (COVID-19) as a pandemic. Global financial markets have experienced significant volatility resulting from the spread of COVID-19. The extent of the impact of COVID-19 on the Plan's net assets available for benefits, contributions and benefit obligations will depend on future developments, including the duration and continued spread of the outbreak. Because of the uncertainty of the economy as a result of COVID-19, Plan Management is unable to estimate the total impact the pandemic will have. No adjustments have been made to these financial statements as a result of this uncertainty.

Plan management has evaluated subsequent events through October 9, 2020, which is the date the financial statements were available to be issued.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2019

Plan # 009
EIN # 15-0274455
Schedule H, Part IV, Line 4i

	(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Number of Shares, Description of Investment	(d) Cost	(e) Current Value
*		Vanguard 500 Index Fund Investor Shares	Mutual Fund	**	$ 6,871,208
*		Vanguard Balanced Index Fund Investor Shares	Mutual Fund	**	5,599,857
*		Vanguard Federal Money Market Fund	Mutual Fund	**	3,547,172
*		Vanguard Growth Index Fund Investor Shares	Mutual Fund	**	10,551,868
*		Vanguard Intermediate-Term Bond Index Fund Investor Shares	Mutual Fund	**	6,116,958
*		Vanguard International Growth Fund Investor Shares	Mutual Fund	**	4,513,732
*		Vanguard Mid-Cap Growth Index Fund Investor Shares	Mutual Fund	**	714,383
*		Vanguard Mid-Cap Index Fund Investor Shares	Mutual Fund	**	869,842
*		Vanguard Mid-Cap Value Index Fund Investor Shares	Mutual Fund	**	555,503
*		Vanguard Small-Cap Growth Index Fund	Mutual Fund	**	984,071
*		Vanguard Small-Cap Index Fund Investor Shares	Mutual Fund	**	2,137,259
*		Vanguard Small-Cap Value Index Fund	Mutual Fund	**	1,178,354
*		Vanguard Target Retirement 2015 Fund	Mutual Fund	**	996,610
*		Vanguard Target Retirement 2020 Fund	Mutual Fund	**	2,304,007
*		Vanguard Target Retirement 2025 Fund	Mutual Fund	**	5,259,446
*		Vanguard Target Retirement 2030 Fund	Mutual Fund	**	3,143,751
*		Vanguard Target Retirement 2035 Fund	Mutual Fund	**	1,971,455
*		Vanguard Target Retirement 2040 Fund	Mutual Fund	**	1,475,572
*		Vanguard Target Retirement 2045 Fund	Mutual Fund	**	1,600,071
*		Vanguard Target Retirement 2050 Fund	Mutual Fund	**	777,901
*		Vanguard Target Retirement 2055 Fund	Mutual Fund	**	477,099
*		Vanguard Target Retirement 2060 Fund	Mutual Fund	**	272,932
*		Vanguard Target Retirement 2065 Fund	Mutual Fund	**	18,564
*		Vanguard Target Retirement Income	Mutual Fund	**	1,461,231
*		Vanguard Value Index Fund Investor Shares	Mutual Fund	**	5,062,235
*		Vanguard Wellington Fund Investor Shares	Mutual Fund	**	4,334,558
					72,795,639
			4.25% - 6.50% with maturity dates through 2034. Collateral consists of each participant's account in the Plan.		
*		Participant Loans		**	973,199
					$ 73,768,838

* Party-in-Interest as defined by ERISA.

** In accordance with ERISA, the historical cost has been omitted as the Plan's investments are participant directed.