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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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
BANKERS HEALTHCARE GROUP, LLC EMPLOYEES' 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2007

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)
BANKERS HEALTHCARE GROUP, LLC

201 SOLAR STREET
SYRACUSE, NY 13204

2b Employer Identification Number (EIN) 65-0376686

2c Plan Sponsor's telephone number 866-588-7910

2d Business code (see instructions) 522220

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.	09/14/2021	EDMUND DURANT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/14/2021	EDMUND DURANT
	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**	702
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)**	586
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	736
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	133
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	869
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	869
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	712
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	24
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:

2A 2E 2G 2J 2K 2R 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
BANKERS HEALTHCARE GROUP, LLC EMPLOYEES' 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BANKERS HEALTHCARE GROUP, LLC

D Employer Identification Number (EIN)
65-0376686

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
VOYA RETIREMENT INSURANCE & ANNUITY

(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
71-0294708	86509	811527	655	01/01/2020	12/31/2020

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
51360	11441

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

MML INSURANCE AGENCY, LLC

MML INVESTORS SERVICES
PO BOX 8089
BOSTON, MA 02266

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
51360	0		3

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

ACTUARIAL PENSION ANALYSTS INC.

7000 EAST GENESEE STREET
FAYETTEVILLE, NY 13066

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
0	11441	ADMINISTRATION SERVICES	5

(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	1195538
5	Current value of plan's interest under this contract in separate accounts at year end	5	33715675

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ OTHER GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	588415
c	Additions: (1) Contributions deposited during the year	7c(1)	243934		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	14299		
	(4) Transferred from separate account	7c(4)	474899		
	(5) Other (specify below)	7c(5)	5737		
	▶ FORFEITED AMOUNTS				
	(6)Total additions			7c(6)	738869
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1327284
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	195066		
	(2) Administration charge made by carrier	7e(2)	8043		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	5972		
	▶ FORFEITURES				
	(5) Total deductions			7e(5)	209081
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1118203

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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan	**B** Three-digit plan number (PN) ▶	
BANKERS HEALTHCARE GROUP, LLC EMPLOYEES' 401(K) RETIREMENT PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
BANKERS HEALTHCARE GROUP, LLC	65-0376686

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(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

(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

(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

(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

(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

(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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
12 13 15 50 64	RECORDKEEPER	5350	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ACTUARIAL PENSION ANALYSTS, INC.

16-1316349

(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?
99	SERVICE PROVIDER	23527	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
BANKERS HEALTHCARE GROUP, LLC EMPLOYEES' 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BANKERS HEALTHCARE GROUP, LLC

D Employer Identification Number (EIN)
65-0376686

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: SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

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)
71-0294708-000	P	33715675

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)

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
BANKERS HEALTHCARE GROUP, LLC EMPLOYEES' 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BANKERS HEALTHCARE GROUP, LLC

D Employer Identification Number (EIN)
65-0376686

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1626780	149329
(2) Participant contributions	1b(2)		219307
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	20800133	33715675
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	588415	1118203
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	23015328	35202514
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	16587	3391
k	Total liabilities (add all amounts in lines 1g through1j)	1k	16587	3391
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	22998741	35199123

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)	2021170	
	(B) Participants	2a(1)(B)	3742257	
	(C) Others (including rollovers)	2a(1)(C)	3403421	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9166848
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	14299	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14299
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		4292922
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		5093
d Total income. Add all **income** amounts in column (b) and enter total	2d		13479162
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1247605	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1247605
f Corrective distributions (see instructions)	2f		2298
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	5350	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	23527	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		28877
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1278780
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		12200382
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)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: EVANS AND BENNETT **(2)** EIN: 15-0551397

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	

			Yes	No	Amount
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	
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		1000000
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
BANKERS HEALTHCARE GROUP, LLC EMPLOYEES' 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BANKERS HEALTHCARE GROUP, LLC

D Employer Identification Number (EIN)
65-0376686

Part I Distributions

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

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

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

EIN(s): 71-0294708

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

BANKERS HEALTHCARE GROUP, LLC

EMPLOYEES' 401(k) RETIREMENT PLAN

SYRACUSE, NY

AUDITED FINANCIAL STATEMENTS

AND SUPPLEMENTARY INFORMATION

YEARS ENDED DECEMBER 31, 2020 AND 2019

CONTENTS

	Pages
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS:	
Statement of Net Assets Available for Plan Benefits	3
Statement of Changes in Net Assets Available for Plan Benefits	4
Notes to Financial Statements	5
SUPPLEMENTARY INFORMATION:	
Schedule of Assets (Held at End of Year)	11

Evans and Bennett, LLP
CERTIFIED PUBLIC ACCOUNTANTS
2112 Erie Blvd. East, Suite 100
Syracuse, NY 13224
(315) 474-3986
FAX: (315) 474-0716

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
Bankers Healthcare Group, LLC Employees' 401(k) Retirement Plan
Syracuse, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Bankers Healthcare Group, LLC Employees' 401(k) Retirement Plan which comprise the statements of net assets available for plan benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for plan benefits for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with U. S. generally accepted accounting principles; 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 audit in accordance with U. S. generally accepted auditing standards. Because of the matters 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 7, which was certified by Voya Retirement Insurance and Annuity Company, the contract administrator, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the contract administrator holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the contract administrator as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the contract administrator is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters 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 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 presented for the purpose of additional analysis and 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 contract administrator, has been audited by us in accordance with U. S. generally accepted auditing standards and, in our opinion, is 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.

Evans and Bennett LLP
Certified Public Accountants
Syracuse, NY

August 31, 2021

BANKERS HEALTHCARE GROUP, LLC

EMPLOYEES' 401(k) RETIREMENT PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

DECEMBER 31,

ASSETS

	2020	2019
Investments:		
Investments at fair value	$ 33,715,675	$ 20,800,133
Investments at contract value	1,118,203	588,415
Total investments	34,833,878	21,388,548
Contributions receivable		
Employer	149,329	1,626,780
Participants	219,307	-
Total contributions receivable	368,636	1,626,780
Total assets	35,202,514	23,015,328

LIABILITIES

Accrued liabilities	3,391	16,587
Total liabilities	3,391	16,587
Net assets available for plan benefits	$ 35,199,123	$ 22,998,741

The accompanying notes are an integral part of these financial statements

BANKERS HEALTHCARE GROUP, LLC

EMPLOYEES' 401(k) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

YEARS ENDED DECEMBER 31,

	2020	2019
Additions to net assets		
Net appreciation in investments	$ 4,292,921	$ 3,471,219
Employee contributions	3,742,257	2,444,078
Employee rollover contributions	3,402,861	989,413
Employer contributions	2,021,555	2,766,983
Interest and dividends	14,299	7,420
Other income	5,268	3,812
Total additions	13,479,161	9,682,925
Deductions from net assets		
Benefits paid to participants	1,249,902	2,158,907
Administrative fees	28,877	26,137
Total deductions	1,278,779	2,185,044
Net increase in net assets available for plan benefits	12,200,382	7,497,881
Net assets available for plan benefits - beginning of year	22,998,741	15,500,860
Net assets available for plan benefits - end of year	$ 35,199,123	$ 22,998,741

The accompanying notes are an integral part of these financial statements

BANKERS HEALTHCARE GROUP, LLC

EMPLOYEES' 401(k) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020

Note 1. Description of Plan

The following description of the Bankers Healthcare Group, LLC Employees' 401(k) Retirement Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions:

General - The Plan is a defined contribution plan covering all eligible employees of Bankers Healthcare Group LLC, Capital Collection Management LLC, BHG MC Services LLC, Fund Ex Solutions Group LLC, and Instaffing LLC. The plan entry dates are 1/1, 4/1, 7/1 and 10/1, however an amendment was adopted and for the period beginning April 1, 2020 and ending December 31, 2020 for the purpose of one's eligibility to authorize Elective Contributions an employee who completes 1 hour of service shall become a participant. There is no service requirement to begin making deferral contributions, however the employee must be 18 years old.

Contributions - Each year participants may contribute up to the maximum percentage of compensation and dollar amount permitted by the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Effective January 1, 2020 the Plan was amended to terminate the 3% Safe Harbor Fixed contribution and adopt a Safe Harbor Match equivalent to 100% of elective contributions up to 6% of Plan compensation . Investment options include various pooled separate funds and a guaranteed investment contract option which allows participants the option to invest in any investment as permitted by the plan and in accordance with ERISA. Federal tax laws limit the amount of contributions that can be added to a participant's account for any year.

Participant Accounts - Each participant's account is credited with an allocation of (a) the contributions, and (b) Plan earnings (losses). Allocations are based on participant earnings, group classification and account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Employer contributions are a 100% vested after six years of credited service.

Payment of Benefits - On termination of service due to death, disability or retirement, a participant or beneficiary may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. The Plan allows for hardship withdrawals, but not loans.

Operating Expenses - The Plan sponsor, which is a party-in-interest, absorbs some non-investment and administrative costs of the Plan. These expenses, which are not reflected in accompanying financial statements, constitute exempt party-in-interest transactions under ERISA. Certain administrative expenses are paid using forfeitures, which is permitted by the Plan Document. Investment expenses are deducted from investment earnings allocated to participant accounts. Expenses related to participant withdrawals are paid by the Plan and charged to the respective participant's account.

Note 1. Description of Plan (continued)

Forfeited Accounts - Forfeitures will be utilized to pay administrative expenses of the Plan or applied to reduce the Employer's contribution for the Plan Year. Forfeitures utilized for the plan year ending December 31, 2020 and 2019 amounted to $97,462 and $48,467, respectively. At December 31, 2020 and 2019 forfeited non-vested accounts totaled $7,133 and $49,960, respectively.

Terminated Vested Accounts - At December 31, 2020 and 2019, there was $0 allocated to accounts of persons that as of or prior to that date had withdrawn from participating in the earnings and operations of the Plan and had not been paid.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with the U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investments Valuation and Income Recognition

The Plan's investments are stated at fair value, except for the fully benefit-responsive investment contract, which is reported at contract 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. See Note 3 for discussion of fair value measurements.

The units of the pooled separate accounts are stated at fair value as determined by the contract issuer of the account based on the market value of its underlying investments held by the fund less its liabilities. The net asset value of the units is used as a practical expedient to estimate fair value.

The self directed brokerage accounts consist primarily of mutual funds and common stock that are valued on the basis of readily determinable market prices.

Purchase and sales of investments are recorded on a trade date basis. Investment income consists of realized gains and losses, unrealized appreciation (depreciation) in the fair value of investments and interest earnings on the investments.

Payment of Benefits

Benefits are recorded when paid.

Note 3. Fair Value Measurements

The fair value measurement accounting literature establishes a fair value hierarchy for certain investments that prioritize the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of certain investments. In accordance with FASB ASU 2015-07 and ASU 2015-12, the plan's investments in the pooled separate accounts and the guaranteed investment contract are excluded from the fair value hierarchy leveling.

Investment in Entities Measured Using the Net Asset Value per Share (or its Equivalent) Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2020 and 2019. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the plan.

		Fair Value 2020	Fair Value 2019	Redemption Commitments	Redemption Frequency	Notice Period
Pooled separate accounts						
Large cap value funds	1	$ 3,503,406	$ 2,337,780	n/a	Daily	n/a
Small/mid/specialty funds	2	3,304,420	2,204,050	n/a	Daily	n/a
Asset allocation funds	3	21,265,612	12,667,483	n/a	Daily	n/a
International funds	4	2,373,369	1,514,271	n/a	Daily	n/a
Large cap growth funds	5	1,872,140	1,140,577	n/a	Daily	n/a
Balanced funds	6	510,835	472,497	n/a	Daily	n/a
Bond funds	7	765,365	381,652	n/a	Daily	n/a
Cash		120,528	81,823			
Total		$33,715,675	$20,800,133			

The fund investment strategies are as follows:

1 Funds seek long term growth of capital or a combination of growth and income by investing primarily in stocks of larger, mature companies.
2 Funds seek capital appreciation by investing primarily in stocks of small and medium sized companies. Specialty funds invest in stocks of companies in a particular industry.
3 Funds invest in a combination of assets including U.S stocks, international stocks, U.S. bonds and other debt instruments which use an asset allocation strategy based on stated objectives and target allocations of the particular fund.
4 Funds invest in stocks of companies primarily outside of the U.S.
5 Funds seek long term growth of capital by investing primarily in stocks of larger U.S. companies.
6 Funds seek to balance growth of principal and current income by investing in a combination of stocks and bonds, generally in a 60/40 proportion.
7 Funds seek income or growth of income with less emphasis on capital appreciation by investing in corporate and government bonds, mortgages, preferred stocks, foreign and convertible bonds, Treasury Bills and other short term debt securities.

Note 4. Investment concentrations

Individual investment concentrations as of December 31 are as follows:

	2020	2019
Vanguard LifeStrat Growth Fund Inv	$ 2,924,465	$ 2,538,282
Vanguard Target Retirement 2025	2,830,595	1,011,002
Vanguard Target Retirement 2050	2,580,718	1,631,564
Vanguard 500 Index Admiral	2,515,147	1,582,520
Vanguard Target Retirement 2055	2,246,524	1,274,905

Note 5. Tax Status

On January 1, 2014 the Plan adopted a prototype Non-Standardized Safe Harbor Profit Sharing Plan with CODA Trust document offered by the third party administrator. The prototype obtained an opinion letter dated June 30, 2020 in which the Internal Revenue Service stated that the prototype plan document, as designed, is in compliance with the applicable requirements of the Internal Revenue Code. Although the plan was amended and restated effective January 1, 2021, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

The plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

Note 6. Plan Termination

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

Note 7. Limited Scope Audit

The audit of the Bankers Healthcare Group, LLC Employees' 401(k) Retirement Plan was conducted on a limited scope basis pursuant to Section 2520.103-8 of the DOL Rules and Regulations for reporting and disclosure under ERISA. Auditing procedures were not performed with respect to the information presented below, which was certified by the contract administrator, except for comparing the information with the related information included in these financial statements:

	2020	2019
Investments at fair value	$ 33,715,675	$ 20,800,133
Investments at contract value	1,118,203	588,415
Investment gains	4,292,921	3,471,219
Interest and dividend income	14,299	7,420

Note 8. Investment Contract with Insurance Companies

The Plan maintained a guaranteed investment contract (GIC) with Voya as an investment option, the Voya Fixed Account. The GIC is a traditional investment contract. This contract meets the fully benefit responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value as reported by Voya represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The contract value of the GIC as of December 31, 2020 and 2019 was $1,118,203 and $588,415, respectively.

The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The guaranteed minimum crediting rate is determined annually based on a formula established by the contract issuer and may never fall below 1% as long as the contract remains in force. Determination of credited interest rates reflects a number of factors, including mortality and expense risks, interest rate guarantees, the investment income earned on invested assets and the amortization of any capital and gains and/or losses realized on the sale of invested assets. The guaranteed minimum crediting rate for the Plan years 2020 and 2019 was 1%.

The Plan's ability to receive amounts due in accordance with the fully benefit responsive investment contract is dependent on the third party issuer's ability to meets its financial obligations. The issuer's ability to meet it contractual obligations may be affected by future economic and regulatory developments. There are no valuation reserves recorded to adjust contract amounts.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include 1) amendments to the Plan documents including premature termination of the contract 2) changes to Plan's prohibition on competing investment options or deletion of the equity wash provisions, or 3) failure of the trust to qualify for exemption from federal income taxes or any prohibited transaction exemption under ERISA. The Plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with plan participants, is probable.

Note 9. Risks and Uncertainties

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

Note 10. Related Party and Party in Interest Transactions

Plan investments include pooled separate accounts and the guaranteed investment contract which are managed by Voya Retirement and Annuity Company (Voya). Voya is the contract administrator as defined by the plan and, therefore fees paid for investment management and recordkeeping services qualify as exempt party-in-interest transactions. Fees paid to Voya and its affiliates for these services are offset against related investment income.

Administrative fees paid by plan participants to Voya for administrative expenses amounted to $17,023 and $9,550 for the years ended December 31, 2020 and 2019, respectively.

Administrative fees paid by forfeitures to Actuarial Pension Analysts for administrative expenses amounted to $11,853 and $16,587 for the years ended December 31, 2020 and 2019, respectively.

Note 11. Plan Amendments

The Plan has implemented in plan year 2020 certain requirements by the Setting Every Community Up for Retirement Enhancement ("SECURE") Act and the Bipartisan Budget Act of 2018 which laws change the Plan to, among other things, delay the commencement date for required minimum distributions and eliminates the suspension provision after a hardship withdrawal is made. Certain optional features within these acts have not been implemented to date. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

Effective January 1, 2020 the Plan was amended to terminate the 3% Safe Harbor Fixed contribution and adopt a Safe Harbor Match equivalent to 100% of elective contributions up to 6% of Plan compensation.

Effective June 1, 2020 the plan's eligibility definition was amended for the period beginning April 1, 2020 and ending December 31, 2020 to permit an employee, for the purpose of employee elective contributions, to become a participant after completing 1 hour of service.

Note 12. Subsequent Events

Plan management has evaluated subsequent events through August 31, 2021 which is the date these financial statements were available to be issued.

Note 13. Covid-19 Pandemic

As a result of the spread of the COVID-19 virus, economic uncertainties have arisen which have resulted in significant volatility in the investment markets which may continue to affect the fair value of the Plan's investments. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

BANKERS HEALTHCARE GROUP, LLC

EMPLOYEES' 401(k) RETIREMENT PLAN

SUPPLEMENTARY INFORMATION

DECEMBER 31, 2020

Plan Name: Bankers Healthcare Group, LLC Employees' 401(k) Retirement Plan	Plan Number: 001
Company Name: Bankers Healthcare Group, LLC	EIN: 65-0376686
Plan Year: January 1, 2020 through December 31, 2020	

Schedule H (Form 5500), Line 4i (Part IV) (Schedule of Assets Held at End of Year)

(a)	(b) Identity of issue, borrow, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Pooled separate accounts			
*	Voya Retirement Insurance and Annuity Co.	American Funds New Pr	$ -	$ 633,512
*	Voya Retirement Insurance and Annuity Co.	DFA Into Core Equity Port Ins	-	726,787
*	Voya Retirement Insurance and Annuity Co.	American Funds New W	-	582,163
*	Voya Retirement Insurance and Annuity Co.	Vanguard Tot Int Stk In F Adm	-	430,907
*	Voya Retirement Insurance and Annuity Co.	Vanguard Mid Cap Index Fund Adm	-	1,199,674
*	Voya Retirement Insurance and Annuity Co.	Vanguard Small Cap Indx Fd Admiral	-	536,393
*	Voya Retirement Insurance and Annuity Co.	VY Columbia SmCp VI II P R6	-	273,406
*	Voya Retirement Insurance and Annuity Co.	DFA Real Estate Securities Port Ins	-	286,501
*	Voya Retirement Insurance and Annuity Co.	ClrBrg Sm Cp Growth	-	453,881
*	Voya Retirement Insurance and Annuity Co.	Neuberg Berm MdCp Value Fund R6	-	508,238
*	Voya Retirement Insurance and Annuity Co.	PGIM QMA Mid-Cap Value Fund R6	-	46,327
*	Voya Retirement Insurance and Annuity Co.	American Funds AMCAP Fund R6	-	1,872,140
*	Voya Retirement Insurance and Annuity Co.	Vanguard 500 Index Fund-Adm	-	2,515,147
*	Voya Retirement Insurance and Annuity Co.	Vanguard Lift Strat Grw Fd Inv	-	2,924,465
*	Voya Retirement Insurance and Annuity Co.	JPMorgan Equity Income Fund R6	-	988,259
*	Voya Retirement Insurance and Annuity Co.	American Funds Am Balanced R6	-	510,835
*	Voya Retirement Insurance and Annuity Co.	Vanguard Target Retirement 2015 Fund Inv	-	177,079
*	Voya Retirement Insurance and Annuity Co.	Vanguard Target Retirement 2025 Fund Inv	-	2,830,595
*	Voya Retirement Insurance and Annuity Co.	Vanguard Target Retirement 2035 Fund Inv	-	1,258,034
*	Voya Retirement Insurance and Annuity Co.	Vanguard Target Retirement 2045 Fund Inv	-	2,048,222
*	Voya Retirement Insurance and Annuity Co.	Vanguard Target Retirement Income Fnd Inv	-	21,712
*	Voya Retirement Insurance and Annuity Co.	Vanguard Target Retirement 2020 Fund Inv	-	94,679

See independent auditors' report

BANKERS HEALTHCARE GROUP, LLC

EMPLOYEES' 401(k) RETIREMENT PLAN

SUPPLEMENTARY INFORMATION

DECEMBER 31, 2020

Plan Name: Bankers Healthcare Group, LLC Employees' 401(k) Retirement Plan	Plan Number: 001
Company Name: Bankers Healthcare Group, LLC	EIN: 65-0376686
Plan Year: January 1, 2020 through December 31, 2020	

Schedule H (Form 5500), Line 4i (Part IV) (Schedule of Assets Held at End of Year) (continued)

(a)	(b) Identity of issue, borrow, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Pooled separate accounts (continued)			
*	Voya Retirement Insurance and Annuity Co.	Vanguard Target Retirement 2030 Fund Inv	$ -	$1,355,434
*	Voya Retirement Insurance and Annuity Co.	Vanguard Target Retirement 2040 Fund Inv	-	736,533
*	Voya Retirement Insurance and Annuity Co.	Vanguard Target Retirement 2050 Fund Inv	-	2,580,718
*	Voya Retirement Insurance and Annuity Co.	Vanguard Life Strat Cns Gr Fd Inv	-	810,519
*	Voya Retirement Insurance and Annuity Co.	Vanguard Life Strat Ind Fd Inv	-	1,302,049
*	Voya Retirement Insurance and Annuity Co.	Vanguard Life Strat Md Grw Fd Inv	-	1,212,336
*	Voya Retirement Insurance and Annuity Co.	Vanguard Target Retirement 2055 Fund Inv	-	2,246,524
*	Voya Retirement Insurance and Annuity Co.	Vanguard Target Retirement 2065 Fund Inv	-	174,577
*	Voya Retirement Insurance and Annuity Co.	Vanguard Target Retirement 2060 Fund Inv	-	1,492,136
*	Voya Retirement Insurance and Annuity Co.	PGIM Total Return Bond Fd R6	-	222,765
*	Voya Retirement Insurance and Annuity Co.	PIMCO Real Return Fund Ins	-	122,798
*	Voya Retirement Insurance and Annuity Co.	PIMCO Income Fund Ins	-	210,240
*	Voya Retirement Insurance and Annuity Co.	BrandywineGLOBAL Glbl Opp Bnd Fd IS	-	209,562
*	Voya Retirement Insurance and Annuity Co.	VOYA Government Money Market F A	-	120,528
	Guaranteed investment contract			
*	Voya Retirement Insurance and Annuity Co.	VOYA Fixed Account	-	1,118,203

See independent auditors' report

Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
BANKERS HEALTHCARE GROUP, LLC
BANKERS HEALTHCARE GROUP, LLC EMPLOYEES' 401(K) RETIREMENT PLAN
01/01/2020 - 12/31/2020
EIN: 65-0376686 PN: 001

(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
*	Voya Retirement Insurance & Annuity Company	American Funds Nw Pr R6		633,512
*	Voya Retirement Insurance & Annuity Company	DFA Intl Core Equity Port Ins		726,787
*	Voya Retirement Insurance & Annuity Company	American Funds New W R6		582,163
*	Voya Retirement Insurance & Annuity Company	Vangrd Tot Int Stk In F Adm		430,907
*	Voya Retirement Insurance & Annuity Company	Vanguard Mid Cap Index Fund Adm		1,199,674
*	Voya Retirement Insurance & Annuity Company	Vanguard Small Cap Indx Fd Admiral		536,393
*	Voya Retirement Insurance & Annuity Company	VY Columbia SmCp Vl II P R6		273,406
*	Voya Retirement Insurance & Annuity Company	DFA Real Estate Securities Port Inst		286,501
*	Voya Retirement Insurance & Annuity Company	ClrBrg Sm Cp Growth		453,881
*	Voya Retirement Insurance & Annuity Company	Neuberg Berm MdCp Value Fund R6		508,238
*	Voya Retirement Insurance & Annuity Company	PGIM QMA Mid-Cap Value Fund R6		46,327
*	Voya Retirement Insurance & Annuity Company	American Funds AMCAP Fund R6		1,872,140
*	Voya Retirement Insurance & Annuity Company	Vanguard 500 Indx Fund-Adm		2,515,147
*	Voya Retirement Insurance & Annuity Company	Vanguard Life Strat Grw Fd Inv		2,924,463
*	Voya Retirement Insurance & Annuity Company	JPMorgan Equity Income Fund R6		988,259
*	Voya Retirement Insurance & Annuity Company	American Funds Am Balanced R6		510,835
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2015 Fund Inv		177,079
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2025 Fund Inv		2,830,595
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2035 Fund Inv		1,258,034
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2045 Fund Inv		2,048,222
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement Income Fnd Inv		21,712
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2020 Fund Inv		94,679
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2030 Fund Inv		1,355,434
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2040 Fund Inv		736,533
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2050 Fund Inv		2,580,718
*	Voya Retirement Insurance & Annuity Company	Vanguard Life Strat Cns Gr Fd Inv		810,519
*	Voya Retirement Insurance & Annuity Company	Vanguard Life Strat Ind Fd Inv		1,302,049
*	Voya Retirement Insurance & Annuity Company	Vanguard Life Strat Md Grw Fd Inv		1,212,336
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2055 Fund Inv		2,246,524
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2065 Fund Inv		174,577
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2060 Fund Inv		1,492,136
*	Voya Retirement Insurance & Annuity Company	PGIM Total Return Bond Fd R6		222,765
*	Voya Retirement Insurance & Annuity Company	PIMCO Real Return Fund Ins		122,798
*	Voya Retirement Insurance & Annuity Company	PIMCO Income Fund Ins		210,240
*	Voya Retirement Insurance & Annuity Company	BrandywineGLOBAL Glbl Opp Bnd Fd IS		209,562
*	Voya Retirement Insurance & Annuity Company	VOYA Fixed Account		1,118,203
*	Voya Retirement Insurance & Annuity Company	VOYA Government Money Market F A		120,528
				34,833,877