

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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-SF.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A	This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
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	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information					
1a	Name of plan <u>M.A.R.S. 401K PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">1b Three-digit plan number (PN) ▶</td> <td><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2003</u>	
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1c Effective date of plan <u>01/01/2003</u>						
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MIDAMERICA ADMIN RETIREMENT SOLUTIO NS</u> <u>2855 INTERSTATE DR SUITE 115</u> <u>LAKELAND, FL 38805</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">2b Employer Identification Number (EIN) <u>59-3526224</u></td> <td>2c Sponsor's telephone number <u>813-667-6305</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>561110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>59-3526224</u>	2c Sponsor's telephone number <u>813-667-6305</u>	2d Business code (see instructions) <u>561110</u>	
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3a	Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">3b Administrator's EIN</td> <td>3c Administrator's telephone number</td> </tr> </table>	3b Administrator's EIN	3c Administrator's telephone number		
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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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">4b EIN</td> <td>4d PN</td> </tr> </table>	4b EIN	4d PN		
4b EIN	4d PN					
5a	Total number of participants at the beginning of the plan year	5a <u>96</u>				
b	Total number of participants at the end of the plan year	5b <u>92</u>				
c	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	5c <u>71</u>				
d(1)	Total number of active participants at the beginning of the plan year	5d(1) <u>95</u>				
d(2)	Total number of active participants at the end of the plan year	5d(2) <u>76</u>				
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e <u>0</u>				

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/07/2021	AMY GROFF
	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

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

Form 5500-SF (2020)
v.200204

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2598017	3142658
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	2598017	3142658
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	134507	
(2) Participants	8a(2)	218820	
(3) Others (including rollovers)	8a(3)	7557	
b Other income (loss)	8b	461210	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		822094
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	274506	
e Certain deemed and/or corrective distributions (see instructions) .	8e	1875	
f Administrative service providers (salaries, fees, commissions)	8f	1072	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		277453
i Net income (loss) (subtract line 8h from line 8c)	8i		544641
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	☒	☐	4740
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	☐	☒	
c Was the plan covered by a fidelity bond?	10c	☒	☐	340000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	☐	☒	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	☐	☒	
f Has the plan failed to provide any benefit when due under the plan?	10f	☐	☒	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	☒	☐	203347
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	☐	☒	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	☐	☐	

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 12 below..... ☐ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a**

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Schedule C Attachment for Line Item 3(e)

Plan Name **G39451 M.A.R.S. 401K PLAN**
Plan Number **001** **Plan Year End** **12/31/2020**
EIN **59-3526224**

Revenue Sharing Formula:

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

No data available

Plan Type **1 401PS**

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan: M.A.R.S. 401K PLAN
Employer Identification Number: 59-3526224
For plan year (beginning/ending): 01-01-2020 TO 12-31-2020 Plan number: 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
	AB	AB LARGE CAP GROWTH Z MUTUAL FUND SHARES	0	179,029
	AMERICAN CENTURY	AMERCENT MIDCAP VAL R6 MUTUAL FUND SHARES	0	135,958
	AMERICAN FUNDS	AMERFDS AMERICAN BALANCED R6 MUTUAL FUND SHARES	0	180,072
	AMERICAN FUNDS	AMERFDS EUROPAC GRTH R6 MUTUAL FUND SHARES	0	61,177
	AMERICAN FUNDS	AMERFDS WASHINGTON MUTUAL R6 MUTUAL FUND SHARES	0	139,959
*	AMERICAN UNITED LIFE INS CO	AUL STABLE VALUE ACCOUNT	0	272,164
	DFA	DFA GLOBAL EQTY I MUTUAL FUND SHARES	0	186,929
	IVY FUNDS	IVY SMALL CAP CORE N MUTUAL FUND SHARES	0	134,039
	JANUS HENDERSON	JAN HEN SMALL CAP VAL N MUTUAL FUND SHARES	0	13,971
	PARTICIPANTS	LOANS 4.25% TO 4.25%	0	203,347
	MFS	MFS MID CAP GROWTH R6 MUTUAL FUND SHARES	0	237,064
	PRUDENTIAL	PGIM TOTAL RETURN BOND R6 MUTUAL FUND SHARES	0	47,423
	PRINCIPAL	PRINCIPAL MIDCAP SP 400 IDX R6 MUTUAL FUND SHARES	0	35,578
	VANGUARD	VANGUARD 500 INDEX ADM MUTUAL FUND SHARES	0	127,314
	VANGUARD	VANGUARD EQUITY-INCOME ADM MUTUAL FUND SHARES	0	49,393
	VANGUARD	VANGUARD FTSE ALLWDXUS IDX ADM MUTUAL FUND SHARES	0	23,889
	VANGUARD	VANGUARD GNMA ADM MUTUAL FUND SHARES	0	13,226
	VANGUARD	VANGUARD HIGH-YIELD CORP ADM MUTUAL FUND SHARES	0	16,959
	VANGUARD	VANGUARD REIT INDEX ADM MUTUAL FUND SHARES	0	8,929
	VANGUARD	VANGUARD SMALL CAP INDEX ADM MUTUAL FUND SHARES	0	58,365
	VANGUARD	VANGUARD TRGT RETIRE 2055 INV MUTUAL FUND SHARES	0	9,724
	VANGUARD	VANGUARD TRGT RETIRE 2015 INV MUTUAL FUND SHARES	0	1,719
	VANGUARD	VANGUARD TRGT RETIRE 2025 INV MUTUAL FUND SHARES	0	129,094
	VANGUARD	VANGUARD TRGT RETIRE 2030 INV MUTUAL FUND SHARES	0	15,141
	VANGUARD	VANGUARD TRGT RETIRE 2035 INV MUTUAL FUND SHARES	0	9,891
	VANGUARD	VANGUARD TRGT RETIRE 2040 INV MUTUAL FUND SHARES	0	47,950
	VANGUARD	VANGUARD TRGT RETIRE 2045 INV MUTUAL FUND SHARES	0	75,770
	VANGUARD	VANGUARD TRGT RETIRE 2050 INV MUTUAL FUND SHARES	0	35,394
	VANGUARD	VANGUARD TRGT RETIRE 2060 INV MUTUAL FUND SHARES	0	14,882
	VANGUARD	VANGUARD TRGT RETIRE INC INV MUTUAL FUND SHARES	0	8,132
	VANGUARD	VANGUARD TRGT RETIRE 2065 INV MUTUAL FUND SHARES	0	1,179
	VANGUARD	VANGUARD US GROWTH ADM MUTUAL FUND SHARES	0	668,995