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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1969

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

524 GRAND REGENCY BLVD
BRANDON, FL 33510

524 GRAND REGENCY BLVD
BRANDON, FL 33510

2b Employer Identification Number (EIN)
59-0663819

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

2d Business code (see instructions)
541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2020	TINA BROOME
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	2947
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)**	2387
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2463
b Retired or separated participants receiving benefits	**6b**	69
c Other retired or separated participants entitled to future benefits	**6c**	882
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3414
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	3414
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	3070
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	45
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2R 2T

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X] Insurance		**(1)** [X] 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) [ ] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [X] 6 **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-0663819

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GUARDIAN LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5123390	64246	VARIOUS	0	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ NOT PROVIDED

b	Premiums paid to carrier	**6b**	12736
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-0663819

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VENERABLE INSURANCE & ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
41-0991508	80942	I031718-LM	1	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
1170	0

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

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

MERRILL LYNCH PIERCE FENNER SMITH

JOSHUA W. ROGERS
824 A1A N
PONTE VEDRA BEACH, FL 32082

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
1170			

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	123827
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ NOT PROVIDED

b	Premiums paid to carrier	**6b**	0
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-0663819

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METLIFE/NEW ENGLAND FINANCIAL

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5581829	65978	43802000	2	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

NEW ENGLAND LIFE
200 PARK AVENUE
NEW YORK, NY 10166

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	208574
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	5020
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-0663819

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE & ANNUITY CORPORATION

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-3044743	91596	VARIOUS	7	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
15630	0

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

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

THOMAS TYLER
520 BROADHOLLOW ROAD
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
654	0		

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4575	0		

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

DOREEN MAHONEY
ONE MONARCH PLACE
SPRINGFIELD, MA 01144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
19	0		

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

WILLIAM MOHONEY, JR.
ONE MONARCH PLACE
SPRINGFIELD, MA 01144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
10382	0		

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	778588
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ NOT PROVIDED

b	Premiums paid to carrier	**6b**	177690
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-0663819

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NORTHWESTERN MUTUAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
39-0509570	67091	30287	6	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
816	749

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

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

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

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

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

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

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

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

OCONNELL FNCL GROUP, INC.
1511 N WEST SHORE BLVD
SUITE 500
TAMPA, FL 33607

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
204	24		

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

CHARLES G. MORRONGIELLO
1511 N WEST SHORE BLVD
SUITE 500
TAMPA, FL 33607

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
609	276		

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	541108
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ NOT PROVIDED

b	Premiums paid to carrier	**6b**	16668
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-0663819

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PACIFIC LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
95-1079000	67466	VARIOUS	8	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
223	0

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
223	0		

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	355646
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ NOT PROVIDED

b	Premiums paid to carrier	**6b**	3104
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-0663819

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65 71	RECORDKEEPER	-308636	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FRONTIER ASSET MANAGEMENT

83-0331917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16	CONSULTANT	7261	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MAHONEY & ASSOCIATES

04-2584123

(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	CONSULTANT	15000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

FLORIDA ATLANTIC S.C.

65-0746602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTANT	26247	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PAVILION ADVISORY GROUP

04-4383179

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY	30000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASSET MANAGEMENT - IPA LPL

46-3118454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTANT	34236	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SC&H ATTEST SERVICES, P.C.

52-1743645

(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?
10	ACCOUNTANT/AUDITOR	44000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHAS R. SMITH ASSOC

59-2030217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTANT	44142	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HOLLAND & KNIGHT

59-0663819

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTANT	55385	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CLS INVESTMENT FIRM

4020 S 147TH STREET
OMAHA, NE 68137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 16	CONSULTANT	56016	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLS

13-4109249

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTANT	57414	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SHAW & COMPANY

65-0355934

(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	ACTUARY	74250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	225052	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS NSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WF SM CO GROWTH IS 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS NSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS NEW DISC VAL R4 04-2865649	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS NSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LZRD EMRG MKTS EQ IS 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS NSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARBOR CAP APP INST 34-1953399	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS NSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX INT'L STK 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS NSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BROKERAGE LINK	FOR SELF-DIRECTED BROKERAGE INVESTMENTS, EACH FUND FAMILY MAY OFFER AN INDIRECT SUPPORT FEE PAID TO FIDELITY INVESTMENTS. EACH INDIRECT SUPPORT FEE PAID BY A FUND MAY DIFFER DEPENDING ON THE FORM OF INVESTMENT.

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS NSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ABF LG CAP VAL R5 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.04%

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-0663819

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MANAGED INCOME PORTFOLIO 2

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-024	C	22885402

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
HOLLAND & KNIGHT PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-0663819

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1291	1245
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	19803198	20315731
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6883590	6755378
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	55128726	61170103
(2) U.S. Government securities	1c(2)	4157260	3194797
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2542399	2995849
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	232587	253054
(B) Common	1c(4)(B)	29457756	42008030
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	25875080	22885403
(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)	658805730	819953779
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4187008	2007743

			(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	807074625	981541112
	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	807074625	981541112

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)	20315731	
	(B) Participants	2a(1)(B)	27250630	
	(C) Others (including rollovers)	2a(1)(C)	36617743	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		84184104
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1073850	
	(B) U.S. Government securities	2b(1)(B)	38725	
	(C) Corporate debt instruments	2b(1)(C)	141425	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	401511	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1655511
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	16375	
	(B) Common stock	2b(2)(B)	607874	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	40818240	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		41442489
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	34166815	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	31986330	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		2180485
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	7829574	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		7829574

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		502991
(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)		119123809
c Other income	2c		721728
d Total income. Add all **income** amounts in column (b) and enter total	2d		257640691
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	81711171	
(2) To insurance carriers for the provision of benefits	2e(2)	215218	
(3) Other	2e(3)	172059	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		82098448
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)	225052	
(2) Contract administrator fees	2i(2)	117391	
(3) Investment advisory and management fees	2i(3)	721727	
(4) Other	2i(4)	11586	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1075756
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		83174204
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		174466487
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: SC&H ATTEST SERVICES, P.C., INC **(2)** EIN: 52-1743645

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

HOLLAND & KNIGHT
PROFIT SHARING PLAN AND TRUST

Financial Statements
Together with Independent Auditors' Report

For the Years Ended December 31, 2019 and 2018

SC&H
ATTEST SERVICES

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Holland & Knight Profit Sharing Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the Trustee of the Plan (excluding the fair value of the cash surrender value of life insurance contracts and self-directed brokerage accounts), except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the years ended December 31, 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 referred to above.

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

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

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

October 8, 2020

HOLLAND & KNIGHT
PROFIT SHARING PLAN AND TRUST

Statements of Net Assets Available for Benefits

As of December 31,	*2019*	*2018*
Investments, at Fair Value	$ 954,468,758	$ 780,386,546
Receivables		
Accrued interest and dividends receivable	1,245	1,291
Contribution receivable - Firm	20,315,731	19,803,198
Notes receivable from participants	6,755,378	6,883,590
Total Receivables	27,072,354	26,688,079
Total Assets	981,541,112	807,074,625
Liabilities	-	-
Net Assets Available for Benefits	$ 981,541,112	$ 807,074,625

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

HOLLAND & KNIGHT
PROFIT SHARING PLAN AND TRUST

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31,	*2019*	*2018*
Changes in Net Assets Available for Benefits Attributable to:		
Investment Income (Loss)		
Interest and dividends	$ 42,696,489	$ 44,470,314
Net appreciation (depreciation) in fair value of investments	129,636,859	(86,576,906)
Other income	721,728	844,823
Total Investment Income (Loss)	173,055,076	(41,261,769)
Interest on Notes Receivable from Participants	401,511	385,732
Contributions		
Partners	13,465,462	12,567,222
Firm	20,315,731	19,848,052
Participating employees	13,785,168	12,462,150
Rollovers	36,617,743	19,303,859
Total Contributions	84,184,104	64,181,283
Distributions to Participants	(81,711,171)	(59,951,639)
Participant Life Insurance Premiums	(215,218)	(103,540)
Fees and Commissions	(1,075,756)	(853,403)
Transfers out	(172,059)	(111,668)
Net Increase (Decrease) in Net Assets Available for Benefits	174,466,487	(37,715,004)
Net Assets Available for Benefits:		
Beginning of year	807,074,625	844,789,629
End of year	$ 981,541,112	$ 807,074,625

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

1. DESCRIPTION OF THE PLAN

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

General and Eligibility

The Plan is a defined contribution plan covering the employees of Holland & Knight LLP (the Firm). The Plan was established effective January 1, 1969. Members of a collective bargaining unit, non-resident aliens and leased employees are not eligible for the Plan. New employees are eligible for the Plan upon employment and are eligible to participate in Firm contributions on January 1 or July 1 following the completion of one year of service (at least 1,000 hours in a 12-consecutive-month period). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), and was most recently amended November 11, 2019 to comply with the Internal Revenue Service (IRS) codification change on hardship withdrawals.

Participant Contributions

Participants may contribute up to 75% of their pre-tax annual compensation, as defined by the Plan, not to exceed the maximum allowable contribution under the Internal Revenue Code (the Code). Effective January 1, 2009, employees may also make Roth contributions into the Plan. Roth elective contributions are allocated to a separate account maintained for such contributions. The maximum allowable contribution under the Code totaled $19,000 and $18,500, respectively, for the years ended December 31, 2019 and 2018. Participants who have attained age 50 before the end of the Plan year may make additional catch-up contributions, subject to limitations imposed by the Code. Participants are permitted to make rollover contributions to the Plan.

Firm Contributions

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

During the years ended December 31, 2019 and 2018, the Firm matched 25% of each eligible participant’s contributions to the Plan, not to exceed 8% contributed by the participant for a maximum Firm contribution of 2% of eligible compensation. Firm matching contributions totaled $2,503,206 and $2,414,806 during the years ended December 31, 2019 and 2018, respectively.

During the years ended December 31, 2019 and 2018, the Firm made qualified non-elective contributions to the Plan, totaling $0 and $44,854, respectively.

1. DESCRIPTION OF THE PLAN – cont'd.

Firm Contributions – cont'd.

For the years ended December 31, 2019 and 2018, the Firm made profit sharing contributions to the accounts of all eligible employees totaling a maximum of 3.84% and 3.86%, respectively, of compensation, other than partners. Profit sharing contributions to the accounts of partners totaled a maximum of 11.52% and 11.59 % (not to exceed Section 415 annual limits) for each of the years ended December 31, 2019 and 2018, respectively. The minimum contribution totaled 3% up to the Social Security base wages of $132,900 and $128,400, and 6% of compensation exceeding the Social Security limits up to the IRS 401(a) compensation limit of $280,000 and $275,000, for the years ended December 31, 2019 and 2018, respectively. Profit sharing contributions totaled $17,812,525 and $17,388,392 for the years ended December 31, 2019 and 2018, respectively.

Participant Accounts

Each participant's account is participant-directed and credited with the participant's contributions, allocations of Firm contributions, and the earnings and losses from the investment of the amounts credited to the participant's account. The benefit to which a participant is entitled is equal to the vested portion of the participant's account.

Vesting

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

Forfeitures

Forfeitures of Firm contributions are first applied to pay Plan expenses. The residual amount, if any, may be used by the Firm to offset Firm contributions for the Plan year. As of December 31, 2019 and 2018, forfeited nonvested accounts totaled $190,958 and $99,487, respectively. No forfeitures were used to offset Plan expenses during the years ended December 31, 2019 and 2018. During the years ended December 31, 2019 and 2018, $265,055 and $115,000 of forfeitures were used to offset Firm contributions, respectively.

1. DESCRIPTION OF THE PLAN – cont'd.

Notes Receivable from Participants

Participants may borrow a minimum of $500 up to an aggregate maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. Note terms range from 1 to 5 years, or up to 15 years for the purchase of a primary residence. A participant can have up to 5 notes outstanding at any one time. Notes are secured by the vested balance in the participant's account and bear interest at a rate comparable to that charged by an independent lender. The notes must provide at least quarterly repayments paid under a level amortization schedule. Principal and interest payments are made ratably through payroll deductions.

Notes receivable from participants are measured at their unpaid balances plus accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. Delinquent notes are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Upon termination of service, death, disability, retirement (age 65), or attainment of age 59 ½, a participant or their beneficiary, in the event of death, may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, a life annuity with guaranteed payment for 10 years or periodic installments over a period not exceeding the longer of the life expectancy of the participant, or the joint life expectancy of the participant and the participant's spouse. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Upon proof, to the satisfaction of the Plan administrator, of an immediate and heavy financial need, amounts contributed by the participant may be withdrawn for a hardship purpose. Distributions are subject to the applicable provisions of the Plan agreement. Certain income taxes and penalties may apply to withdrawals or distributions prior to age 59 ½. As of December 31, 2019 and 2018, there were no net assets of the Plan allocated to accounts of participants who had elected to withdraw from the Plan but had not received such distributions as of year-end.

Plan Expenses

The fees and expenses of administration and operation of the Plan are paid with the assets of the Plan, unless paid by the Firm, at its discretion. During the years ended December 31, 2019 and 2018, the Firm paid a portion of the fees and expenses of administration and operation of the Plan and a portion was paid from the assets of the Plan. Fees charged by Fidelity in connection with Plan loans and distributions are paid from the assets of the Plan and charged to the Plan account of the affected participant. Investment related fees and expenses incurred by the respective investment fund or investment manager are included in net appreciation or depreciation in fair value of investments.

1. DESCRIPTION OF THE PLAN – cont'd.

Plan Termination

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

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

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

Recent Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2018-13, *Changes to the Disclosure Requirements for Fair Value Measurement.* ASU 2018-13 eliminates, amends and adds disclosure requirements relating to fair value reporting. ASU 2018-13 is effective for fiscal years beginning after December 15, 2019 for all entities, with early adoption permitted only for eliminated and modified disclosure requirements. All changes should be prospectively applied to all periods presented. Management has not elected to early adopt ASU 2018-13 during the year ended December 31, 2019 and is currently evaluating its future effect on the financial statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont'd.

Risks and Uncertainties

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

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan evaluated for disclosure any subsequent events through October 8, 2020, the date the financial statements were available to be issued, and determined there were no material events that warrant disclosure, except as disclosed in Note 7.

3. INVESTMENTS

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

	2019	2018
Investment values certified by the Trustee (inclusive of notes receivable)	$ 956,447,062	$ 780,842,986

	2019	2018
Investment income certified by Trustee:		
Net appreciation (depreciation) in fair value of investments	$ 128,876,215	$ (86,364,379)
Interests and dividends certified by the Trustee (inclusive of interest income on notes receivable)	43,033,541	44,782,450

	2019	2018
Information not certified by the Trustee:		
Fair value of investments held in self-directed brokerage accounts	$ 2,769,331	$ 2,239,917
Cash surrender value of life insurance policies	2,077,423	4,187,233

4. FAIR VALUE MEASUREMENT

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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

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

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

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

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

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

4. FAIR VALUE MEASUREMENT - cont'd.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2019 and 2018.

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

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

	Level 1	Level 2	Level 3	Total
Interests in common stocks	$ 42,008,030	$ -	$ -	$ 42,008,030
Interests in registered investment companies	819,953,779	-	-	819,953,779
Interest bearing cash	61,170,103	-	-	61,170,103
Other	-	8,451,443	-	8,451,443
Total investments in the fair value hierarchy	923,131,912	8,451,443	-	931,583,355
Interest in common/collective trust *	n/a	n/a	n/a	22,885,403
Total	$ 923,131,912	$ 8,451,443	$ -	$ 954,468,758

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

	Level 1	Level 2	Level 3	Total
Interests in common stocks	$ 29,456,879	$ -	$ -	$ 29,456,879
Interests in registered investment companies	658,806,382	-	-	658,806,382
Interest bearing cash	55,128,726	-	-	55,128,726
Other	-	11,119,479	-	11,119,479
Total investments in the fair value hierarchy	743,391,987	11,119,479	-	754,511,466
Interest in common/collective trust *	n/a	n/a	n/a	25,875,080
Total	$ 743,391,987	$ 11,119,479	$ -	$ 780,386,546

(*) In accordance with ASC 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

4. FAIR VALUE MEASUREMENT - cont'd.

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

	2019	2018	Redemption Frequency	Redemption Notice Period	Unfunded Commitments
Fidelity Managed Income Portfolio (a)	$22,885,403	$25,875,080	Daily	Daily	N/A

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

5. INCOME TAX STATUS

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

ASC 740, *Income Taxes*, prescribes a recognition threshold and a measurement attribute for the financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return as well as guidance on de-recognition, classification, interest and penalties and financial statement reporting disclosures. For these benefits to be recognized, a tax position must be more-likely-than-not to be sustained upon examination by taxing authorities. As the Plan is tax exempt and has no unrelated business income, the provisions of ASC 740 do not have an impact on the Plan's financial statements. The Plan recognizes interest and penalties accrued on any unrecognized tax exposures as a component of income tax expense. The Plan does not have any amounts accrued relating to interest and penalties as of December 31, 2019 and 2018.

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

6. PARTY-IN-INTEREST TRANSACTIONS

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

7. SUBSEQUENT EVENTS

In December 2019, a novel strain of coronavirus (COVID-19) was reported in Wuhan, China. The World Health Organization has declared COVID-19 to constitute a "Public Health Emergency of International Concern." Subsequent to year-end, COVID-19 began to spread throughout the United States. Efforts to contain COVID-19, including restrictions mandated by the Federal and various state governments, have caused non-essential businesses to close or operate remotely in an effort to prevent COVID-19 from spreading more rapidly. As of the report date, the Plan has experienced an immediate impact from COVID-19 due to the volatility of the financial markets. The future extent of the impact of COVID-19 on the Plan's operations including but not limited to further market volatility and future Company contributions to the Plan will depend on future developments, including the duration and spread of the outbreak, which is unknown at this time.

On March 27, 2020, Congress passed the CARES Act (Coronavirus Aid, Relief, and Economic Security Act) for President Trump's signature in order to help the U.S. economy and workers in the midst of the Coronavirus Pandemic. The CARES Act includes numerous provisions related to retirement plans. The Plan has decided to amend its Plan to allow for Coronavirus penalty-free distributions for qualified individuals through December 31, 2020. In addition, the Act delays loan repayments from the date of the Act through December 31, 2020 for qualified individuals. The Act also waives required minimum distributions through December 31, 2020.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	A O Smith Corporation	Interest in common stock	xx	$ 715
	Abbott Labs	Interest in common stock	xx	13,811
	Abiomed Inc	Interest in common stock	xx	1,194
	Adobe Systems Inc	Interest in common stock	xx	2,968
	Alaska Air Group	Interest in common stock	xx	2,236
	Alcoa Corporation	Interest in common stock	xx	860
	Align Technology Inc	Interest in common stock	xx	1,674
	Allegion Public Limited	Interest in common stock	xx	3,487
	Alphabet Inc	Interest in common stock	xx	26,788
	Alphabet Inc	Interest in common stock	xx	4,018
	Alphabet Inc	Interest in common stock	xx	13,370
	Amazon Com Inc	Interest in common stock	xx	29,565
	American Electric Power Co Inc	Interest in common stock	xx	5,009
	American Tower REIT Inc	Interest in common stock	xx	8,503
	Amerigold Realty Trust	Interest in common stock	xx	1,683
	Ametek Inc New	Interest in common stock	xx	1,396
	Amphenol Corporation	Interest in common stock	xx	1,082
	Ansys Inc	Interest in common stock	xx	1,030
	ANTHEM Inc	Interest in common stock	xx	11,477
	Apple Inc	Interest in common stock	xx	32,889
	Apple Inc	Interest in common stock	xx	2,349
	Arista Networks Inc	Interest in common stock		2,237
	ASML Holdings Inc	Interest in common stock		1,184
	Autozone Inc	Interest in common stock		1,191
	Bank of America Corp	Interest in common stock		10,390
	Blackrock Inc	Interest in common stock	xx	11,059
	Booking Holdings Inc	Interest in common stock	xx	6,161
	Brokeragelink	Interest in common stock	xx	41,091,565
	Burlington Stores Inc	Interest in common stock	xx	3,420
	Capital One Financial Corp	Interest in common stock	xx	9,365
	Capri Holdings Limited	Interest in common stock	xx	992
	Charter Communications Inc	Interest in common stock	xx	2,910
	Chubb LTD	Interest in common stock	xx	11,052
	Cimarex Energy	Interest in common stock	xx	840
	Cisco Systems Inc	Interest in common stock	xx	14,868
	Citigroup Inc	Interest in common stock	xx	3,995
	Citigroup Inc Com New	Interest in common stock		12,463

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	Cognex Corp	Interest in common stock	xx	$ 785
	Comcast Corp	Interest in common stock	xx	9,354
	Constellation Brands Inc	Interest in common stock	xx	10,247
	CoPart Inc	Interest in common stock	xx	2,546
	Coscto WHSL Corp New (COST)	Interest in common stock	xx	4,997
	Costco Wholesale CRP Del	Interest in common stock	xx	16,166
	Cubesmart	Interest in common stock		1,196
	Danaher Corp	Interest in common stock	xx	16,269
	Disney (WALT) CO COM STK	Interest in common stock	xx	22,707
	Dominos Pizza Inc	Interest in common stock	xx	881
	Dril-Quip Inc	Interest in common stock		751
	Edwards Lifesciences Corp	Interest in common stock		4,433
	Electronic Arts Inc	Interest in common stock		3,978
	EOG Resources Inc	Interest in common stock	xx	4,356
	Euronet Worldwide Inc	Interest in common stock	xx	473
	Everest Re Group LTD	Interest in common stock	xx	2,215
	Facebook Inc.	Interest in common stock	xx	11,494
	Fidelity National Financial	Interest in common stock	xx	3,084
	Firstenergy Corp	Interest in common stock	xx	2,819
	Five Below Inc	Interest in common stock	xx	767
	Gap Inc	Interest in common stock	xx	1,980
	Hess Corporation	Interest in common stock	xx	2,138
	Home Depot Inc	Interest in common stock	xx	6,333
	Home Depot Inc	Interest in common stock	xx	14,631
	Honewywell INTL INC Del	Interest in common stock	xx	20,886
	Idex Corp	Interest in common stock		1,376
	Illumina Inc	Interest in common stock		4,313
	Intuitive Surgical Inc.	Interest in common stock	xx	7,094
	IPG Photonics Corp	Interest in common stock	xx	725
	JetBlue Airways Corp	Interest in common stock		1,572
	Johnson & Johnson	Interest in common stock	xx	2,626
	JP Morgan Chase & Co (JPM)	Interest in common stock	xx	17,007
	Juniper Networks	Interest in common stock	xx	3,965
	Keurig Dr Pepper Inc	Interest in common stock	xx	10,133
	KLA Corporation	Interest in common stock		1,782
	Knight Swift Transortation	Interest in common stock		2,007
	Lear Corporation	Interest in common stock		1,372

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	Lockhead Martin Corp	Interest in common stock		$ 16,354
	Magna International Inc	Interest in common stock		3,016
	Marathon Pete Corp	Interest in common stock	xx	4,880
	Masco Corp	Interest in common stock		2,879
	Medtronic PLC	Interest in common stock	xx	3,744
	Mettler-Toledo International	Interest in common stock	xx	793
	Michaels Companies Inc	Interest in common stock	xx	421
	Microchip Technology Inc	Interest in common stock	xx	10,996
	Microsoft Corp	Interest in common stock		34,694
	Microsoft Corp	Interest in common stock	xx	14,193
	Mid America Apartment	Interest in common stock	xx	3,560
	Monster Beverage Corporation	Interest in common stock	xx	6,800
	Morgan Stanley	Interest in common stock	xx	2,863
	Nextera Energy Inc	Interest in common stock	xx	2,906
	Nextera Energy Inc SHS	Interest in common stock	xx	16,467
	Nike Inc.	Interest in common stock	xx	5,876
	Nokia Corporation	Interest in common stock	xx	2,085
	NXP Semiconductors N V	Interest in common stock		2,800
	Oracle Corp	Interest in common stock	xx	7,523
	Papa Johns International Inc	Interest in common stock	xx	1,389
	Paycom Software Inc	Interest in common stock		1,059
	Paypal Holdings Inc	Interest in common stock	xx	5,409
	Pepsico Inc	Interest in common stock	xx	6,560
	Perrigo Company PLC	Interest in common stock	xx	1,240
	Pfizer Inc	Interest in common stock	xx	2,625
	Philip Morris International Inc	Interest in common stock		3,999
	Progressive Corp-Ohio	Interest in common stock	xx	1,303
	PROLOGIS INC	Interest in common stock	xx	7,933
	Qualcomm Inc	Interest in common stock	xx	1,235
	Regeneron Pharmaceuticals Inc.	Interest in common stock	xx	4,130
	Reinsurance Group of America	Interest in common stock	xx	3,261
	Roche Holding LTD	Interest in common stock	xx	4,175
	Roper Technologies New	Interest in common stock	xx	3,188
	Ross Stores Inc Com	Interest in common stock	xx	11,409
	RPC Inc	Interest in common stock	xx	681
	S&P Global Inc	Interest in common stock	xx	1,092
	Sherwin Williams	Interest in common stock	xx	15,756

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	Sherwin Williams	Interest in common stock	xx	$ 4,668
	Signet Jewelers Limited	Interest in common stock	xx	804
	Slack Technologies Inc	Interest in common stock	xx	787
	Stryker Corp	Interest in common stock	xx	3,149
	Sun Communities	Interest in common stock	xx	2,402
	Synchrony Financial	Interest in common stock	xx	4,861
	SYSCO CORPORATION	Interest in common stock	xx	11,805
	Texas Instruments	Interest in common stock		770
	Thermo Fisher Scientific Inc	Interest in common stock	xx	20,792
	TJX Companies Inc. New	Interest in common stock	xx	2,809
	TOTAL S.A. SP ADR	Interest in common stock		17,309
	Truist Finl Corp	Interest in common stock	xx	13,517
	Tyler Technologies Inc	Interest in common stock	xx	900
	Ulta Beauty Inc	Interest in common stock	xx	2,531
	Union Pac Corp	Interest in common stock	xx	14,463
	Unitedhealth group inc	Interest in common stock	xx	11,759
	Unitedhealth group inc	Interest in common stock	xx	4,410
	US Foods Holding Corp	Interest in common stock	xx	2,681
	Veeva Systems Inc	Interest in common stock	xx	703
	Verizon Communications	Interest in common stock	xx	2,517
	Vertex Pharmaceuticals Inc	Interest in common stock	xx	7,882
	Visa inc	Interest in common stock	xx	11,086
	Visa Inc CL A Shares	Interest in common stock	xx	18,414
	Walmart Inc	Interest in common stock	xx	2,971
	WAL-MART STORES INC	Interest in common stock	xx	13,904
	Wells Fargo & Co	Interest in common stock	xx	9,307
	Western Digital Corp	Interest in common stock	xx	5,395
	Westlake Chemical Corp	Interest in common stock	xx	1,403
	Williams Sonoma Inc	Interest in common stock	xx	441
	Xilinx Inc	Interest in common stock	xx	2,542
	Zions Bancorpation	Interest in common stock	xx	2,648
	Zoetis Inc	Interest in common stock	xx	11,779
	Zoetis Inc	Interest in common stock	xx	8,073
				42,008,030

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	AB Discovery Growth Fund Inc ADV CL	Interest in registered investment companies	xx	$ 36,774
	AB Discovery Value Fund Advisor CL	Interest in registered investment companies	xx	36,955
	AB Global BD Fund Inc Advsr CL	Interest in registered investment companies	xx	148,663
	AB High Income Fund ADV CL	Interest in registered investment companies	xx	161,028
	AB Select US Equity Protfolio CL Advisor	Interest in registered investment companies	xx	177,751
	ABF Lg Cap Val R5	Interest in registered investment companies		23,202,452
	AF BALANCED R6	Interest in registered investment companies		101,073,040
	ARTISAN MID CAP INST	Interest in registered investment companies		18,716,817
	Bernstein Emerging Mkts Portfolio	Interest in registered investment companies		36,189
	Bernstein International Portfolio	Interest in registered investment companies		199,677
	Brokeragelink	Interest in registered investment companies	xx	78,132,995
	Citigroup	Interest in registered investment companies	xx	5,389
	Comcast Corp	Interest in registered investment companies	xx	5,632
	Comm Services Select Sector	Interest in registered investment companies	xx	34,484
	Consumer Discretionary	Interest in registered investment companies	xx	45,402
	Dodge & Cox Intl Stk	Interest in registered investment companies		23,071,850
	Enterprise Products Oper	Interest in registered investment companies	xx	3,871
*	FID CONTRAFUND K	Interest in registered investment companies	xx	104,774,016
*	FID FREEDOM K 2005	Interest in registered investment companies	xx	425,850
*	FID FREEDOM K 2010	Interest in registered investment companies	xx	3,468,255
*	FID FREEDOM K 2015	Interest in registered investment companies	xx	4,244,605
*	FID FREEDOM K 2020	Interest in registered investment companies	xx	24,962,932
*	FID FREEDOM K 2025	Interest in registered investment companies	xx	25,275,737
*	FID FREEDOM K 2030	Interest in registered investment companies	xx	19,448,190
*	FID FREEDOM K 2035	Interest in registered investment companies	xx	21,899,116
*	FID FREEDOM K 2040	Interest in registered investment companies	xx	18,739,306
*	FID FREEDOM K 2045	Interest in registered investment companies		12,767,570
*	FID FREEDOM K 2050	Interest in registered investment companies		7,823,661
*	FID FREEDOM K 2055	Interest in registered investment companies		5,696,952
*	FID FREEDOM K 2060	Interest in registered investment companies		854,227
*	FID FREEDOM K 2065	Interest in registered investment companies		12,515
*	FID FREEDOM K INCOME	Interest in registered investment companies		939,107
*	FID INTL INDEX	Interest in registered investment companies		14,761,303
*	FID LOW PRICED STK K	Interest in registered investment companies		25,389,996
*	FID NEW MARKETS INC	Interest in registered investment companies		2,643,289
	First TR Dorsey WRT	Interest in registered investment companies		174,779
	First Trust Cloud Computing ETF	Interest in registered investment companies		22,277

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	First Trust Dow Jones Internet Index Fund	Interest in registered investment companies		$ 22,816
	General Elec Cap Corp	Interest in registered investment companies		3,647
	Goldmac Sachs Group	Interest in registered investment companies		8,525
	Harbor Cap APPR INST	Interest in registered investment companies		46,732,353
	Health Care Select SPDR	Interest in registered investment companies		20,678
	Ishares Inc. Core MSCI Emerging Markts ETF	Interest in registered investment companies		43,008
	Ishares NASDAQ Biotech ETF	Interest in registered investment companies		12,292
	JP Morgan Chase & Co	Interest in registered investment companies		6,829
	JPM High Yield R6	Interest in registered investment companies		9,104,174
	Lzrd Emrg Mkts Eq IS	Interest in registered investment companies		14,232,941
	MFS International Diversification Fund CL I	Interest in registered investment companies		182,593
	MFS New Disc Val R4	Interest in registered investment companies		12,016,178
	MICROSOFT CORP	Interest in registered investment companies		7,915
	MORGAN STANLEY	Interest in registered investment companies		3,190
	PGIM Total Return Bond R6	Interest in registered investment companies		53,067,409
	REAL ESTATE SELECT SECTOR SPDR FD SHS	Interest in registered investment companies		5,259
	Shell International	Interest in registered investment companies		5,084
	SPDR US Finanical Sector ETF	Interest in registered investment companies		11,881
	TA MID CAP VL OPP R6	Interest in registered investment companies		13,826,005
	Tmpl Inst Frgn Sm Co	Interest in registered investment companies		3,289,907
	VANG Midcap IDX INST	Interest in registered investment companies		9,119,244
	VANG SM CAP IDX ADM	Interest in registered investment companies		8,725,126
	VANG TOT BD MKT INST	Interest in registered investment companies		16,021,239
	Vanguard Consumer Staples ETF	Interest in registered investment companies		13,057
	Vanguard Information Tech ETF	Interest in registered investment companies		54,357
	Vanguard Inst Index	Interest in registered investment companies		80,775,709
	Vanguard Materials ETF	Interest in registered investment companies		5,366
	Vanguary Industrial ETF	Interest in registered investment companies		18,312
	Verizon Communications	Interest in registered investment companies		6,671
	Wells Fargo & Company	Interest in registered investment companies		5,315
	Western Asset Smash C Fund	Interest in registered investment companies		26,149
	Western Asset Smash EC Fund	Interest in registered investment companies		67,306
	Western Asset Smash M Fund	Interest in registered investment companies		74,207
	WF SM CO Growth IS	Interest in registered investment companies		13,026,385
				819,953,779

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	BLF FedFund Cash Reserve	Interest bearing cash		$ 34,747
	Brokeragelink	Interest bearing cash		24,220,692
	Cash - AB	Interest bearing cash		17,944
*	Fidelity Govt MMRK PRM	Interest bearing cash		36,875,854
*	Fidelity Gov't Money Market	Interest bearing cash		20,866
				61,170,103
	AB Dividend	Corporate obligations		213
	Brokeragelink	Corporate obligations		2,995,636
				2,995,849
	FEDERAL NATL MTG ASSOC	Interest in government securities		1,426
	FEDERAL NATL MTG ASSOC BONDS 06.625% NOV 15 2030	Interest in government securities		1,426
	FHLMC G0 8615 03 50%2044	Interest in government securities		5,728
	FHLMC G0 8627 03 50%2045	Interest in government securities		459
	FHLMC G0 8650 03 50%2045	Interest in government securities		543
	FHLMC G0 8702 03 50%2046	Interest in government securities		604
	FHLMC G0 8737 03%2046	Interest in government securities		6,922
	FHLMC G0 8748 03 50%2047	Interest in government securities		1,446
	FHLMC G0 8751 03 50%2047	Interest in government securities		735
	FHLMC G0 8759 04 50%2047	Interest in government securities		560
	FHLMC G0 8761 03 50%2047	Interest in government securities		735
	FHLMC G0 8786 04 50%2047	Interest in government securities		678
	FHLMC G0 8789 05%2049	Interest in government securities		1,664
	FHLMC G6 0855 04 50%2045	Interest in government securities		2,307
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	FNMA PMA2670 03%2046	Interest in government securities		728
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	FNMA PMA3073 04 50%2047	Interest in government securities		1,249
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	FNMA PMA3416 04 50%2048	Interest in government securities		1,398

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	FNMA PMA3443 04%2048	Interest in government securities		$ 14,447
	FNMA PMA3444 04%2048	Interest in government securities		693
	FNMA PMA3564 04%2049	Interest in government securities		1,329
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	FNMA PMA3615 04%2049	Interest in government securities		724
	FNMA PMA3687 04%2049	Interest in government securities		3,608
	U.S. TREASURY BOND	Interest in government securities		13,236
	U.S. TREASURY BOND 2.500% FEB 15 2046	Interest in government securities		5,117
	U.S. TREASURY BOND 3.000% FEB 15 2049	Interest in government securities		18,097
	U.S. TREASURY NOTE 2.625% Aug 31 2020	Interest in government securities		5,032
	Brokeragelink	Interest in government securities		3,088,164
				3,194,797
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	New Eng/MetLife	Cash surrender value in life insurance policy		208,574
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	Venerable Annuity	Cash surrender value in life insurance policy		123,827
				2,007,743
	Brokeragelink	Preferred stocks		253,054
*	Participant Loans	Interest rates ranging from 3.25% to 8.50%; maturing through 2034		6,755,378

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

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	A O Smith Corporation	Interest in common stock	xx	$ 715
	Abbott Labs	Interest in common stock	xx	13,811
	Abiomed Inc	Interest in common stock	xx	1,194
	Adobe Systems Inc	Interest in common stock	xx	2,968
	Alaska Air Group	Interest in common stock	xx	2,236
	Alcoa Corporation	Interest in common stock	xx	860
	Align Technology Inc	Interest in common stock	xx	1,674
	Allegion Public Limited	Interest in common stock	xx	3,487
	Alphabet Inc	Interest in common stock	xx	26,788
	Alphabet Inc	Interest in common stock	xx	4,018
	Alphabet Inc	Interest in common stock	xx	13,370
	Amazon Com Inc	Interest in common stock	xx	29,565
	American Electric Power Co Inc	Interest in common stock	xx	5,009
	American Tower REIT Inc	Interest in common stock	xx	8,503
	Amerigold Realty Trust	Interest in common stock	xx	1,683
	Ametek Inc New	Interest in common stock	xx	1,396
	Amphenol Corporation	Interest in common stock	xx	1,082
	Ansys Inc	Interest in common stock	xx	1,030
	ANTHEM Inc	Interest in common stock	xx	11,477
	Apple Inc	Interest in common stock	xx	32,889
	Apple Inc	Interest in common stock	xx	2,349
	Arista Networks Inc	Interest in common stock		2,237
	ASML Holdings Inc	Interest in common stock		1,184
	Autozone Inc	Interest in common stock		1,191
	Bank of America Corp	Interest in common stock		10,390
	Blackrock Inc	Interest in common stock	xx	11,059
	Booking Holdings Inc	Interest in common stock	xx	6,161
	Brokeragelink	Interest in common stock	xx	41,091,565
	Burlington Stores Inc	Interest in common stock	xx	3,420
	Capital One Financial Corp	Interest in common stock	xx	9,365
	Capri Holdings Limited	Interest in common stock	xx	992
	Charter Communications Inc	Interest in common stock	xx	2,910
	Chubb LTD	Interest in common stock	xx	11,052
	Cimarex Energy	Interest in common stock	xx	840
	Cisco Systems Inc	Interest in common stock	xx	14,868
	Citigroup Inc	Interest in common stock	xx	3,995
	Citigroup Inc Com New	Interest in common stock		12,463

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	Cognex Corp	Interest in common stock	xx	$ 785
	Comcast Corp	Interest in common stock	xx	9,354
	Constellation Brands Inc	Interest in common stock	xx	10,247
	CoPart Inc	Interest in common stock	xx	2,546
	Coscto WHSL Corp New (COST)	Interest in common stock	xx	4,997
	Costco Wholesale CRP Del	Interest in common stock	xx	16,166
	Cubesmart	Interest in common stock		1,196
	Danaher Corp	Interest in common stock	xx	16,269
	Disney (WALT) CO COM STK	Interest in common stock	xx	22,707
	Dominos Pizza Inc	Interest in common stock	xx	881
	Dril-Quip Inc	Interest in common stock		751
	Edwards Lifesciences Corp	Interest in common stock		4,433
	Electronic Arts Inc	Interest in common stock		3,978
	EOG Resources Inc	Interest in common stock	xx	4,356
	Euronet Worldwide Inc	Interest in common stock	xx	473
	Everest Re Group LTD	Interest in common stock	xx	2,215
	Facebook Inc.	Interest in common stock	xx	11,494
	Fidelity National Financial	Interest in common stock	xx	3,084
	Firstenergy Corp	Interest in common stock	xx	2,819
	Five Below Inc	Interest in common stock	xx	767
	Gap Inc	Interest in common stock	xx	1,980
	Hess Corporation	Interest in common stock	xx	2,138
	Home Depot Inc	Interest in common stock	xx	6,333
	Home Depot Inc	Interest in common stock	xx	14,631
	Honewywell INTL INC Del	Interest in common stock	xx	20,886
	Idex Corp	Interest in common stock		1,376
	Illumina Inc	Interest in common stock		4,313
	Intuitive Surgical Inc.	Interest in common stock	xx	7,094
	IPG Photonics Corp	Interest in common stock	xx	725
	JetBlue Airways Corp	Interest in common stock		1,572
	Johnson & Johnson	Interest in common stock	xx	2,626
	JP Morgan Chase & Co (JPM)	Interest in common stock	xx	17,007
	Juniper Networks	Interest in common stock	xx	3,965
	Keurig Dr Pepper Inc	Interest in common stock	xx	10,133
	KLA Corporation	Interest in common stock		1,782
	Knight Swift Transortation	Interest in common stock		2,007
	Lear Corporation	Interest in common stock		1,372

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	Lockhead Martin Corp	Interest in common stock		$ 16,354
	Magna International Inc	Interest in common stock		3,016
	Marathon Pete Corp	Interest in common stock	xx	4,880
	Masco Corp	Interest in common stock		2,879
	Medtronic PLC	Interest in common stock	xx	3,744
	Mettler-Toledo International	Interest in common stock	xx	793
	Michaels Companies Inc	Interest in common stock	xx	421
	Microchip Technology Inc	Interest in common stock	xx	10,996
	Microsoft Corp	Interest in common stock		34,694
	Microsoft Corp	Interest in common stock	xx	14,193
	Mid America Apartment	Interest in common stock	xx	3,560
	Monster Beverage Corporation	Interest in common stock	xx	6,800
	Morgan Stanley	Interest in common stock	xx	2,863
	Nextera Energy Inc	Interest in common stock	xx	2,906
	Nextera Energy Inc SHS	Interest in common stock	xx	16,467
	Nike Inc.	Interest in common stock	xx	5,876
	Nokia Corporation	Interest in common stock	xx	2,085
	NXP Semiconductors N V	Interest in common stock		2,800
	Oracle Corp	Interest in common stock	xx	7,523
	Papa Johns International Inc	Interest in common stock	xx	1,389
	Paycom Software Inc	Interest in common stock		1,059
	Paypal Holdings Inc	Interest in common stock	xx	5,409
	Pepsico Inc	Interest in common stock	xx	6,560
	Perrigo Company PLC	Interest in common stock	xx	1,240
	Pfizer Inc	Interest in common stock	xx	2,625
	Philip Morris International Inc	Interest in common stock		3,999
	Progressive Corp-Ohio	Interest in common stock	xx	1,303
	PROLOGIS INC	Interest in common stock	xx	7,933
	Qualcomm Inc	Interest in common stock	xx	1,235
	Regeneron Pharmaceuticals Inc.	Interest in common stock	xx	4,130
	Reinsurance Group of America	Interest in common stock	xx	3,261
	Roche Holding LTD	Interest in common stock	xx	4,175
	Roper Technologies New	Interest in common stock	xx	3,188
	Ross Stores Inc Com	Interest in common stock	xx	11,409
	RPC Inc	Interest in common stock	xx	681
	S&P Global Inc	Interest in common stock	xx	1,092
	Sherwin Williams	Interest in common stock	xx	15,756

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	Sherwin Williams	Interest in common stock	xx	$ 4,668
	Signet Jewelers Limited	Interest in common stock	xx	804
	Slack Technologies Inc	Interest in common stock	xx	787
	Stryker Corp	Interest in common stock	xx	3,149
	Sun Communities	Interest in common stock	xx	2,402
	Synchrony Financial	Interest in common stock	xx	4,861
	SYSCO CORPORATION	Interest in common stock	xx	11,805
	Texas Instruments	Interest in common stock		770
	Thermo Fisher Scientific Inc	Interest in common stock	xx	20,792
	TJX Companies Inc. New	Interest in common stock	xx	2,809
	TOTAL S.A. SP ADR	Interest in common stock		17,309
	Truist Finl Corp	Interest in common stock	xx	13,517
	Tyler Technologies Inc	Interest in common stock	xx	900
	Ulta Beauty Inc	Interest in common stock	xx	2,531
	Union Pac Corp	Interest in common stock	xx	14,463
	Unitedhealth group inc	Interest in common stock	xx	11,759
	Unitedhealth group inc	Interest in common stock	xx	4,410
	US Foods Holding Corp	Interest in common stock	xx	2,681
	Veeva Systems Inc	Interest in common stock	xx	703
	Verizon Communications	Interest in common stock	xx	2,517
	Vertex Pharmaceuticals Inc	Interest in common stock	xx	7,882
	Visa inc	Interest in common stock	xx	11,086
	Visa Inc CL A Shares	Interest in common stock	xx	18,414
	Walmart Inc	Interest in common stock	xx	2,971
	WAL-MART STORES INC	Interest in common stock	xx	13,904
	Wells Fargo & Co	Interest in common stock	xx	9,307
	Western Digital Corp	Interest in common stock	xx	5,395
	Westlake Chemical Corp	Interest in common stock	xx	1,403
	Williams Sonoma Inc	Interest in common stock	xx	441
	Xilinx Inc	Interest in common stock	xx	2,542
	Zions Bancorpation	Interest in common stock	xx	2,648
	Zoetis Inc	Interest in common stock	xx	11,779
	Zoetis Inc	Interest in common stock	xx	8,073
				42,008,030

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	AB Discovery Growth Fund Inc ADV CL	Interest in registered investment companies	xx	$ 36,774
	AB Discovery Value Fund Advisor CL	Interest in registered investment companies	xx	36,955
	AB Global BD Fund Inc Advsr CL	Interest in registered investment companies	xx	148,663
	AB High Income Fund ADV CL	Interest in registered investment companies	xx	161,028
	AB Select US Equity Protfolio CL Advisor	Interest in registered investment companies	xx	177,751
	ABF Lg Cap Val R5	Interest in registered investment companies		23,202,452
	AF BALANCED R6	Interest in registered investment companies		101,073,040
	ARTISAN MID CAP INST	Interest in registered investment companies		18,716,817
	Bernstein Emerging Mkts Portfolio	Interest in registered investment companies		36,189
	Bernstein International Portfolio	Interest in registered investment companies		199,677
	Brokeragelink	Interest in registered investment companies	xx	78,132,995
	Citigroup	Interest in registered investment companies	xx	5,389
	Comcast Corp	Interest in registered investment companies	xx	5,632
	Comm Services Select Sector	Interest in registered investment companies	xx	34,484
	Consumer Discretionary	Interest in registered investment companies	xx	45,402
	Dodge & Cox Intl Stk	Interest in registered investment companies		23,071,850
	Enterprise Products Oper	Interest in registered investment companies	xx	3,871
*	FID CONTRAFUND K	Interest in registered investment companies	xx	104,774,016
*	FID FREEDOM K 2005	Interest in registered investment companies	xx	425,850
*	FID FREEDOM K 2010	Interest in registered investment companies	xx	3,468,255
*	FID FREEDOM K 2015	Interest in registered investment companies	xx	4,244,605
*	FID FREEDOM K 2020	Interest in registered investment companies	xx	24,962,932
*	FID FREEDOM K 2025	Interest in registered investment companies	xx	25,275,737
*	FID FREEDOM K 2030	Interest in registered investment companies	xx	19,448,190
*	FID FREEDOM K 2035	Interest in registered investment companies	xx	21,899,116
*	FID FREEDOM K 2040	Interest in registered investment companies	xx	18,739,306
*	FID FREEDOM K 2045	Interest in registered investment companies		12,767,570
*	FID FREEDOM K 2050	Interest in registered investment companies		7,823,661
*	FID FREEDOM K 2055	Interest in registered investment companies		5,696,952
*	FID FREEDOM K 2060	Interest in registered investment companies		854,227
*	FID FREEDOM K 2065	Interest in registered investment companies		12,515
*	FID FREEDOM K INCOME	Interest in registered investment companies		939,107
*	FID INTL INDEX	Interest in registered investment companies		14,761,303
*	FID LOW PRICED STK K	Interest in registered investment companies		25,389,996
*	FID NEW MARKETS INC	Interest in registered investment companies		2,643,289
	First TR Dorsey WRT	Interest in registered investment companies		174,779
	First Trust Cloud Computing ETF	Interest in registered investment companies		22,277

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	First Trust Dow Jones Internet Index Fund	Interest in registered investment companies		$ 22,816
	General Elec Cap Corp	Interest in registered investment companies		3,647
	Goldmac Sachs Group	Interest in registered investment companies		8,525
	Harbor Cap APPR INST	Interest in registered investment companies		46,732,353
	Health Care Select SPDR	Interest in registered investment companies		20,678
	Ishares Inc. Core MSCI Emerging Markts ETF	Interest in registered investment companies		43,008
	Ishares NASDAQ Biotech ETF	Interest in registered investment companies		12,292
	JP Morgan Chase & Co	Interest in registered investment companies		6,829
	JPM High Yield R6	Interest in registered investment companies		9,104,174
	Lzrd Emrg Mkts Eq IS	Interest in registered investment companies		14,232,941
	MFS International Diversification Fund CL I	Interest in registered investment companies		182,593
	MFS New Disc Val R4	Interest in registered investment companies		12,016,178
	MICROSOFT CORP	Interest in registered investment companies		7,915
	MORGAN STANLEY	Interest in registered investment companies		3,190
	PGIM Total Return Bond R6	Interest in registered investment companies		53,067,409
	REAL ESTATE SELECT SECTOR SPDR FD SHS	Interest in registered investment companies		5,259
	Shell International	Interest in registered investment companies		5,084
	SPDR US Finanical Sector ETF	Interest in registered investment companies		11,881
	TA MID CAP VL OPP R6	Interest in registered investment companies		13,826,005
	Tmpl Inst Frgn Sm Co	Interest in registered investment companies		3,289,907
	VANG Midcap IDX INST	Interest in registered investment companies		9,119,244
	VANG SM CAP IDX ADM	Interest in registered investment companies		8,725,126
	VANG TOT BD MKT INST	Interest in registered investment companies		16,021,239
	Vanguard Consumer Staples ETF	Interest in registered investment companies		13,057
	Vanguard Information Tech ETF	Interest in registered investment companies		54,357
	Vanguard Inst Index	Interest in registered investment companies		80,775,709
	Vanguard Materials ETF	Interest in registered investment companies		5,366
	Vanguary Industrial ETF	Interest in registered investment companies		18,312
	Verizon Communications	Interest in registered investment companies		6,671
	Wells Fargo & Company	Interest in registered investment companies		5,315
	Western Asset Smash C Fund	Interest in registered investment companies		26,149
	Western Asset Smash EC Fund	Interest in registered investment companies		67,306
	Western Asset Smash M Fund	Interest in registered investment companies		74,207
	WF SM CO Growth IS	Interest in registered investment companies		13,026,385
				819,953,779

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity, date, rate of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	BLF FedFund Cash Reserve	Interest bearing cash		$ 34,747
	Brokeragelink	Interest bearing cash		24,220,692
	Cash - AB	Interest bearing cash		17,944
*	Fidelity Govt MMRK PRM	Interest bearing cash		36,875,854
*	Fidelity Gov't Money Market	Interest bearing cash		20,866
				61,170,103
	AB Dividend	Corporate obligations		213
	Brokeragelink	Corporate obligations		2,995,636
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