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 08/19/2020 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:
- [X] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [X] 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
AMIRIAN MANAGEMENT COMPANY 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/19/2020

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)
AMIRIAN MANAGEMENT COMPANY

601 E GLENOAKS BLVD STE 108
GLENDALE, CA 91207-1760

601 E GLENOAKS BLVD STE 108
GLENDALE, CA 91207-1760

2b Employer Identification Number (EIN)
47-2920855

2c Plan Sponsor's telephone number
818-247-4716

2d Business code (see instructions)
722513

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	RAMELA ASATURYAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	RAMELA ASATURYAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	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**	247
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)**	245
a(2) Total number of active participants at the end of the plan year	**6a(2)**	218
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	218
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	218
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	10
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2T 3D

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)** [ ] 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)** [ ] 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 08/19/2020 and ending 12/31/2020

A Name of plan
AMIRIAN MANAGEMENT COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMIRIAN MANAGEMENT COMPANY

D Employer Identification Number (EIN)
47-2920855

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
JOHN HANCOCK LIFE INSURANCE COMPANY USA

(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
01-0233346	65838	145450	14	08/19/2020	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
58	360

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

NYLIFE SECURITIES LLC
51 MADISON AVENUE ROOM 606
NEW YORK, NY 10010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
58		INVESTMENT SERVICES	5

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

THE ROSE FINANCIAL GROUP, LLC
6602 EAST 75TH ST.
INDIANAPOLIS, IN 46250

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
	360	TPA SERVICES	7

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	75491

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 ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

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

m ☐ Other (specify) ▶

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 08/19/2020 and ending 12/31/2020

A Name of plan
AMIRIAN MANAGEMENT COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMIRIAN MANAGEMENT COMPANY

D Employer Identification Number (EIN)
47-2920855

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

JOHN HANCOCK USA

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 60 62 63 67 68	RECORDKEEPER		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 ☐

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 08/19/2020 and ending 12/31/2020

A Name of plan
AMIRIAN MANAGEMENT COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMIRIAN MANAGEMENT COMPANY

D Employer Identification Number (EIN)
47-2920855

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:

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)

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 08/19/2020 and ending 12/31/2020

A Name of plan
AMIRIAN MANAGEMENT COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMIRIAN MANAGEMENT COMPANY

D Employer Identification Number (EIN)
47-2920855

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 reported on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	75491
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	0	75491
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	0	75491

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)		
	(B) Participants	2a(1)(B)	43274	
	(C) Others (including rollovers)	2a(1)(C)	25966	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		69240
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)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)		6736
(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		
d Total income. Add all **income** amounts in column (b) and enter total	2d		75976
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	481	
(3) Investment advisory and management fees	2i(3)	4	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		485
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		485
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		75491
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☐ Disclaimer **(4)** ☐ Adverse

b 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) ☐ 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: **(2)** EIN:

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		100000
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**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

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

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

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

5c 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 08/19/2020 and ending 12/31/2020

A Name of plan
AMIRIAN MANAGEMENT COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMIRIAN MANAGEMENT COMPANY

D Employer Identification Number (EIN)
47-2920855

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): _____ _____

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_____

Retirement Plan Services,
P.O. Box 600
Buffalo NY 14201-0600

JANUARY 29, 2021

Plan Administrator
THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
601 E. GLENOAKS BLVD. STE. 108

GLENDALE CA 91207

Dear Plan Administrator:

INFORMATION AND SUGGESTIONS FOR COMPLETING SCHEDULE A OF YOUR ANNUAL FORM 5500 REPORT FILING

We are pleased to supply you with information you will need to complete Form 5500 Series Schedule A - Insurance Information, which is generally required when any plan benefits or investments are provided by an insurance company. Some plans may be exempt from completing in full or filing Schedule A information. If applicable, the Schedule A information Form must be filed with the Employee Benefits Security Administration (EBSA) within 7 months following the end of the plan year. To determine if this applies to your plan, please refer to the IRS Instructions for Form 5500, which can be accessed at www/dol.gov/ebsa. As in all technical matters, we recommend that you seek professional assistance in your Annual Report filing.

The attached statement reflects the status of your group annuity contract with us at the end of the reporting year. If the activity reflected on this statement is for a period other than your plan year, the attached information must be retained and reflected on the Schedule A Form filed for the plan year in which the contract reporting year ended. No attempt should be made to balance these figures on Form 5500 or 5500-EZ.

John Hancock Life Insurance Company (U.S.A.)("John Hancock") has established a program called the TPAessentials. The program participants are select third party administration firms (TPAs). If a TPA is a TPAessential member, they may be eligible for payments from John Hancock which are designed to compensate the TPA for consulting with John Hancock and/or assist the TPA in the design, set-up and administration of John Hancock contracts. The amount reflected in the "Insurance Fee and Commission Information" section under TPA Compensation is the pro-rated portion of these TPA Partnership Program payments. These payments do not result in any additional charges or fees with respect to the assets invested under the John Hancock contract.

Amounts paid and the name of Brokers, Third Party Administrator (TPA) or other entities, excluding Registered Investment Advisor (RIA), to whom commissions or fees were paid in connection with the John Hancock contract are reported on separate lines in the "Insurance Fee and Commission Information" section. If applicable, any Registered Investment Advisor (RIA)fees are disclosed on the Schedule C Report, as well as on the monthly "Statement of Fees Paid to Registered Investment Advisor" provided to the RIA Firms and "John Hancock Monthly Summary of Party Fees Paid" provided to the Plan Sponsors. In addition, if applicable, fees paid to underlying fund companies for early redemption of shares are totaled and accompanied by an Appendix listing the amount of redemption fees paid to each fund company. Fund company address information is available at www.jhpensions.com/er on the Investment Options Page under the "Important Information about underlying mutual funds" link.

For contractholders utilizing John Hancock's loan recordkeeping services, the plan's amortization schedule may not agree exactly with loan information reported in John Hancock reports. In the event that there is a discrepancy between loan account information reflected on John Hancock reports and the plan's amortization schedule, assuming all loan payments have been made in compliance with the amortization schedule, the amortization schedule will take precedence.

Under Statement of Position No. 94-4-1, issued by the American Institute of Certified Public Accountants, investment contracts that are not "fully benefit responsive" are to be reported at "fair value" and not "contract value". The John Hancock group annuity contract is not "fully benefit responsive" for contractholders investing in guaranteed interest accounts. For 2009 contract reporting years and thereafter, year-end values for guaranteed interest accounts are reported at both contract and fair market value. For reporting periods before that, only contract value is provided, but a Fair Market Value Report for guaranteed interest accounts can be requested from your Client Account Representative.

Regarding the John Hancock Stable Value Fund:
For contractholders who are eligible for and investing in the above fund, additional filing information for Schedule H filers is included in our Frequently Asked Questions booklet of our annual Audit Package, available from your Client Account Representative or posted under Your Resources-Fiduciary Resources at www.jhpensions.com/er.

To facilitate cash-basis annual report filing, this report summarizes all transactions processed as at the contract year-end and includes a cash account balance, if applicable. Please note that it may include contributions credited in the contract reporting year but attributable to a different year. The John Hancock Plan Administrator Report for the same reporting period provides a transaction summary of all contribution amounts applicable for the contract year regardless of the date processed, and may be consulted if the plan's Form 5500 is prepared on an accounting basis other than cash (for example, accrual). Please see the Frequently Asked Questions booklet of our annual Audit Package for more information.

This report has been produced from records maintained by John Hancock, based on information provided by or on behalf of the plan sponsor. While every effort has been made to ensure its accuracy, we ask you to review it carefully upon receipt. If you find any discrepancy or have any questions, please contact your Client Account Representative immediately at 1-800-333-0963 or forward your questions via fax to (866)377-9577.

This Schedule A Information is reported on Cash basis.

John Hancock

INFORMATION TO COMPLETE FORM 5500 SCHEDULE A

FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN

This report reflects the status of your plan's group annuity contract at the end of the contract reporting year and summarizes the financial activity in the contract during that period.

Please note: The information below is prepared on a cash basis and includes all contributions credited in the contract reporting year, even if attributable to a different year. If your Form 5500 is prepared on an accounting basis other than cash, you may need to refer to other documents or John Hancock reports in completing your annual filing for plan assets held under this contract.

A. Name of Insurance Carrier: John Hancock Life Insurance Company (U.S.A.) ("John Hancock USA")
John Hancock USA's EIN: 01-0233346 NAIC CODE: 65838

B. Number of participants covered under the contract on DEC/31/2020: 14

C. Reporting year: AUG/19/2020 to DEC/31/2020

D. Insurance Fee and Commission Information:

Name of agents, brokers or other persons to whom commissions or fees were paid:		Amount of Commissions or Fees Paid:
Broker Commission	NYLIFE SECURITIES LLC 51 MADISON AVENUE ROOM 606 NEW YORK NY 10010	$23.37
Broker Commission	NYLIFE SECURITIES LLC 51 MADISON AVENUE ROOM 606 NEW YORK NY 10010	$35.07
TPA Compensation	The Rose Financial Group, LLC 6602 EAST 75TH ST., SUITE 200 INDIANAPOLIS IN 46250	$359.68

E. Contract Assets at the end of the previous contract year:

	Contract Value	Fair Market Value
(i) In Guaranteed Interest Accounts	$0.00	$0.00
(ii) In sub-accounts	$0.00	$0.00
(iii) In loan security accounts	$0.00	$0.00
(iv) In Cash Account	$0.00	$0.00
Total	$0.00	$0.00

F. Type of Unallocated Contract: Group Annuity

ADDITIONS TO GUARANTEED INTEREST ACCOUNTS (NON SUB-ACCOUNTS)

G. Contributions credited for the reporting year: $0.00



H. Interest credited to Guaranteed Interest Accounts during the reporting year: $0.00

I. Amounts transferred from sub-accounts to Guaranteed Interest Accounts: $0.00

J. Other additions to Guaranteed Interest Accounts:

(i) Amount of positive market value adjustment $0.00

(ii) Loan Repayments $0.00

(iii) John Hancock Credits to Participants $0.00

K. Total additions (sum of Items G through J): $0.00

DEDUCTIONS FROM GUARANTEED INTEREST ACCOUNTS (NON SUB-ACCOUNTS):

L. Disbursed from Guaranteed Interest Accounts for:

(i)	Plan Withdrawals	$0.00	
(ii)	Participant Loans	$0.00	
(iii)	Cash account as unvested money	$0.00	
(iv)	A new John Hancock USA contract	$0.00	
	Total		$0.00

M. Fees deducted from Guaranteed Interest Accounts for:

(i)	Contract administration fees	$0.00	
(ii)	Third Party Administrator fees	$0.00	
(iii)	RIA investment advisory fees	$0.00	
(iv)	Loan Adjustments	$0.00	
	Total		$0.00

N. Amounts transferred or deposited to sub-accounts: $0.00

O. Amount of negative market value adjustment to Guaranteed Interest Account(s): $0.00

P. Total deductions from Guaranteed Interest Accounts (sum of Items L through O): $0.00

Q. Contract Assets at the end of the current reporting year:

		Contract Value	Fair Market Value
(i)	In Guaranteed Interest Accounts	$0.00	$0.00
(ii)	In sub-accounts	$75491.47	$75491.47
(iii)	In Loan Security Accounts	$0.00	$0.00
(iv)	In Cash Account	$0.00	$0.00
	Total	$75491.47	$75491.47

This report has been produced from records maintained by John Hancock. While every



effort has been made to ensure its accuracy, we ask you to review it carefully upon receipt. If you find any discrepancy or have any questions, please contact your Client Account Representative immediately at 1-800-333-0963 or forward your questions via fax no. (866)377-9577. Thank you

Cash

Production Date(R): JAN/29/2021

John Hancock

Retirement Plan Services,
P.O. Box 600
Buffalo NY 14201-0600

JANUARY 29, 2021

Dear Plan Administrator:

Re: STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

In accordance with Regulation 2520.103-5 of the Department of Labor, we must provide you with a certified statement each year reflecting the following information:

(i) the total of all assets and liabilities of each sub-account into which you have deposited money (second column on the attached report), and

(ii) the value of your contract's units in the sub-accounts (fourth column on the attached report).

The attached statement shows the appropriate sub-account values as of December 31, 2020 (our most recent fiscal year). This statement must be used to complete your plan's 2020 Form 5500 series filing.

If you have any questions, please call your Client Account Representative at 1-800-333-0963 or forward your questions via Fax no. (866)377-9577.

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
American Century 2060	$ 18313436.20	.000000	$ 0.00
American Century 2055	$ 43431450.44	.000000	$ 0.00
American Century 2050	$ 54282675.41	.000000	$ 0.00
American Century 2045	$ 68231570.87	.000000	$ 0.00
American Century 2040	$ 84887700.17	.000000	$ 0.00
American Century 2035	$ 106520243.10	.000000	$ 0.00
American Century 2030	$ 124404969.43	.000000	$ 0.00
American Century 2025	$ 90342575.36	.000000	$ 0.00
American Century In Retirement	$ 82214069.62	.000000	$ 0.00
American Funds 2065 TD	$ 1441262.00	.000000	$ 0.00
American Funds 2060 TD	$ 224282048.42	121.039496	$ 2208.76
American Funds 2055 TD	$ 365851148.16	3.262425	$ 92.17
American Funds 2050 TD	$ 565967690.05	284.484980	$ 6496.50
American Funds 2045 TD	$ 854873810.49	1553.267801	$ 36077.59
American Funds 2040 TD	$ 867740314.03	331.347047	$ 7547.22
American Funds 2035 TD	$ 1113134823.35	.000000	$ 0.00
American Funds 2030 TD	$ 1242694093.64	.000000	$ 0.00
American Funds 2025 TD	$ 1031450989.23	.000000	$ 0.00
American Funds 2020 TD	$ 486815353.94	.000000	$ 0.00
American Funds 2015 TD	$ 156411610.09	.000000	$ 0.00
American Funds 2010 TD	$ 143272431.48	.000000	$ 0.00
BlackRock LifePath Index 2065	$ 4048076.94	.000000	$ 0.00
BlackRock LifePath Index 2060	$ 134998025.90	.000000	$ 0.00
BlackRock LifePath Index 2055	$ 249496289.40	.000000	$ 0.00
BlackRock LifePath Index 2050	$ 337378221.26	.000000	$ 0.00
BlackRock LifePath Index 2045	$ 435028392.40	.000000	$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2020
Cash Basis

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
BlackRock LifePath Index 2040	$ 502505787.66	.000000	$ 0.00
BlackRock LifePath Index 2035	$ 589552092.13	.000000	$ 0.00
BlackRock LifePath Index 2030	$ 671621634.95	.000000	$ 0.00
BlackRock LifePath Index 2025	$ 555639868.43	.000000	$ 0.00
BlackRock LifePath Index Ret	$ 411249592.76	.000000	$ 0.00
JH Lifetime Blend 2065 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2060 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2055 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2050 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2045 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2040 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2035 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2030 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2025 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2020 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2015 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2010 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2065 CIT	$ 504235.01	.000000	$ 0.00
JH Lifetime Blend 2060 CIT	$ 2724473.21	.000000	$ 0.00
JH Lifetime Blend 2055 CIT	$ 7034835.85	.000000	$ 0.00
JH Lifetime Blend 2050 CIT	$ 9384383.23	.000000	$ 0.00
JH Lifetime Blend 2045 CIT	$ 10958170.16	.000000	$ 0.00
JH Lifetime Blend 2040 CIT	$ 12959649.81	.000000	$ 0.00
JH Lifetime Blend 2035 CIT	$ 17738620.07	.000000	$ 0.00
JH Lifetime Blend 2030 CIT	$ 21883087.15	.000000	$ 0.00
JH Lifetime Blend 2025 CIT	$ 20058508.84	.000000	$ 0.00

*Assets = Liabilities



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MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
JH Lifetime Blend 2020 CIT	$ 8540415.07	.000000	$ 0.00
JH Lifetime Blend 2015 CIT	$ 2030329.47	.000000	$ 0.00
JH Lifetime Blend 2010 CIT	$ 469586.38	.000000	$ 0.00
JH Multimanager 2065 Lifetime	$ 1834487.89	.000000	$ 0.00
JH Multimanager 2060 Lifetime	$ 142934321.82	.000000	$ 0.00
JH Multimanager 2055 Lifetime	$ 251938101.82	.000000	$ 0.00
JH Multimanager 2050 Lifetime	$ 390978886.63	.000000	$ 0.00
JH Multimanager 2045 Lifetime	$ 662664702.83	.000000	$ 0.00
JH Multimanager 2040 Lifetime	$ 711098697.10	.000000	$ 0.00
JH Multimanager 2035 Lifetime	$ 851118546.60	.000000	$ 0.00
JH Multimanager 2030 Lifetime	$ 973260337.95	.000000	$ 0.00
JH Multimanager 2025 Lifetime	$ 900053681.84	.000000	$ 0.00
JH Multimanager 2020 Lifetime	$ 489159896.18	.000000	$ 0.00
JH Multimanager 2015 Lifetime	$ 142710623.52	.000000	$ 0.00
JH Multimanager 2010 Lifetime	$ 109668441.60	.000000	$ 0.00
JH Multi-Index 2065 Lifetime	$ 182546.60	.000000	$ 0.00
JH Multi-Index 2060 Lifetime	$ 43371590.32	.000000	$ 0.00
JH Multi-Index 2055 Lifetime	$ 102170738.33	.000000	$ 0.00
JH Multi-Index 2050 Lifetime	$ 120185863.65	.000000	$ 0.00
JH Multi-Index 2045 Lifetime	$ 161930984.46	.000000	$ 0.00
JH Multi-Index 2040 Lifetime	$ 190814080.76	.000000	$ 0.00
JH Multi-Index 2035 Lifetime	$ 229361902.22	.000000	$ 0.00
JH Multi-Index 2030 Lifetime	$ 263472928.14	.000000	$ 0.00
JH Multi-Index 2025 Lifetime	$ 214058845.32	.000000	$ 0.00
JH Multi-Index 2020 Lifetime	$ 111291586.73	.000000	$ 0.00
JH Multi-Index 2015 Lifetime	$ 32131131.39	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
JH Multi-Index 2010 Lifetime	$ 31627208.28	.000000	$ 0.00
JH Multi-Index 2065 Preserv	$ 742842.95	.000000	$ 0.00
JH Multi-Index 2060 Preserv	$ 153566016.43	.000000	$ 0.00
JH Multi-Index 2055 Preserv	$ 319569909.87	.000000	$ 0.00
JH Multi-Index 2050 Preserv	$ 577225778.27	.000000	$ 0.00
JH Multi-Index 2045 Preserv	$ 730364538.16	.000000	$ 0.00
JH Multi-Index 2040 Preserv	$ 857681340.20	.000000	$ 0.00
JH Multi-Index 2035 Preserv	$ 1076698070.93	.000000	$ 0.00
JH Multi-Index 2030 Preserv	$ 1178278800.97	.000000	$ 0.00
JH Multi-Index 2025 Preserv	$ 1021023027.24	.000000	$ 0.00
JH Multi-Index Income Preserv	$ 697028450.52	.000000	$ 0.00
JPMorgan SmartRetirement 2060	$ 5705928.90	.000000	$ 0.00
JPMorgan SmartRetirement 2055	$ 12384921.62	.000000	$ 0.00
JPMorgan SmartRetirement 2050	$ 17521235.68	.000000	$ 0.00
JPMorgan SmartRetirement 2045	$ 22456269.23	.000000	$ 0.00
JPMorgan SmartRetirement 2040	$ 23509515.93	.000000	$ 0.00
JPMorgan SmartRetirement 2035	$ 37985597.50	.000000	$ 0.00
JPMorgan SmartRetirement 2030	$ 29116582.33	.000000	$ 0.00
JPMorgan SmartRetirement 2025	$ 24352666.44	.000000	$ 0.00
JPMorgan SmartRetirement 2020	$ 16739146.51	.000000	$ 0.00
JPMorgan SmartRetirement Inc	$ 8228549.60	.000000	$ 0.00
MFS Lifetime 2060 Fund	$ 2781137.35	.000000	$ 0.00
MFS Lifetime 2055 Fund	$ 5267933.31	.000000	$ 0.00
MFS Lifetime 2050 Fund	$ 9340772.32	.000000	$ 0.00
MFS Lifetime 2045 Fund	$ 11584250.02	.000000	$ 0.00
MFS Lifetime 2040 Fund	$ 15739720.79	.000000	$ 0.00

*Assets = Liabilities



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MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
MFS Lifetime 2035 Fund	$ 19590242.77	.000000	$ 0.00
MFS Lifetime 2030 Fund	$ 24454513.69	.000000	$ 0.00
MFS Lifetime 2025 Fund	$ 16965971.94	.000000	$ 0.00
MFS Lifetime 2020 Fund	$ 8192973.87	.000000	$ 0.00
MFS Lifetime Income Fund	$ 13069126.01	.000000	$ 0.00
MyWayRet Index 2060 Fund	$ 24221257.44	.000000	$ 0.00
MyWayRet Index 2055 Fund	$ 44777777.59	.000000	$ 0.00
MyWayRet Index 2050 Fund	$ 70836531.05	.000000	$ 0.00
MyWayRet Index 2045 Fund	$ 118600388.12	.000000	$ 0.00
MyWayRet Index 2040 Fund	$ 137015267.75	.000000	$ 0.00
MyWayRet Index 2035 Fund	$ 200429887.70	.000000	$ 0.00
MyWayRet Index 2030 Fund	$ 196435626.73	.000000	$ 0.00
MyWayRet Index 2025 Fund	$ 202965654.13	.000000	$ 0.00
MyWayRet Index Retirement Fund	$ 179725255.72	.000000	$ 0.00
State Street Target Ret 2065	$ 395801.57	.000000	$ 0.00
State Street Target Ret 2060	$ 17248170.81	.000000	$ 0.00
State Street Target Ret 2055	$ 23775204.72	.000000	$ 0.00
State Street Target Ret 2050	$ 37879464.17	.000000	$ 0.00
State Street Target Ret 2045	$ 43938717.59	.000000	$ 0.00
State Street Target Ret 2040	$ 52668086.83	.000000	$ 0.00
State Street Target Ret 2035	$ 64105190.78	.000000	$ 0.00
State Street Target Ret 2030	$ 79145237.63	.000000	$ 0.00
State Street Target Ret 2025	$ 60785908.02	.000000	$ 0.00
State Street Target Ret 2020	$ 28418114.59	.000000	$ 0.00
State Street Target Ret Income	$ 18641139.37	.000000	$ 0.00
T. Rowe Price Retirement 2060	$ 39773378.25	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
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MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
T. Rowe Price Retirement 2055	$ 83877783.64	.000000	$ 0.00
T. Rowe Price Retirement 2050	$ 115041836.01	.000000	$ 0.00
T. Rowe Price Retirement 2045	$ 135790935.56	.000000	$ 0.00
T. Rowe Price Retirement 2040	$ 165195747.29	.000000	$ 0.00
T. Rowe Price Retirement 2035	$ 202252839.81	.000000	$ 0.00
T. Rowe Price Retirement 2030	$ 253016936.60	.000000	$ 0.00
T. Rowe Price Retirement 2025	$ 222127040.82	.000000	$ 0.00
T. Rowe Price Retirement 2020	$ 105796252.92	.000000	$ 0.00
T. Rowe Price Retirement 2015	$ 26425013.88	.000000	$ 0.00
T. Rowe Price Retirement 2010	$ 37158391.41	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2060	$ 39721316.45	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2055	$ 58219542.14	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2050	$ 99497347.12	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2045	$ 118105705.68	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2040	$ 139650892.63	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2035	$ 172254436.78	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2030	$ 198814140.90	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2025	$ 169603240.82	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2020	$ 78203237.11	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2015	$ 26719556.77	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2010	$ 9093845.19	.000000	$ 0.00
TIAA-CREF Lifecycle Index Ret	$ 24542435.18	.000000	$ 0.00
Vanguard Target Ret 2065	$ 5281464.59	.000000	$ 0.00
Vanguard Target Ret 2060	$ 175996141.50	.000000	$ 0.00
Vanguard Target Ret 2055	$ 263354058.17	.000000	$ 0.00
Vanguard Target Ret 2050	$ 391751299.96	.000000	$ 0.00

*Assets = Liabilities



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FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Vanguard Target Ret 2045	$ 495518021.75	.000000	$ 0.00
Vanguard Target Ret 2040	$ 552064239.56	.000000	$ 0.00
Vanguard Target Ret 2035	$ 666410701.38	.000000	$ 0.00
Vanguard Target Ret 2030	$ 689446422.83	.000000	$ 0.00
Vanguard Target Ret 2025	$ 649887502.21	.000000	$ 0.00
Vanguard Target Ret 2020	$ 303445395.64	.000000	$ 0.00
Vanguard Target Ret 2015	$ 94112428.06	.000000	$ 0.00
Vanguard Target Ret Income	$ 105551192.06	.000000	$ 0.00
JH Multimanager Aggressive LS	$ 2998029920.41	.000000	$ 0.00
JH Multimanager Growth LS	$ 7925140706.45	.000000	$ 0.00
JH Multimanager Balanced LS	$ 7477951415.26	.000000	$ 0.00
JH Multimanager Moderate LS	$ 1971336709.74	.000000	$ 0.00
JH Multimanager Conserv LS	$ 1541751174.77	.000000	$ 0.00
JH Multi-Index LS Aggressive	$ 397129307.09	.000000	$ 0.00
JH Multi-Index LS Growth	$ 926060988.87	.000000	$ 0.00
JH Multi-Index LS Balanced	$ 942614478.72	.000000	$ 0.00
JH Multi-Index LS Moderate	$ 262691561.28	.000000	$ 0.00
JH Multi-Index LS Conserv	$ 202360571.05	.000000	$ 0.00
JH Managed Volatility Agg	$ 7331156.21	.000000	$ 0.00
JH Managed Volatility Growth	$ 25559001.30	.000000	$ 0.00
JH Managed Volatility Bal	$ 31082103.66	.000000	$ 0.00
JH Managed Volatility Mod	$ 30711605.28	.000000	$ 0.00
JH Managed Volatility Con	$ 35797989.54	.000000	$ 0.00
Russell Equity Growth	$ 12182030.46	.000000	$ 0.00
Russell Growth	$ 38508037.96	.000000	$ 0.00
Russell Balanced	$ 37034174.04	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Russell Moderate	$ 8611648.02	.000000	$ 0.00
Russell Conservative	$ 6009356.49	.000000	$ 0.00
AB Discovery Value Fund	$ 1011258.66	.000000	$ 0.00
AB Large Cap Growth Fund	$ 101229868.28	.000000	$ 0.00
Aberdeen International Equity	$ 3903281.56	.000000	$ 0.00
American Beacon SC Value	$ 4114046.23	.000000	$ 0.00
American Century EM Fund	$ 19391453.98	.000000	$ 0.00
American Century Heritage	$ 265310934.23	.000000	$ 0.00
American Century Small Cap Val	$ 2764758.78	.000000	$ 0.00
American Funds AMCAP Fund	$ 89641261.21	.000000	$ 0.00
AMG Managers Fairpointe MidCap	$ 29580061.71	.000000	$ 0.00
Baird MidCap Fund	$ 8592160.72	.000000	$ 0.00
Baron Real Estate Fund	$ 3681058.52	.000000	$ 0.00
BlackRock EAFE Equity Index	$ 9010887.24	.000000	$ 0.00
BlackRock Health Sciences Opp	$ 28019313.23	.000000	$ 0.00
Blue Chip Growth Fund	$ 2226321794.65	54.989538	$ 5645.44
Capital Appreciation Fund	$ 786189917.59	.000000	$ 0.00
Carillon Eagle Mid Cap Growth	$ 73824217.08	.000000	$ 0.00
ClearBridge Aggressive Growth	$ 97788365.77	.000000	$ 0.00
ClearBridge Large Cap Growth	$ 29151311.96	.000000	$ 0.00
ClearBridge Mid Cap Fund	$ 2269938.03	.000000	$ 0.00
Cohen & Steers Real Estate	$ 28502664.07	.000000	$ 0.00
Columbia Overseas Value CIT	$ 3737271.38	.000000	$ 0.00
Columbia Overseas Value Fund	$ 13804029.44	.000000	$ 0.00
Delaware Small Cap Value Fund	$ 3264291.49	.000000	$ 0.00
DFA Emerging Markets Value	$ 107187714.85	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
DFA Intl Small Cap Value	$ 18427155.15	.000000	$ 0.00
DFA Intl Small Company Fund	$ 6858486.05	.000000	$ 0.00
DFA International Value	$ 90718517.14	.000000	$ 0.00
DFA US Targeted Value Fund	$ 95978226.32	.000000	$ 0.00
DFA U.S. Small Cap Fund	$ 226688381.17	.000000	$ 0.00
Diamond Hill Small-Mid Cap	$ 8306526.67	.000000	$ 0.00
Dodge & Cox International St	$ 60730925.02	.000000	$ 0.00
Domini Impact Intl Equity	$ 2464649.97	.000000	$ 0.00
Eaton Vance Atlanta SMID-Cap	$ 16238891.33	.000000	$ 0.00
EuroPacific Growth Fund	$ 720442736.80	.000000	$ 0.00
Federated Kaufmann Large Cap	$ 2991575.09	.000000	$ 0.00
Federated Hermes MDT SC Growth	$ 11384492.63	.000000	$ 0.00
Fidelity Adv Diversified Intl	$ 980606.04	.000000	$ 0.00
Fidelity Advisor Energy Fund	$ 1432173.13	.000000	$ 0.00
Fidelity Adv Leveraged Co Stk	$ 39869836.82	.000000	$ 0.00
Fidelity Adv New Insights	$ 89597164.66	.000000	$ 0.00
Fidelity ContraFund	$ 723284914.12	.000000	$ 0.00
Fidelity International Index	$ 121697437.98	.000000	$ 0.00
Fidelity Mid Cap Index Fund	$ 212341978.44	.000000	$ 0.00
Fidelity NASDAQ Composite Idx	$ 20886593.16	.000000	$ 0.00
Fidelity Real Estate Index	$ 29471124.53	.000000	$ 0.00
Financial Industries Fund	$ 74726042.11	.000000	$ 0.00
Franklin DynaTech Fund	$ 7476550.59	.000000	$ 0.00
Franklin Growth Fund	$ 14879357.29	.000000	$ 0.00
Franklin Small-Mid Growth	$ 205192362.05	.000000	$ 0.00
Fundamental All Cap Core Fund	$ 114416257.78	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Harbor Mid Cap Value Fund	$ 16975870.53	.000000	$ 0.00
Harbor Small Cap Value Fund	$ 13005213.67	.000000	$ 0.00
Hartford International Oppor	$ 4025601.40	.000000	$ 0.00
Hartford MidCap Fund	$ 50476031.64	.000000	$ 0.00
Hartford Schroders Intl MCV	$ 5585367.44	.000000	$ 0.00
Hartford Schroders US Mid Cap	$ 2586933.67	.000000	$ 0.00
Intl Equity Index Fund	$ 291865595.44	.000000	$ 0.00
Invesco Discovery Mid Cap Grow	$ 14079254.82	.000000	$ 0.00
Invesco International Growth	$ 36954085.40	.000000	$ 0.00
Invesco Main Street Mid Cap	$ 970354.93	.000000	$ 0.00
Invesco Opp Intl Growth Fund	$ 124281741.29	.000000	$ 0.00
Invesco Real Estate Fund	$ 4275207.73	.000000	$ 0.00
Invesco Small Cap Growth	$ 416052457.87	.000000	$ 0.00
iShares Gold Trust ETF	$ 48175460.24	.000000	$ 0.00
iShares MSCI EAFE Growth ETF	$ 15467974.49	.000000	$ 0.00
iShares MSCI EAFE Value ETF	$ 19160618.84	.000000	$ 0.00
Ivy International Core Equity	$ 3973017.52	.000000	$ 0.00
Ivy Small Cap Core Fund	$ 7165652.16	.000000	$ 0.00
Ivy Small Cap Growth Fund	$ 10753595.95	.000000	$ 0.00
Janus Henderson Enterprise	$ 6175666.96	.000000	$ 0.00
Janus Henderson Forty Fund	$ 12862163.10	.000000	$ 0.00
Janus Henderson Gbl Eq Income	$ 13876785.90	.000000	$ 0.00
Janus Henderson Gbl Life Sci	$ 15168652.75	.000000	$ 0.00
Janus Henderson Triton Fund	$ 30790837.77	.000000	$ 0.00
JH Disciplined Value Intl Fund	$ 109823541.33	.000000	$ 0.00
JH Disciplined Value Mid Cap	$ 42138516.71	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
John Hancock ESG All Cap Core	$ 738917.23	.000000	$ 0.00
John Hancock ESG Intl Equity	$ 593786.97	.000000	$ 0.00
John Hancock Small Cap Core	$ 193738.82	.000000	$ 0.00
John Hancock US Quality Growth	$ 81591951.61	.000000	$ 0.00
John Hancock US Gbl Ldr Grow	$ 4082999.07	.000000	$ 0.00
JPMorgan Emerging Markets Eq	$ 29205081.92	.000000	$ 0.00
JPMorgan Intrepid Mid Cap	$ 29765677.50	.000000	$ 0.00
JPMorgan Large Cap Growth	$ 169060034.60	.000000	$ 0.00
JPMorgan MidCap Value Fund	$ 208502536.46	.000000	$ 0.00
Keeley Small Cap Dividend Val	$ 8788583.72	.000000	$ 0.00
Lazard International Equity	$ 5819745.23	.000000	$ 0.00
Lord Abbett Value Opps Fund	$ 29169977.02	.000000	$ 0.00
MFS Growth Fund	$ 2970428.39	.000000	$ 0.00
MFS Mid Cap Growth Fund	$ 77362713.80	.000000	$ 0.00
MFS Mid Cap Value Fund	$ 12412318.49	.000000	$ 0.00
Mid Cap Index Fund	$ 821456679.71	.000000	$ 0.00
Mid Cap Stock Fund	$ 624388385.62	.000000	$ 0.00
Mid Value Fund	$ 143914696.82	.000000	$ 0.00
Neuberger Berman Genesis Fund	$ 12189452.07	.000000	$ 0.00
Neuberger Berman Intl Equity	$ 640027.67	.000000	$ 0.00
New Opportunities Fund	$ 36301432.41	.000000	$ 0.00
New World Fund	$ 209182248.92	.000000	$ 0.00
Northern EM Equity Index Fund	$ 37536291.81	.000000	$ 0.00
Northern Small Cap Value Fund	$ 10341622.97	.000000	$ 0.00
Nuveen Small Cap Value Fund	$ 11672738.56	.000000	$ 0.00
Oakmark International Fund	$ 8694825.08	.000000	$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2020
Cash Basis

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Parnassus Mid Cap Fund	$ 9231324.90	.000000	$ 0.00
Pax Small Cap Fund	$ 890420.93	.000000	$ 0.00
PGIM Jennison Mid Cap Growth	$ 120231959.71	.000000	$ 0.00
PGIM Jennison Small Company	$ 1457925.06	.000000	$ 0.00
PGIM QMA Mid-Cap Value Fund	$ 409216.42	.000000	$ 0.00
PIMCO Commodity Real Return	$ 11695628.02	.000000	$ 0.00
Putnam Growth Opportunities	$ 14710865.97	.000000	$ 0.00
Putnam Small Cap Growth Fund	$ 3134914.47	.000000	$ 0.00
Real Est. Securities Fund	$ 275075093.27	.000000	$ 0.00
Royce Opportunity	$ 89065814.49	.000000	$ 0.00
Royce Pennsylvania Mutual Fund	$ 7084898.89	.000000	$ 0.00
Royce Total Return Fund	$ 393974.35	.000000	$ 0.00
Science & Technology Fund	$ 693497885.45	.000000	$ 0.00
Small Cap Index Fund	$ 371076090.42	.000000	$ 0.00
Small Cap Stock Fund	$ 120884933.87	.000000	$ 0.00
Small Cap Value Fund	$ 157204509.17	.000000	$ 0.00
SMALLCAP World Fund	$ 105237382.47	.000000	$ 0.00
Sprott Gold Fund	$ 77075283.98	.000000	$ 0.00
T. Rowe Price Growth Stock	$ 55897479.23	.000000	$ 0.00
T. Rowe Price Health Sci	$ 764726658.62	.000000	$ 0.00
T. Rowe Price Intl Value Eqy	$ 1928670.64	.000000	$ 0.00
T. Rowe Price New Era Fund	$ 35232596.21	.000000	$ 0.00
T. Rowe Price Overseas Stock	$ 22724388.06	.000000	$ 0.00
T. Rowe Price QM US SC Grth Eq	$ 18927638.32	.000000	$ 0.00
T. Rowe Price Sci & Tech	$ 761051339.30	.000000	$ 0.00
T. Rowe Price Sml Cap Val	$ 165031532.46	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Templeton Foreign Fund	$ 2937904.17	.000000	$ 0.00
Templeton Foreign Smaller Co	$ 39813190.14	.000000	$ 0.00
The Growth Fund of America	$ 1178273853.14	.000000	$ 0.00
Thornburg Intl Growth	$ 5275175.16	.000000	$ 0.00
Thrivent Mid Cap Stock Fund	$ 13759835.99	.000000	$ 0.00
TIAA-CREF Large-Cap Growth Idx	$ 149140676.20	.000000	$ 0.00
TIAA-CREF Small-Cap Blend Idx	$ 147722201.60	.000000	$ 0.00
Undiscovered Mgr Behavioral	$ 37677961.07	.000000	$ 0.00
Vanguard Energy Fund	$ 136240961.10	.000000	$ 0.00
Vanguard Explorer Fund	$ 198574050.57	.000000	$ 0.00
Vanguard Growth Index Fund	$ 1074011201.19	.000000	$ 0.00
Vanguard International Growth	$ 126288275.90	.000000	$ 0.00
Vanguard Materials Index Fund	$ 4769557.63	.000000	$ 0.00
Vanguard Mid-Cap Growth ETF	$ 406762065.33	.000000	$ 0.00
Vanguard Mid-Cap Value ETF	$ 214770166.88	.000000	$ 0.00
Vanguard Small Cap Grow Index	$ 648952821.43	.000000	$ 0.00
Vanguard Small Cap Value Index	$ 270729543.99	.000000	$ 0.00
Vanguard Strategic Equity Fund	$ 27130746.10	.000000	$ 0.00
Vanguard Total Intl Stock Idx	$ 53669818.49	.000000	$ 0.00
Victory Trivalent Intl SC	$ 5164438.96	.000000	$ 0.00
Virtus Ceredex MCV Equity	$ 11166071.25	.000000	$ 0.00
Virtus Large Cap Growth Stock	$ 128932.82	.000000	$ 0.00
Wells Fargo EM Equity Fund	$ 465226.95	.000000	$ 0.00
Wells Fargo Growth Fund	$ 25994.49	.000000	$ 0.00
Wells Fargo Small Company	$ 4561654.69	.000000	$ 0.00
Wells Fargo Special MC Value	$ 15393423.45	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Wells Fargo Special SCV Fund	$ 8885692.43	.000000	$ 0.00
WisdomTree MidCap Dividend ETF	$ 41163360.94	.000000	$ 0.00
WisdomTree MC Earnings ETF	$ 12675464.85	.000000	$ 0.00
WisdomTree SC Dividend ETF	$ 8860010.81	.000000	$ 0.00
500 Index Fund	$ 3878009265.10	108.814052	$ 5744.35
AB Sustainable Global Thematic	$ 7441928.59	.000000	$ 0.00
American Beacon Bridgeway LCV	$ 4164930.78	.000000	$ 0.00
American Century Value Fund	$ 1321193.93	.000000	$ 0.00
BlackRock Basic Value	$ 25957503.62	.000000	$ 0.00
BlackRock High Equity Income	$ 1022037.70	.000000	$ 0.00
Capital World Growth & Income	$ 321311214.51	.000000	$ 0.00
Columbia Contrarian Core Fund	$ 4754881.58	.000000	$ 0.00
Columbia Dividend Income Fund	$ 46921061.75	.000000	$ 0.00
Columbia Global Equity Value	$ 862904.45	.000000	$ 0.00
DFA Global Equity Fund	$ 15892073.25	.000000	$ 0.00
DFA US Large Cap Value Fund	$ 28041074.16	.000000	$ 0.00
DFA US Large Company Fund	$ 38766212.82	.000000	$ 0.00
Diamond Hill Large Cap Fund	$ 15686552.83	.000000	$ 0.00
Dodge & Cox Stock Fund	$ 213826781.59	.000000	$ 0.00
Domini Impact Equity Fund	$ 38440083.84	.000000	$ 0.00
DWS RREEF Gbl Infrastructure	$ 868659.98	.000000	$ 0.00
Eaton Vance RB Equity Strategy	$ 2585285.10	.000000	$ 0.00
Equity Income Fund	$ 165221734.82	.000000	$ 0.00
Fidelity Adv Diversified Stock	$ 25073892.00	.000000	$ 0.00
Franklin Mutual Beacon Fund	$ 126669853.50	.000000	$ 0.00
Mutual Global Discovery	$ 162987111.39	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Fundamental Investors	$ 360428056.37	.000000	$ 0.00
Fundamental Large Cap Value	$ 132149637.51	.000000	$ 0.00
Harbor Large Cap Value Fund	$ 487498.99	.000000	$ 0.00
Hartford Core Equity Fund	$ 595955.82	.000000	$ 0.00
Hartford Equity Income Fund	$ 3974245.57	.000000	$ 0.00
Invesco Diversified Dividend	$ 26431236.32	.000000	$ 0.00
Invesco Global Fund	$ 240256481.63	.000000	$ 0.00
Invesco Growth and Income	$ 2458138.52	.000000	$ 0.00
Invesco Main Street Fund	$ 1130909.84	.000000	$ 0.00
John Hancock Classic Value	$ 352071.57	.000000	$ 0.00
John Hancock Disciplined Value	$ 464788873.41	.000000	$ 0.00
John Hancock ESG LC Core	$ 594665.58	.000000	$ 0.00
JH Fundamental Gbl Franchise	$ 1734273.95	.000000	$ 0.00
JH Fundamental Large Cap Core	$ 5426163.27	.000000	$ 0.00
John Hancock Global Equity	$ 395474.10	.000000	$ 0.00
JPMorgan Equity Income Fund	$ 39625329.20	.000000	$ 0.00
JPMorgan U.S. Equity Fund	$ 494524484.93	.000000	$ 0.00
Lazard Global Listed Infra	$ 1309992.34	.000000	$ 0.00
Lazard US Equity Concentrated	$ 94215.47	.000000	$ 0.00
MFS Blended Research Core Eq	$ 1277847.03	.000000	$ 0.00
MFS Massachusetts Investors	$ 72486768.32	.000000	$ 0.00
MFS Value Fund	$ 74034123.08	.000000	$ 0.00
Neuberger Berman Multi-Cap Opp	$ 792047.83	.000000	$ 0.00
Neuberger Berman Sustain Equ	$ 2070612.75	.000000	$ 0.00
New Perspective Fund	$ 570071119.14	66.605178	$ 5954.68
Oakmark Fund	$ 4369393.24	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Parnassus Core Equity Fund	$ 235598644.36	.000000	$ 0.00
Parnassus Endeavor Fund	$ 12899362.81	.000000	$ 0.00
Putnam Equity Income Fund	$ 5980939.08	.000000	$ 0.00
Sit Dividend Growth Fund	$ 4413883.20	.000000	$ 0.00
T. Rowe Price Dividend Growth	$ 32179216.86	.000000	$ 0.00
T. Rowe Price Equity Inc	$ 219943943.93	.000000	$ 0.00
Templeton World	$ 83351309.15	.000000	$ 0.00
Investment Company of America	$ 309413504.35	.000000	$ 0.00
Thornburg Global Opportunities	$ 1343845.65	.000000	$ 0.00
TIAA-CREF Equity Index Fund	$ 29471431.93	.000000	$ 0.00
TIAA-CREF Large-Cap Value Idx	$ 23136431.42	.000000	$ 0.00
TIAA-CREF Social Choice Equity	$ 7275643.03	.000000	$ 0.00
Total Stock Market Index Fund	$ 450520664.76	.000000	$ 0.00
Vanguard Equity-Income Fund	$ 70686182.54	58.334731	$ 5724.76
Vanguard High Dividend Yld Idx	$ 11961586.58	.000000	$ 0.00
Vanguard LT Treasury Index	$ 7702746.24	.000000	$ 0.00
Vanguard Tot Wld Stk Index ETF	$ 91961081.24	.000000	$ 0.00
Vanguard Value Index Fund	$ 477758645.35	.000000	$ 0.00
Victory Diversified Stock	$ 6142560.44	.000000	$ 0.00
Washington Mutual Investors	$ 558060076.21	.000000	$ 0.00
Wells Fargo Disciplined US Cor	$ 250800.93	.000000	$ 0.00
AB Global Bond Fund	$ 20970576.73	.000000	$ 0.00
American Balanced Fund	$ 1581870413.04	.000000	$ 0.00
BlackRock Global Allocation	$ 265970891.28	.000000	$ 0.00
Brandywine Global Opps Bond	$ 825045.78	.000000	$ 0.00
Capital Income Builder	$ 122078653.39	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Capital World Bond Fund	$ 26686591.55	.000000	$ 0.00
DFA Five-Year Gbl Fixed-Income	$ 1218569.51	.000000	$ 0.00
Fidelity Advisor Balanced Fund	$ 23637004.57	.000000	$ 0.00
FT Founding Funds Allocation	$ 19179255.77	.000000	$ 0.00
Franklin Utilities Fund	$ 20356737.47	.000000	$ 0.00
Hartford Balanced Income Fund	$ 26953011.40	.000000	$ 0.00
Hartford World Bond Fund	$ 1693861.36	.000000	$ 0.00
Invesco Equity and Income Fund	$ 5061028.18	.000000	$ 0.00
Invesco International Bond	$ 40323873.32	.000000	$ 0.00
Ivy Asset Strategy Fund	$ 36806119.84	.000000	$ 0.00
Janus Henderson Balanced Fund	$ 46931641.55	.000000	$ 0.00
John Hancock Balanced Fund	$ 15007784.13	.000000	$ 0.00
John Hancock EM Debt Fund	$ 2165018.63	.000000	$ 0.00
Loomis Sayles Gbl Allocation	$ 16899789.71	.000000	$ 0.00
MainStay Income Builder Fund	$ 4728631.27	.000000	$ 0.00
MFS Emerging Markets Debt	$ 12890824.82	.000000	$ 0.00
MFS Total Return Fund	$ 20941434.98	.000000	$ 0.00
MFS Utilities Fund	$ 139632098.70	.000000	$ 0.00
Opportunistic Fixed Income	$ 37493475.83	.000000	$ 0.00
Pax Sustainable Allocation	$ 9381966.66	.000000	$ 0.00
PGIM Global Total Return Fund	$ 21086073.22	.000000	$ 0.00
PIMCO All Asset All Authority	$ 3715614.52	.000000	$ 0.00
PIMCO All Asset	$ 44236563.86	.000000	$ 0.00
PIMCO Global Bond Opps Fund	$ 53643081.70	.000000	$ 0.00
PIMCO Intl Bond USD-Hedged	$ 9408928.82	.000000	$ 0.00
PIMCO Long Duration Total Rtn	$ 9394346.85	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Principal Spectrum PrefSec Inc	$ 1809.73	.000000	$ 0.00
Putnam Global Income Fund	$ 374066.54	.000000	$ 0.00
Income Fund of America	$ 147715926.70	.000000	$ 0.00
Vanguard Balanced Index Fund	$ 118996844.72	.000000	$ 0.00
Vanguard Total Intl Bond Index	$ 8608270.04	.000000	$ 0.00
AB High Income Fund	$ 14809904.37	.000000	$ 0.00
AB Income Fund	$ 17764.06	.000000	$ 0.00
American Century Infl Adj Bond	$ 4159212.66	.000000	$ 0.00
American Funds Bond Fund of Am	$ 17782059.60	.000000	$ 0.00
BlackRock High Yield Bond Fund	$ 21574535.52	.000000	$ 0.00
BlackRock Infl Protected Bond	$ 6531735.45	.000000	$ 0.00
BlackRock Total Return Fund	$ 13553429.04	.000000	$ 0.00
BlackRock U.S. Debt Index Fund	$ 19324382.45	.000000	$ 0.00
Core Bond Fund	$ 203050230.13	.000000	$ 0.00
DFA Inflation-Protected Sec	$ 127194082.74	.000000	$ 0.00
DFA Intermediate Gov Fixed Inc	$ 16647736.18	.000000	$ 0.00
DoubleLine Core Fixed Income	$ 4241814.20	.000000	$ 0.00
DoubleLine Total Return Bond	$ 13706537.18	.000000	$ 0.00
Eaton Vance High Income Opps	$ 5236566.80	.000000	$ 0.00
Federated High Yield Bond	$ 148188649.44	.000000	$ 0.00
Federated Total Return Bond	$ 7488800.78	.000000	$ 0.00
Fidelity Advisor Total Bond	$ 890118309.34	.000000	$ 0.00
Floating Rate Income Fund	$ 14270225.77	.000000	$ 0.00
Guggenheim Total Return Bond	$ 11218597.77	.000000	$ 0.00
Hartford Inflation Plus Fund	$ 305048.78	.000000	$ 0.00
High Yield Fund	$ 196935722.79	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Invesco Core Plus Bond Fund	$ 6289964.72	.000000	$ 0.00
Alternative Asset Allocation	$ 6623415.31	.000000	$ 0.00
John Hancock Bond Fund	$ 538245477.32	.000000	$ 0.00
John Hancock ESG Core Bond	$ 725023.57	.000000	$ 0.00
John Hancock Income Fund	$ 8077466.35	.000000	$ 0.00
John Hancock Invt Grade Bond	$ 5110224.22	.000000	$ 0.00
John Hancock Ret Income 2040	$ 6557.88	.000000	$ 0.00
JH Short Duration Credit Opps	$ 447390.66	.000000	$ 0.00
JPMorgan Core Bond Fund	$ 61988156.14	.000000	$ 0.00
JPMorgan Global Bond Opps	$ 5928292.73	.000000	$ 0.00
Loomis Sayles Core Plus Bond	$ 4549167.09	.000000	$ 0.00
Lord Abbett Bond Debenture	$ 17969485.61	.000000	$ 0.00
Lord Abbett Core Bond Fund	$ 8225676.20	.000000	$ 0.00
Lord Abbett Core Fixed Income	$ 7800428.44	.000000	$ 0.00
Lord Abbett High Yield Fund	$ 12120117.04	.000000	$ 0.00
MainStay MacKay HY Corp Bond	$ 1677002.03	.000000	$ 0.00
Metropolitan West Ttl Rtn Bond	$ 10737698.37	.000000	$ 0.00
Nuveen Strategic Income Fund	$ 2144465.94	.000000	$ 0.00
Payden/Kravitz Cash Balance	$ 65920071.41	.000000	$ 0.00
PGIM Total Return Bond Fund	$ 104944479.33	.000000	$ 0.00
PIMCO Income Fund	$ 89103197.37	.000000	$ 0.00
PIMCO Invt Grade Credit Bond	$ 5384846.77	.000000	$ 0.00
PIMCO Real Return	$ 182377530.14	.000000	$ 0.00
Strategic Income Opp Fund	$ 279224431.14	.000000	$ 0.00
T. Rowe Price Spectrum Inc	$ 145938492.69	.000000	$ 0.00
Templeton Global Bond Fund	$ 83580996.26	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
TIAA-CREF Core Impact Bond	$ 4498414.44	.000000	$ 0.00
Total Bond Market Fund	$ 359980426.69	.000000	$ 0.00
US Government Securities	$ 123250459.34	.000000	$ 0.00
U.S. High Yield Bond Fund	$ 61597780.34	.000000	$ 0.00
Vanguard Interm-Term Bond Idx	$ 32115971.47	.000000	$ 0.00
Vanguard Total Bond Market Idx	$ 94573853.89	.000000	$ 0.00
Virtus Seix Floating Rate HInc	$ 6572253.60	.000000	$ 0.00
Wells Fargo Core Bond Fund	$ 6990745.01	.000000	$ 0.00
Wells Fargo Govt Securities	$ 5293893.87	.000000	$ 0.00
Western Asset Core Bond Fund	$ 56409315.52	.000000	$ 0.00
Western Asset Core Plus Bond	$ 47039729.09	.000000	$ 0.00
Calvert Short Duration Income	$ 4335409.02	.000000	$ 0.00
DoubleLine Low Duration Bond	$ 2882839.85	.000000	$ 0.00
Federated Capital Preservation	$ 34995048.11	.000000	$ 0.00
Guggenheim Limited Duration	$ 1526582.33	.000000	$ 0.00
Invesco Premier US Govt Money	$ 42552687.76	.000000	$ 0.00
John Hancock Stable Val	$ 2614744317.35	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1007.68	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1007.47	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1007.26	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1006.83	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1006.41	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1005.98	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1005.56	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1005.13	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1004.70	.000000	$ 0.00

*Assets = Liabilities

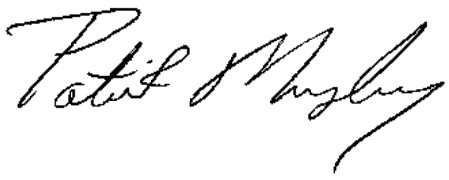
John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
JH Stable Val Gntd Income Fund	$ 109049253.79	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1008.11	.000000	$ 0.00
Lord Abbett Short Duration Inc	$ 44012885.15	.000000	$ 0.00
Money Market Fund	$ 1650783459.66	.000000	$ 0.00
NY Life Ins. Co. Anchor Acct	$ 46586407.62	.000000	$ 0.00
PGIM Short-Term Corporate Bond	$ 8758781.98	.000000	$ 0.00
PIMCO Short-Term Fund	$ 3419070.98	.000000	$ 0.00
Reliance MetLife Stable Value	$ 354836623.55	.000000	$ 0.00
T. Rowe Price Short Term Bond	$ 47411764.48	.000000	$ 0.00
Thornburg Limited Term Income	$ 2432928.01	.000000	$ 0.00
Vanguard Short-Term Bond Index	$ 30184496.95	.000000	$ 0.00
Vanguard Short-Term Federal	$ 393538869.95	.000000	$ 0.00
Vanguard ST Investment-Grade	$ 22780610.65	.000000	$ 0.00
International Value Fund	$ 0.00	.000000	$ 0.00
American Century 2020	$ 0.00	.000000	$ 0.00
JH Multi-Index 2020 Preserv	$ 0.00	.000000	$ 0.00

*Assets = Liabilities

I hereby certify that this statement, given pursuant to 29 CFR 2520.103-5(c), is complete and accurate.



Patrick Murphy
CEO, John Hancock Retirement

Production Date(R): JAN/29/2021

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 08/19/2020 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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMIRIAN MANAGEMENT COMPANY 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/19/2020

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)
AMIRIAN MANAGEMENT COMPANY

601 E GLENOAKS BLVD STE 108
GLENDALE, CA 91207-1760

601 E GLENOAKS BLVD STE 108
GLENDALE, CA 91207-1760

2b Employer Identification Number (EIN)
47-2920855

2c Plan Sponsor's telephone number
818-247-4716

2d Business code (see instructions)
722513

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	[signature]	10/14/21	Ramela Asatryan
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	10/14/21	Ramela Asatryan
	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**	247
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)**	245
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	218
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	218
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	218
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	10
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2T 3D

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)** [ ] 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)** [ ] 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 08/19/2020 and ending 12/31/2020

A Name of plan
AMIRIAN MANAGEMENT COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMIRIAN MANAGEMENT COMPANY

D Employer Identification Number (EIN)
47-2920855

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
JOHN HANCOCK LIFE INSURANCE COMPANY USA

(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
01-0233346	65838	145450	14	08/19/2020	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
58	360

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
NYLIFE SECURITIES LLC
51 MADISON AVENUE ROOM 606
NEW YORK, NY 10010

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE ROSE FINANCIAL GROUP, LLC
6602 EAST 75TH ST.
INDIANAPOLIS, IN 46250

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	360	TPA SERVICES	7

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	75491

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 ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

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

m ☐ Other (specify) ▶

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 08/19/2020 and ending 12/31/2020

A Name of plan	**B** Three-digit plan number (PN) ▶	
AMIRIAN MANAGEMENT COMPANY 401(K) PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
AMIRIAN MANAGEMENT COMPANY	47-2920855	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

JOHN HANCOCK USA

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 60 62 63 67 68	RECORDKEEPER		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 ☐

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 08/19/2020 and ending 12/31/2020

A Name of plan
AMIRIAN MANAGEMENT COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMIRIAN MANAGEMENT COMPANY

D Employer Identification Number (EIN)
47-2920855

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:

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)

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 08/19/2020 and ending 12/31/2020

A Name of plan
AMIRIAN MANAGEMENT COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMIRIAN MANAGEMENT COMPANY

D Employer Identification Number (EIN)
47-2920855

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 reported on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	75491
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	0	75491
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	0	75491

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)		
	(B) Participants	2a(1)(B)	43274	
	(C) Others (including rollovers)	2a(1)(C)	25966	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		69240
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)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)		6736
(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		
d Total income. Add all **income** amounts in column (b) and enter total	2d		75976

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	481	
(3) Investment advisory and management fees	2i(3)	4	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		485
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		485

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		75491
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☐ Disclaimer **(4)** ☐ Adverse

b 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) ☐ 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: **(2)** EIN:

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		100000
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		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

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

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

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

5c 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 08/19/2020 and ending 12/31/2020

A Name of plan
AMIRIAN MANAGEMENT COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMIRIAN MANAGEMENT COMPANY

D Employer Identification Number (EIN)
47-2920855

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): _____ _____

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_____

Retirement Plan Services,
P.O. Box 600
Buffalo NY 14201-0600

JANUARY 29, 2021

Plan Administrator
THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
601 E. GLENOAKS BLVD. STE. 108

GLENDALE CA 91207

Dear Plan Administrator:

INFORMATION AND SUGGESTIONS FOR COMPLETING SCHEDULE A OF YOUR ANNUAL FORM 5500 REPORT FILING

We are pleased to supply you with information you will need to complete Form 5500 Series Schedule A - Insurance Information, which is generally required when any plan benefits or investments are provided by an insurance company. Some plans may be exempt from completing in full or filing Schedule A information. If applicable, the Schedule A information Form must be filed with the Employee Benefits Security Administration (EBSA) within 7 months following the end of the plan year. To determine if this applies to your plan, please refer to the IRS Instructions for Form 5500, which can be accessed at www/dol.gov/ebsa. As in all technical matters, we recommend that you seek professional assistance in your Annual Report filing.

The attached statement reflects the status of your group annuity contract with us at the end of the reporting year. If the activity reflected on this statement is for a period other than your plan year, the attached information must be retained and reflected on the Schedule A Form filed for the plan year in which the contract reporting year ended. No attempt should be made to balance these figures on Form 5500 or 5500-EZ.

John Hancock Life Insurance Company (U.S.A.)("John Hancock") has established a program called the TPAessentials. The program participants are select third party administration firms (TPAs). If a TPA is a TPAessential member, they may be eligible for payments from John Hancock which are designed to compensate the TPA for consulting with John Hancock and/or assist the TPA in the design, set-up and administration of John Hancock contracts. The amount reflected in the "Insurance Fee and Commission Information" section under TPA Compensation is the pro-rated portion of these TPA Partnership Program payments. These payments do not result in any additional charges or fees with respect to the assets invested under the John Hancock contract.

Amounts paid and the name of Brokers, Third Party Administrator (TPA) or other entities, excluding Registered Investment Advisor (RIA), to whom commissions or fees were paid in connection with the John Hancock contract are reported on separate lines in the "Insurance Fee and Commission Information" section. If applicable, any Registered Investment Advisor (RIA)fees are disclosed on the Schedule C Report, as well as on the monthly "Statement of Fees Paid to Registered Investment Advisor" provided to the RIA Firms and "John Hancock Monthly Summary of Party Fees Paid" provided to the Plan Sponsors. In addition, if applicable, fees paid to underlying fund companies for early redemption of shares are totaled and accompanied by an Appendix listing the amount of redemption fees paid to each fund company. Fund company address information is available at www.jhpensions.com/er on the Investment Options Page under the "Important Information about underlying mutual funds" link.

For contractholders utilizing John Hancock's loan recordkeeping services, the plan's amortization schedule may not agree exactly with loan information reported in John Hancock reports. In the event that there is a discrepancy between loan account information reflected on John Hancock reports and the plan's amortization schedule, assuming all loan payments have been made in compliance with the amortization schedule, the amortization schedule will take precedence.

Under Statement of Position No. 94-4-1, issued by the American Institute of Certified Public Accountants, investment contracts that are not "fully benefit responsive" are to be reported at "fair value" and not "contract value". The John Hancock group annuity contract is not "fully benefit responsive" for contractholders investing in guaranteed interest accounts. For 2009 contract reporting years and thereafter, year-end values for guaranteed interest accounts are reported at both contract and fair market value. For reporting periods before that, only contract value is provided, but a Fair Market Value Report for guaranteed interest accounts can be requested from your Client Account Representative.

Regarding the John Hancock Stable Value Fund:
For contractholders who are eligible for and investing in the above fund, additional filing information for Schedule H filers is included in our Frequently Asked Questions booklet of our annual Audit Package, available from your Client Account Representative or posted under Your Resources-Fiduciary Resources at www.jhpensions.com/er.

To facilitate cash-basis annual report filing, this report summarizes all transactions processed as at the contract year-end and includes a cash account balance, if applicable. Please note that it may include contributions credited in the contract reporting year but attributable to a different year. The John Hancock Plan Administrator Report for the same reporting period provides a transaction summary of all contribution amounts applicable for the contract year regardless of the date processed, and may be consulted if the plan's Form 5500 is prepared on an accounting basis other than cash (for example, accrual). Please see the Frequently Asked Questions booklet of our annual Audit Package for more information.

This report has been produced from records maintained by John Hancock, based on information provided by or on behalf of the plan sponsor. While every effort has been made to ensure its accuracy, we ask you to review it carefully upon receipt. If you find any discrepancy or have any questions, please contact your Client Account Representative immediately at 1-800-333-0963 or forward your questions via fax to (866)377-9577.

This Schedule A Information is reported on Cash basis.

John Hancock

INFORMATION TO COMPLETE FORM 5500 SCHEDULE A

FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN

This report reflects the status of your plan's group annuity contract at the end of the contract reporting year and summarizes the financial activity in the contract during that period.

Please note: The information below is prepared on a cash basis and includes all contributions credited in the contract reporting year, even if attributable to a different year. If your Form 5500 is prepared on an accounting basis other than cash, you may need to refer to other documents or John Hancock reports in completing your annual filing for plan assets held under this contract.

A. Name of Insurance Carrier: John Hancock Life Insurance Company (U.S.A.) ("John Hancock USA")
John Hancock USA's EIN: 01-0233346 NAIC CODE: 65838

B. Number of participants covered under the contract on DEC/31/2020: 14

C. Reporting year: AUG/19/2020 to DEC/31/2020

D. Insurance Fee and Commission Information:

Name of agents, brokers or other persons to whom commissions or fees were paid:		Amount of Commissions or Fees Paid:
Broker Commission	NYLIFE SECURITIES LLC 51 MADISON AVENUE ROOM 606 NEW YORK NY 10010	$23.37
Broker Commission	NYLIFE SECURITIES LLC 51 MADISON AVENUE ROOM 606 NEW YORK NY 10010	$35.07
TPA Compensation	The Rose Financial Group, LLC 6602 EAST 75TH ST., SUITE 200 INDIANAPOLIS IN 46250	$359.68

E. Contract Assets at the end of the previous contract year:

	Contract Value	Fair Market Value
(i) In Guaranteed Interest Accounts	$0.00	$0.00
(ii) In sub-accounts	$0.00	$0.00
(iii) In loan security accounts	$0.00	$0.00
(iv) In Cash Account	$0.00	$0.00
Total	$0.00	$0.00

F. Type of Unallocated Contract: Group Annuity

ADDITIONS TO GUARANTEED INTEREST ACCOUNTS (NON SUB-ACCOUNTS)

G. Contributions credited for the reporting year: $0.00



H. Interest credited to Guaranteed Interest Accounts during the reporting year: $0.00

I. Amounts transferred from sub-accounts to Guaranteed Interest Accounts: $0.00

J. Other additions to Guaranteed Interest Accounts:

(i) Amount of positive market value adjustment $0.00

(ii) Loan Repayments $0.00

(iii) John Hancock Credits to Participants $0.00

K. Total additions (sum of Items G through J): $0.00

DEDUCTIONS FROM GUARANTEED INTEREST ACCOUNTS (NON SUB-ACCOUNTS):

L. Disbursed from Guaranteed Interest Accounts for:

(i)	Plan Withdrawals	$0.00	
(ii)	Participant Loans	$0.00	
(iii)	Cash account as unvested money	$0.00	
(iv)	A new John Hancock USA contract	$0.00	
	Total		$0.00

M. Fees deducted from Guaranteed Interest Accounts for:

(i)	Contract administration fees	$0.00	
(ii)	Third Party Administrator fees	$0.00	
(iii)	RIA investment advisory fees	$0.00	
(iv)	Loan Adjustments	$0.00	
	Total		$0.00

N. Amounts transferred or deposited to sub-accounts: $0.00

O. Amount of negative market value adjustment to Guaranteed Interest Account(s): $0.00

P. Total deductions from Guaranteed Interest Accounts (sum of Items L through O): $0.00

Q. Contract Assets at the end of the current reporting year:

		Contract Value	Fair Market Value
(i)	In Guaranteed Interest Accounts	$0.00	$0.00
(ii)	In sub-accounts	$75491.47	$75491.47
(iii)	In Loan Security Accounts	$0.00	$0.00
(iv)	In Cash Account	$0.00	$0.00
	Total	$75491.47	$75491.47

This report has been produced from records maintained by John Hancock. While every



effort has been made to ensure its accuracy, we ask you to review it carefully upon receipt. If you find any discrepancy or have any questions, please contact your Client Account Representative immediately at 1-800-333-0963 or forward your questions via fax no. (866)377-9577. Thank you

Cash

Production Date(R): JAN/29/2021

John Hancock

Retirement Plan Services,
P.O. Box 600
Buffalo NY 14201-0600

JANUARY 29, 2021

Dear Plan Administrator:

Re: STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

In accordance with Regulation 2520.103-5 of the Department of Labor, we must provide you with a certified statement each year reflecting the following information:

(i) the total of all assets and liabilities of each sub-account into which you have deposited money (second column on the attached report), and

(ii) the value of your contract's units in the sub-accounts (fourth column on the attached report).

The attached statement shows the appropriate sub-account values as of December 31, 2020 (our most recent fiscal year). This statement must be used to complete your plan's 2020 Form 5500 series filing.

If you have any questions, please call your Client Account Representative at 1-800-333-0963 or forward your questions via Fax no. (866)377-9577.

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
American Century 2060	$ 18313436.20	.000000	$ 0.00
American Century 2055	$ 43431450.44	.000000	$ 0.00
American Century 2050	$ 54282675.41	.000000	$ 0.00
American Century 2045	$ 68231570.87	.000000	$ 0.00
American Century 2040	$ 84887700.17	.000000	$ 0.00
American Century 2035	$ 106520243.10	.000000	$ 0.00
American Century 2030	$ 124404969.43	.000000	$ 0.00
American Century 2025	$ 90342575.36	.000000	$ 0.00
American Century In Retirement	$ 82214069.62	.000000	$ 0.00
American Funds 2065 TD	$ 1441262.00	.000000	$ 0.00
American Funds 2060 TD	$ 224282048.42	121.039496	$ 2208.76
American Funds 2055 TD	$ 365851148.16	3.262425	$ 92.17
American Funds 2050 TD	$ 565967690.05	284.484980	$ 6496.50
American Funds 2045 TD	$ 854873810.49	1553.267801	$ 36077.59
American Funds 2040 TD	$ 867740314.03	331.347047	$ 7547.22
American Funds 2035 TD	$ 1113134823.35	.000000	$ 0.00
American Funds 2030 TD	$ 1242694093.64	.000000	$ 0.00
American Funds 2025 TD	$ 1031450989.23	.000000	$ 0.00
American Funds 2020 TD	$ 486815353.94	.000000	$ 0.00
American Funds 2015 TD	$ 156411610.09	.000000	$ 0.00
American Funds 2010 TD	$ 143272431.48	.000000	$ 0.00
BlackRock LifePath Index 2065	$ 4048076.94	.000000	$ 0.00
BlackRock LifePath Index 2060	$ 134998025.90	.000000	$ 0.00
BlackRock LifePath Index 2055	$ 249496289.40	.000000	$ 0.00
BlackRock LifePath Index 2050	$ 337378221.26	.000000	$ 0.00
BlackRock LifePath Index 2045	$ 435028392.40	.000000	$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2020
Cash Basis

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
BlackRock LifePath Index 2040	$ 502505787.66	.000000	$ 0.00
BlackRock LifePath Index 2035	$ 589552092.13	.000000	$ 0.00
BlackRock LifePath Index 2030	$ 671621634.95	.000000	$ 0.00
BlackRock LifePath Index 2025	$ 555639868.43	.000000	$ 0.00
BlackRock LifePath Index Ret	$ 411249592.76	.000000	$ 0.00
JH Lifetime Blend 2065 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2060 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2055 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2050 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2045 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2040 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2035 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2030 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2025 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2020 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2015 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2010 CIT	$ 0.00	.000000	$ 0.00
JH Lifetime Blend 2065 CIT	$ 504235.01	.000000	$ 0.00
JH Lifetime Blend 2060 CIT	$ 2724473.21	.000000	$ 0.00
JH Lifetime Blend 2055 CIT	$ 7034835.85	.000000	$ 0.00
JH Lifetime Blend 2050 CIT	$ 9384383.23	.000000	$ 0.00
JH Lifetime Blend 2045 CIT	$ 10958170.16	.000000	$ 0.00
JH Lifetime Blend 2040 CIT	$ 12959649.81	.000000	$ 0.00
JH Lifetime Blend 2035 CIT	$ 17738620.07	.000000	$ 0.00
JH Lifetime Blend 2030 CIT	$ 21883087.15	.000000	$ 0.00
JH Lifetime Blend 2025 CIT	$ 20058508.84	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
JH Lifetime Blend 2020 CIT	$ 8540415.07	.000000	$ 0.00
JH Lifetime Blend 2015 CIT	$ 2030329.47	.000000	$ 0.00
JH Lifetime Blend 2010 CIT	$ 469586.38	.000000	$ 0.00
JH Multimanager 2065 Lifetime	$ 1834487.89	.000000	$ 0.00
JH Multimanager 2060 Lifetime	$ 142934321.82	.000000	$ 0.00
JH Multimanager 2055 Lifetime	$ 251938101.82	.000000	$ 0.00
JH Multimanager 2050 Lifetime	$ 390978886.63	.000000	$ 0.00
JH Multimanager 2045 Lifetime	$ 662664702.83	.000000	$ 0.00
JH Multimanager 2040 Lifetime	$ 711098697.10	.000000	$ 0.00
JH Multimanager 2035 Lifetime	$ 851118546.60	.000000	$ 0.00
JH Multimanager 2030 Lifetime	$ 973260337.95	.000000	$ 0.00
JH Multimanager 2025 Lifetime	$ 900053681.84	.000000	$ 0.00
JH Multimanager 2020 Lifetime	$ 489159896.18	.000000	$ 0.00
JH Multimanager 2015 Lifetime	$ 142710623.52	.000000	$ 0.00
JH Multimanager 2010 Lifetime	$ 109668441.60	.000000	$ 0.00
JH Multi-Index 2065 Lifetime	$ 182546.60	.000000	$ 0.00
JH Multi-Index 2060 Lifetime	$ 43371590.32	.000000	$ 0.00
JH Multi-Index 2055 Lifetime	$ 102170738.33	.000000	$ 0.00
JH Multi-Index 2050 Lifetime	$ 120185863.65	.000000	$ 0.00
JH Multi-Index 2045 Lifetime	$ 161930984.46	.000000	$ 0.00
JH Multi-Index 2040 Lifetime	$ 190814080.76	.000000	$ 0.00
JH Multi-Index 2035 Lifetime	$ 229361902.22	.000000	$ 0.00
JH Multi-Index 2030 Lifetime	$ 263472928.14	.000000	$ 0.00
JH Multi-Index 2025 Lifetime	$ 214058845.32	.000000	$ 0.00
JH Multi-Index 2020 Lifetime	$ 111291586.73	.000000	$ 0.00
JH Multi-Index 2015 Lifetime	$ 32131131.39	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
JH Multi-Index 2010 Lifetime	$ 31627208.28	.000000	$ 0.00
JH Multi-Index 2065 Preserv	$ 742842.95	.000000	$ 0.00
JH Multi-Index 2060 Preserv	$ 153566016.43	.000000	$ 0.00
JH Multi-Index 2055 Preserv	$ 319569909.87	.000000	$ 0.00
JH Multi-Index 2050 Preserv	$ 577225778.27	.000000	$ 0.00
JH Multi-Index 2045 Preserv	$ 730364538.16	.000000	$ 0.00
JH Multi-Index 2040 Preserv	$ 857681340.20	.000000	$ 0.00
JH Multi-Index 2035 Preserv	$ 1076698070.93	.000000	$ 0.00
JH Multi-Index 2030 Preserv	$ 1178278800.97	.000000	$ 0.00
JH Multi-Index 2025 Preserv	$ 1021023027.24	.000000	$ 0.00
JH Multi-Index Income Preserv	$ 697028450.52	.000000	$ 0.00
JPMorgan SmartRetirement 2060	$ 5705928.90	.000000	$ 0.00
JPMorgan SmartRetirement 2055	$ 12384921.62	.000000	$ 0.00
JPMorgan SmartRetirement 2050	$ 17521235.68	.000000	$ 0.00
JPMorgan SmartRetirement 2045	$ 22456269.23	.000000	$ 0.00
JPMorgan SmartRetirement 2040	$ 23509515.93	.000000	$ 0.00
JPMorgan SmartRetirement 2035	$ 37985597.50	.000000	$ 0.00
JPMorgan SmartRetirement 2030	$ 29116582.33	.000000	$ 0.00
JPMorgan SmartRetirement 2025	$ 24352666.44	.000000	$ 0.00
JPMorgan SmartRetirement 2020	$ 16739146.51	.000000	$ 0.00
JPMorgan SmartRetirement Inc	$ 8228549.60	.000000	$ 0.00
MFS Lifetime 2060 Fund	$ 2781137.35	.000000	$ 0.00
MFS Lifetime 2055 Fund	$ 5267933.31	.000000	$ 0.00
MFS Lifetime 2050 Fund	$ 9340772.32	.000000	$ 0.00
MFS Lifetime 2045 Fund	$ 11584250.02	.000000	$ 0.00
MFS Lifetime 2040 Fund	$ 15739720.79	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
MFS Lifetime 2035 Fund	$ 19590242.77	.000000	$ 0.00
MFS Lifetime 2030 Fund	$ 24454513.69	.000000	$ 0.00
MFS Lifetime 2025 Fund	$ 16965971.94	.000000	$ 0.00
MFS Lifetime 2020 Fund	$ 8192973.87	.000000	$ 0.00
MFS Lifetime Income Fund	$ 13069126.01	.000000	$ 0.00
MyWayRet Index 2060 Fund	$ 24221257.44	.000000	$ 0.00
MyWayRet Index 2055 Fund	$ 44777777.59	.000000	$ 0.00
MyWayRet Index 2050 Fund	$ 70836531.05	.000000	$ 0.00
MyWayRet Index 2045 Fund	$ 118600388.12	.000000	$ 0.00
MyWayRet Index 2040 Fund	$ 137015267.75	.000000	$ 0.00
MyWayRet Index 2035 Fund	$ 200429887.70	.000000	$ 0.00
MyWayRet Index 2030 Fund	$ 196435626.73	.000000	$ 0.00
MyWayRet Index 2025 Fund	$ 202965654.13	.000000	$ 0.00
MyWayRet Index Retirement Fund	$ 179725255.72	.000000	$ 0.00
State Street Target Ret 2065	$ 395801.57	.000000	$ 0.00
State Street Target Ret 2060	$ 17248170.81	.000000	$ 0.00
State Street Target Ret 2055	$ 23775204.72	.000000	$ 0.00
State Street Target Ret 2050	$ 37879464.17	.000000	$ 0.00
State Street Target Ret 2045	$ 43938717.59	.000000	$ 0.00
State Street Target Ret 2040	$ 52668086.83	.000000	$ 0.00
State Street Target Ret 2035	$ 64105190.78	.000000	$ 0.00
State Street Target Ret 2030	$ 79145237.63	.000000	$ 0.00
State Street Target Ret 2025	$ 60785908.02	.000000	$ 0.00
State Street Target Ret 2020	$ 28418114.59	.000000	$ 0.00
State Street Target Ret Income	$ 18641139.37	.000000	$ 0.00
T. Rowe Price Retirement 2060	$ 39773378.25	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
T. Rowe Price Retirement 2055	$ 83877783.64	.000000	$ 0.00
T. Rowe Price Retirement 2050	$ 115041836.01	.000000	$ 0.00
T. Rowe Price Retirement 2045	$ 135790935.56	.000000	$ 0.00
T. Rowe Price Retirement 2040	$ 165195747.29	.000000	$ 0.00
T. Rowe Price Retirement 2035	$ 202252839.81	.000000	$ 0.00
T. Rowe Price Retirement 2030	$ 253016936.60	.000000	$ 0.00
T. Rowe Price Retirement 2025	$ 222127040.82	.000000	$ 0.00
T. Rowe Price Retirement 2020	$ 105796252.92	.000000	$ 0.00
T. Rowe Price Retirement 2015	$ 26425013.88	.000000	$ 0.00
T. Rowe Price Retirement 2010	$ 37158391.41	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2060	$ 39721316.45	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2055	$ 58219542.14	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2050	$ 99497347.12	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2045	$ 118105705.68	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2040	$ 139650892.63	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2035	$ 172254436.78	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2030	$ 198814140.90	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2025	$ 169603240.82	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2020	$ 78203237.11	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2015	$ 26719556.77	.000000	$ 0.00
TIAA-CREF Lifecycle Index 2010	$ 9093845.19	.000000	$ 0.00
TIAA-CREF Lifecycle Index Ret	$ 24542435.18	.000000	$ 0.00
Vanguard Target Ret 2065	$ 5281464.59	.000000	$ 0.00
Vanguard Target Ret 2060	$ 175996141.50	.000000	$ 0.00
Vanguard Target Ret 2055	$ 263354058.17	.000000	$ 0.00
Vanguard Target Ret 2050	$ 391751299.96	.000000	$ 0.00

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STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Vanguard Target Ret 2045	$ 495518021.75	.000000	$ 0.00
Vanguard Target Ret 2040	$ 552064239.56	.000000	$ 0.00
Vanguard Target Ret 2035	$ 666410701.38	.000000	$ 0.00
Vanguard Target Ret 2030	$ 689446422.83	.000000	$ 0.00
Vanguard Target Ret 2025	$ 649887502.21	.000000	$ 0.00
Vanguard Target Ret 2020	$ 303445395.64	.000000	$ 0.00
Vanguard Target Ret 2015	$ 94112428.06	.000000	$ 0.00
Vanguard Target Ret Income	$ 105551192.06	.000000	$ 0.00
JH Multimanager Aggressive LS	$ 2998029920.41	.000000	$ 0.00
JH Multimanager Growth LS	$ 7925140706.45	.000000	$ 0.00
JH Multimanager Balanced LS	$ 7477951415.26	.000000	$ 0.00
JH Multimanager Moderate LS	$ 1971336709.74	.000000	$ 0.00
JH Multimanager Conserv LS	$ 1541751174.77	.000000	$ 0.00
JH Multi-Index LS Aggressive	$ 397129307.09	.000000	$ 0.00
JH Multi-Index LS Growth	$ 926060988.87	.000000	$ 0.00
JH Multi-Index LS Balanced	$ 942614478.72	.000000	$ 0.00
JH Multi-Index LS Moderate	$ 262691561.28	.000000	$ 0.00
JH Multi-Index LS Conserv	$ 202360571.05	.000000	$ 0.00
JH Managed Volatility Agg	$ 7331156.21	.000000	$ 0.00
JH Managed Volatility Growth	$ 25559001.30	.000000	$ 0.00
JH Managed Volatility Bal	$ 31082103.66	.000000	$ 0.00
JH Managed Volatility Mod	$ 30711605.28	.000000	$ 0.00
JH Managed Volatility Con	$ 35797989.54	.000000	$ 0.00
Russell Equity Growth	$ 12182030.46	.000000	$ 0.00
Russell Growth	$ 38508037.96	.000000	$ 0.00
Russell Balanced	$ 37034174.04	.000000	$ 0.00

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STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Russell Moderate	$ 8611648.02	.000000	$ 0.00
Russell Conservative	$ 6009356.49	.000000	$ 0.00
AB Discovery Value Fund	$ 1011258.66	.000000	$ 0.00
AB Large Cap Growth Fund	$ 101229868.28	.000000	$ 0.00
Aberdeen International Equity	$ 3903281.56	.000000	$ 0.00
American Beacon SC Value	$ 4114046.23	.000000	$ 0.00
American Century EM Fund	$ 19391453.98	.000000	$ 0.00
American Century Heritage	$ 265310934.23	.000000	$ 0.00
American Century Small Cap Val	$ 2764758.78	.000000	$ 0.00
American Funds AMCAP Fund	$ 89641261.21	.000000	$ 0.00
AMG Managers Fairpointe MidCap	$ 29580061.71	.000000	$ 0.00
Baird MidCap Fund	$ 8592160.72	.000000	$ 0.00
Baron Real Estate Fund	$ 3681058.52	.000000	$ 0.00
BlackRock EAFE Equity Index	$ 9010887.24	.000000	$ 0.00
BlackRock Health Sciences Opp	$ 28019313.23	.000000	$ 0.00
Blue Chip Growth Fund	$ 2226321794.65	54.989538	$ 5645.44
Capital Appreciation Fund	$ 786189917.59	.000000	$ 0.00
Carillon Eagle Mid Cap Growth	$ 73824217.08	.000000	$ 0.00
ClearBridge Aggressive Growth	$ 97788365.77	.000000	$ 0.00
ClearBridge Large Cap Growth	$ 29151311.96	.000000	$ 0.00
ClearBridge Mid Cap Fund	$ 2269938.03	.000000	$ 0.00
Cohen & Steers Real Estate	$ 28502664.07	.000000	$ 0.00
Columbia Overseas Value CIT	$ 3737271.38	.000000	$ 0.00
Columbia Overseas Value Fund	$ 13804029.44	.000000	$ 0.00
Delaware Small Cap Value Fund	$ 3264291.49	.000000	$ 0.00
DFA Emerging Markets Value	$ 107187714.85	.000000	$ 0.00

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STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
DFA Intl Small Cap Value	$ 18427155.15	.000000	$ 0.00
DFA Intl Small Company Fund	$ 6858486.05	.000000	$ 0.00
DFA International Value	$ 90718517.14	.000000	$ 0.00
DFA US Targeted Value Fund	$ 95978226.32	.000000	$ 0.00
DFA U.S. Small Cap Fund	$ 226688381.17	.000000	$ 0.00
Diamond Hill Small-Mid Cap	$ 8306526.67	.000000	$ 0.00
Dodge & Cox International St	$ 60730925.02	.000000	$ 0.00
Domini Impact Intl Equity	$ 2464649.97	.000000	$ 0.00
Eaton Vance Atlanta SMID-Cap	$ 16238891.33	.000000	$ 0.00
EuroPacific Growth Fund	$ 720442736.80	.000000	$ 0.00
Federated Kaufmann Large Cap	$ 2991575.09	.000000	$ 0.00
Federated Hermes MDT SC Growth	$ 11384492.63	.000000	$ 0.00
Fidelity Adv Diversified Intl	$ 980606.04	.000000	$ 0.00
Fidelity Advisor Energy Fund	$ 1432173.13	.000000	$ 0.00
Fidelity Adv Leveraged Co Stk	$ 39869836.82	.000000	$ 0.00
Fidelity Adv New Insights	$ 89597164.66	.000000	$ 0.00
Fidelity ContraFund	$ 723284914.12	.000000	$ 0.00
Fidelity International Index	$ 121697437.98	.000000	$ 0.00
Fidelity Mid Cap Index Fund	$ 212341978.44	.000000	$ 0.00
Fidelity NASDAQ Composite Idx	$ 20886593.16	.000000	$ 0.00
Fidelity Real Estate Index	$ 29471124.53	.000000	$ 0.00
Financial Industries Fund	$ 74726042.11	.000000	$ 0.00
Franklin DynaTech Fund	$ 7476550.59	.000000	$ 0.00
Franklin Growth Fund	$ 14879357.29	.000000	$ 0.00
Franklin Small-Mid Growth	$ 205192362.05	.000000	$ 0.00
Fundamental All Cap Core Fund	$ 114416257.78	.000000	$ 0.00

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STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Harbor Mid Cap Value Fund	$ 16975870.53	.000000	$ 0.00
Harbor Small Cap Value Fund	$ 13005213.67	.000000	$ 0.00
Hartford International Oppor	$ 4025601.40	.000000	$ 0.00
Hartford MidCap Fund	$ 50476031.64	.000000	$ 0.00
Hartford Schroders Intl MCV	$ 5585367.44	.000000	$ 0.00
Hartford Schroders US Mid Cap	$ 2586933.67	.000000	$ 0.00
Intl Equity Index Fund	$ 291865595.44	.000000	$ 0.00
Invesco Discovery Mid Cap Grow	$ 14079254.82	.000000	$ 0.00
Invesco International Growth	$ 36954085.40	.000000	$ 0.00
Invesco Main Street Mid Cap	$ 970354.93	.000000	$ 0.00
Invesco Opp Intl Growth Fund	$ 124281741.29	.000000	$ 0.00
Invesco Real Estate Fund	$ 4275207.73	.000000	$ 0.00
Invesco Small Cap Growth	$ 416052457.87	.000000	$ 0.00
iShares Gold Trust ETF	$ 48175460.24	.000000	$ 0.00
iShares MSCI EAFE Growth ETF	$ 15467974.49	.000000	$ 0.00
iShares MSCI EAFE Value ETF	$ 19160618.84	.000000	$ 0.00
Ivy International Core Equity	$ 3973017.52	.000000	$ 0.00
Ivy Small Cap Core Fund	$ 7165652.16	.000000	$ 0.00
Ivy Small Cap Growth Fund	$ 10753595.95	.000000	$ 0.00
Janus Henderson Enterprise	$ 6175666.96	.000000	$ 0.00
Janus Henderson Forty Fund	$ 12862163.10	.000000	$ 0.00
Janus Henderson Gbl Eq Income	$ 13876785.90	.000000	$ 0.00
Janus Henderson Gbl Life Sci	$ 15168652.75	.000000	$ 0.00
Janus Henderson Triton Fund	$ 30790837.77	.000000	$ 0.00
JH Disciplined Value Intl Fund	$ 109823541.33	.000000	$ 0.00
JH Disciplined Value Mid Cap	$ 42138516.71	.000000	$ 0.00

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STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
John Hancock ESG All Cap Core	$ 738917.23	.000000	$ 0.00
John Hancock ESG Intl Equity	$ 593786.97	.000000	$ 0.00
John Hancock Small Cap Core	$ 193738.82	.000000	$ 0.00
John Hancock US Quality Growth	$ 81591951.61	.000000	$ 0.00
John Hancock US Gbl Ldr Grow	$ 4082999.07	.000000	$ 0.00
JPMorgan Emerging Markets Eq	$ 29205081.92	.000000	$ 0.00
JPMorgan Intrepid Mid Cap	$ 29765677.50	.000000	$ 0.00
JPMorgan Large Cap Growth	$ 169060034.60	.000000	$ 0.00
JPMorgan MidCap Value Fund	$ 208502536.46	.000000	$ 0.00
Keeley Small Cap Dividend Val	$ 8788583.72	.000000	$ 0.00
Lazard International Equity	$ 5819745.23	.000000	$ 0.00
Lord Abbett Value Opps Fund	$ 29169977.02	.000000	$ 0.00
MFS Growth Fund	$ 2970428.39	.000000	$ 0.00
MFS Mid Cap Growth Fund	$ 77362713.80	.000000	$ 0.00
MFS Mid Cap Value Fund	$ 12412318.49	.000000	$ 0.00
Mid Cap Index Fund	$ 821456679.71	.000000	$ 0.00
Mid Cap Stock Fund	$ 624388385.62	.000000	$ 0.00
Mid Value Fund	$ 143914696.82	.000000	$ 0.00
Neuberger Berman Genesis Fund	$ 12189452.07	.000000	$ 0.00
Neuberger Berman Intl Equity	$ 640027.67	.000000	$ 0.00
New Opportunities Fund	$ 36301432.41	.000000	$ 0.00
New World Fund	$ 209182248.92	.000000	$ 0.00
Northern EM Equity Index Fund	$ 37536291.81	.000000	$ 0.00
Northern Small Cap Value Fund	$ 10341622.97	.000000	$ 0.00
Nuveen Small Cap Value Fund	$ 11672738.56	.000000	$ 0.00
Oakmark International Fund	$ 8694825.08	.000000	$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2020
Cash Basis

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Parnassus Mid Cap Fund	$ 9231324.90	.000000	$ 0.00
Pax Small Cap Fund	$ 890420.93	.000000	$ 0.00
PGIM Jennison Mid Cap Growth	$ 120231959.71	.000000	$ 0.00
PGIM Jennison Small Company	$ 1457925.06	.000000	$ 0.00
PGIM QMA Mid-Cap Value Fund	$ 409216.42	.000000	$ 0.00
PIMCO Commodity Real Return	$ 11695628.02	.000000	$ 0.00
Putnam Growth Opportunities	$ 14710865.97	.000000	$ 0.00
Putnam Small Cap Growth Fund	$ 3134914.47	.000000	$ 0.00
Real Est. Securities Fund	$ 275075093.27	.000000	$ 0.00
Royce Opportunity	$ 89065814.49	.000000	$ 0.00
Royce Pennsylvania Mutual Fund	$ 7084898.89	.000000	$ 0.00
Royce Total Return Fund	$ 393974.35	.000000	$ 0.00
Science & Technology Fund	$ 693497885.45	.000000	$ 0.00
Small Cap Index Fund	$ 371076090.42	.000000	$ 0.00
Small Cap Stock Fund	$ 120884933.87	.000000	$ 0.00
Small Cap Value Fund	$ 157204509.17	.000000	$ 0.00
SMALLCAP World Fund	$ 105237382.47	.000000	$ 0.00
Sprott Gold Fund	$ 77075283.98	.000000	$ 0.00
T. Rowe Price Growth Stock	$ 55897479.23	.000000	$ 0.00
T. Rowe Price Health Sci	$ 764726658.62	.000000	$ 0.00
T. Rowe Price Intl Value Eqy	$ 1928670.64	.000000	$ 0.00
T. Rowe Price New Era Fund	$ 35232596.21	.000000	$ 0.00
T. Rowe Price Overseas Stock	$ 22724388.06	.000000	$ 0.00
T. Rowe Price QM US SC Grth Eq	$ 18927638.32	.000000	$ 0.00
T. Rowe Price Sci & Tech	$ 761051339.30	.000000	$ 0.00
T. Rowe Price Sml Cap Val	$ 165031532.46	.000000	$ 0.00

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STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
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MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Templeton Foreign Fund	$ 2937904.17	.000000	$ 0.00
Templeton Foreign Smaller Co	$ 39813190.14	.000000	$ 0.00
The Growth Fund of America	$ 1178273853.14	.000000	$ 0.00
Thornburg Intl Growth	$ 5275175.16	.000000	$ 0.00
Thrivent Mid Cap Stock Fund	$ 13759835.99	.000000	$ 0.00
TIAA-CREF Large-Cap Growth Idx	$ 149140676.20	.000000	$ 0.00
TIAA-CREF Small-Cap Blend Idx	$ 147722201.60	.000000	$ 0.00
Undiscovered Mgr Behavioral	$ 37677961.07	.000000	$ 0.00
Vanguard Energy Fund	$ 136240961.10	.000000	$ 0.00
Vanguard Explorer Fund	$ 198574050.57	.000000	$ 0.00
Vanguard Growth Index Fund	$ 1074011201.19	.000000	$ 0.00
Vanguard International Growth	$ 126288275.90	.000000	$ 0.00
Vanguard Materials Index Fund	$ 4769557.63	.000000	$ 0.00
Vanguard Mid-Cap Growth ETF	$ 406762065.33	.000000	$ 0.00
Vanguard Mid-Cap Value ETF	$ 214770166.88	.000000	$ 0.00
Vanguard Small Cap Grow Index	$ 648952821.43	.000000	$ 0.00
Vanguard Small Cap Value Index	$ 270729543.99	.000000	$ 0.00
Vanguard Strategic Equity Fund	$ 27130746.10	.000000	$ 0.00
Vanguard Total Intl Stock Idx	$ 53669818.49	.000000	$ 0.00
Victory Trivalent Intl SC	$ 5164438.96	.000000	$ 0.00
Virtus Ceredex MCV Equity	$ 11166071.25	.000000	$ 0.00
Virtus Large Cap Growth Stock	$ 128932.82	.000000	$ 0.00
Wells Fargo EM Equity Fund	$ 465226.95	.000000	$ 0.00
Wells Fargo Growth Fund	$ 25994.49	.000000	$ 0.00
Wells Fargo Small Company	$ 4561654.69	.000000	$ 0.00
Wells Fargo Special MC Value	$ 15393423.45	.000000	$ 0.00

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STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
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MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Wells Fargo Special SCV Fund	$ 8885692.43	.000000	$ 0.00
WisdomTree MidCap Dividend ETF	$ 41163360.94	.000000	$ 0.00
WisdomTree MC Earnings ETF	$ 12675464.85	.000000	$ 0.00
WisdomTree SC Dividend ETF	$ 8860010.81	.000000	$ 0.00
500 Index Fund	$ 3878009265.10	108.814052	$ 5744.35
AB Sustainable Global Thematic	$ 7441928.59	.000000	$ 0.00
American Beacon Bridgeway LCV	$ 4164930.78	.000000	$ 0.00
American Century Value Fund	$ 1321193.93	.000000	$ 0.00
BlackRock Basic Value	$ 25957503.62	.000000	$ 0.00
BlackRock High Equity Income	$ 1022037.70	.000000	$ 0.00
Capital World Growth & Income	$ 321311214.51	.000000	$ 0.00
Columbia Contrarian Core Fund	$ 4754881.58	.000000	$ 0.00
Columbia Dividend Income Fund	$ 46921061.75	.000000	$ 0.00
Columbia Global Equity Value	$ 862904.45	.000000	$ 0.00
DFA Global Equity Fund	$ 15892073.25	.000000	$ 0.00
DFA US Large Cap Value Fund	$ 28041074.16	.000000	$ 0.00
DFA US Large Company Fund	$ 38766212.82	.000000	$ 0.00
Diamond Hill Large Cap Fund	$ 15686552.83	.000000	$ 0.00
Dodge & Cox Stock Fund	$ 213826781.59	.000000	$ 0.00
Domini Impact Equity Fund	$ 38440083.84	.000000	$ 0.00
DWS RREEF Gbl Infrastructure	$ 868659.98	.000000	$ 0.00
Eaton Vance RB Equity Strategy	$ 2585285.10	.000000	$ 0.00
Equity Income Fund	$ 165221734.82	.000000	$ 0.00
Fidelity Adv Diversified Stock	$ 25073892.00	.000000	$ 0.00
Franklin Mutual Beacon Fund	$ 126669853.50	.000000	$ 0.00
Mutual Global Discovery	$ 162987111.39	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Fundamental Investors	$ 360428056.37	.000000	$ 0.00
Fundamental Large Cap Value	$ 132149637.51	.000000	$ 0.00
Harbor Large Cap Value Fund	$ 487498.99	.000000	$ 0.00
Hartford Core Equity Fund	$ 595955.82	.000000	$ 0.00
Hartford Equity Income Fund	$ 3974245.57	.000000	$ 0.00
Invesco Diversified Dividend	$ 26431236.32	.000000	$ 0.00
Invesco Global Fund	$ 240256481.63	.000000	$ 0.00
Invesco Growth and Income	$ 2458138.52	.000000	$ 0.00
Invesco Main Street Fund	$ 1130909.84	.000000	$ 0.00
John Hancock Classic Value	$ 352071.57	.000000	$ 0.00
John Hancock Disciplined Value	$ 464788873.41	.000000	$ 0.00
John Hancock ESG LC Core	$ 594665.58	.000000	$ 0.00
JH Fundamental Gbl Franchise	$ 1734273.95	.000000	$ 0.00
JH Fundamental Large Cap Core	$ 5426163.27	.000000	$ 0.00
John Hancock Global Equity	$ 395474.10	.000000	$ 0.00
JPMorgan Equity Income Fund	$ 39625329.20	.000000	$ 0.00
JPMorgan U.S. Equity Fund	$ 494524484.93	.000000	$ 0.00
Lazard Global Listed Infra	$ 1309992.34	.000000	$ 0.00
Lazard US Equity Concentrated	$ 94215.47	.000000	$ 0.00
MFS Blended Research Core Eq	$ 1277847.03	.000000	$ 0.00
MFS Massachusetts Investors	$ 72486768.32	.000000	$ 0.00
MFS Value Fund	$ 74034123.08	.000000	$ 0.00
Neuberger Berman Multi-Cap Opp	$ 792047.83	.000000	$ 0.00
Neuberger Berman Sustain Equ	$ 2070612.75	.000000	$ 0.00
New Perspective Fund	$ 570071119.14	66.605178	$ 5954.68
Oakmark Fund	$ 4369393.24	.000000	$ 0.00

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STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Parnassus Core Equity Fund	$ 235598644.36	.000000	$ 0.00
Parnassus Endeavor Fund	$ 12899362.81	.000000	$ 0.00
Putnam Equity Income Fund	$ 5980939.08	.000000	$ 0.00
Sit Dividend Growth Fund	$ 4413883.20	.000000	$ 0.00
T. Rowe Price Dividend Growth	$ 32179216.86	.000000	$ 0.00
T. Rowe Price Equity Inc	$ 219943943.93	.000000	$ 0.00
Templeton World	$ 83351309.15	.000000	$ 0.00
Investment Company of America	$ 309413504.35	.000000	$ 0.00
Thornburg Global Opportunities	$ 1343845.65	.000000	$ 0.00
TIAA-CREF Equity Index Fund	$ 29471431.93	.000000	$ 0.00
TIAA-CREF Large-Cap Value Idx	$ 23136431.42	.000000	$ 0.00
TIAA-CREF Social Choice Equity	$ 7275643.03	.000000	$ 0.00
Total Stock Market Index Fund	$ 450520664.76	.000000	$ 0.00
Vanguard Equity-Income Fund	$ 70686182.54	58.334731	$ 5724.76
Vanguard High Dividend Yld Idx	$ 11961586.58	.000000	$ 0.00
Vanguard LT Treasury Index	$ 7702746.24	.000000	$ 0.00
Vanguard Tot Wld Stk Index ETF	$ 91961081.24	.000000	$ 0.00
Vanguard Value Index Fund	$ 477758645.35	.000000	$ 0.00
Victory Diversified Stock	$ 6142560.44	.000000	$ 0.00
Washington Mutual Investors	$ 558060076.21	.000000	$ 0.00
Wells Fargo Disciplined US Cor	$ 250800.93	.000000	$ 0.00
AB Global Bond Fund	$ 20970576.73	.000000	$ 0.00
American Balanced Fund	$ 1581870413.04	.000000	$ 0.00
BlackRock Global Allocation	$ 265970891.28	.000000	$ 0.00
Brandywine Global Opps Bond	$ 825045.78	.000000	$ 0.00
Capital Income Builder	$ 122078653.39	.000000	$ 0.00

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STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Capital World Bond Fund	$ 26686591.55	.000000	$ 0.00
DFA Five-Year Gbl Fixed-Income	$ 1218569.51	.000000	$ 0.00
Fidelity Advisor Balanced Fund	$ 23637004.57	.000000	$ 0.00
FT Founding Funds Allocation	$ 19179255.77	.000000	$ 0.00
Franklin Utilities Fund	$ 20356737.47	.000000	$ 0.00
Hartford Balanced Income Fund	$ 26953011.40	.000000	$ 0.00
Hartford World Bond Fund	$ 1693861.36	.000000	$ 0.00
Invesco Equity and Income Fund	$ 5061028.18	.000000	$ 0.00
Invesco International Bond	$ 40323873.32	.000000	$ 0.00
Ivy Asset Strategy Fund	$ 36806119.84	.000000	$ 0.00
Janus Henderson Balanced Fund	$ 46931641.55	.000000	$ 0.00
John Hancock Balanced Fund	$ 15007784.13	.000000	$ 0.00
John Hancock EM Debt Fund	$ 2165018.63	.000000	$ 0.00
Loomis Sayles Gbl Allocation	$ 16899789.71	.000000	$ 0.00
MainStay Income Builder Fund	$ 4728631.27	.000000	$ 0.00
MFS Emerging Markets Debt	$ 12890824.82	.000000	$ 0.00
MFS Total Return Fund	$ 20941434.98	.000000	$ 0.00
MFS Utilities Fund	$ 139632098.70	.000000	$ 0.00
Opportunistic Fixed Income	$ 37493475.83	.000000	$ 0.00
Pax Sustainable Allocation	$ 9381966.66	.000000	$ 0.00
PGIM Global Total Return Fund	$ 21086073.22	.000000	$ 0.00
PIMCO All Asset All Authority	$ 3715614.52	.000000	$ 0.00
PIMCO All Asset	$ 44236563.86	.000000	$ 0.00
PIMCO Global Bond Opps Fund	$ 53643081.70	.000000	$ 0.00
PIMCO Intl Bond USD-Hedged	$ 9408928.82	.000000	$ 0.00
PIMCO Long Duration Total Rtn	$ 9394346.85	.000000	$ 0.00

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STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Principal Spectrum PrefSec Inc	$ 1809.73	.000000	$ 0.00
Putnam Global Income Fund	$ 374066.54	.000000	$ 0.00
Income Fund of America	$ 147715926.70	.000000	$ 0.00
Vanguard Balanced Index Fund	$ 118996844.72	.000000	$ 0.00
Vanguard Total Intl Bond Index	$ 8608270.04	.000000	$ 0.00
AB High Income Fund	$ 14809904.37	.000000	$ 0.00
AB Income Fund	$ 17764.06	.000000	$ 0.00
American Century Infl Adj Bond	$ 4159212.66	.000000	$ 0.00
American Funds Bond Fund of Am	$ 17782059.60	.000000	$ 0.00
BlackRock High Yield Bond Fund	$ 21574535.52	.000000	$ 0.00
BlackRock Infl Protected Bond	$ 6531735.45	.000000	$ 0.00
BlackRock Total Return Fund	$ 13553429.04	.000000	$ 0.00
BlackRock U.S. Debt Index Fund	$ 19324382.45	.000000	$ 0.00
Core Bond Fund	$ 203050230.13	.000000	$ 0.00
DFA Inflation-Protected Sec	$ 127194082.74	.000000	$ 0.00
DFA Intermediate Gov Fixed Inc	$ 16647736.18	.000000	$ 0.00
DoubleLine Core Fixed Income	$ 4241814.20	.000000	$ 0.00
DoubleLine Total Return Bond	$ 13706537.18	.000000	$ 0.00
Eaton Vance High Income Opps	$ 5236566.80	.000000	$ 0.00
Federated High Yield Bond	$ 148188649.44	.000000	$ 0.00
Federated Total Return Bond	$ 7488800.78	.000000	$ 0.00
Fidelity Advisor Total Bond	$ 890118309.34	.000000	$ 0.00
Floating Rate Income Fund	$ 14270225.77	.000000	$ 0.00
Guggenheim Total Return Bond	$ 11218597.77	.000000	$ 0.00
Hartford Inflation Plus Fund	$ 305048.78	.000000	$ 0.00
High Yield Fund	$ 196935722.79	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
Invesco Core Plus Bond Fund	$ 6289964.72	.000000	$ 0.00
Alternative Asset Allocation	$ 6623415.31	.000000	$ 0.00
John Hancock Bond Fund	$ 538245477.32	.000000	$ 0.00
John Hancock ESG Core Bond	$ 725023.57	.000000	$ 0.00
John Hancock Income Fund	$ 8077466.35	.000000	$ 0.00
John Hancock Invt Grade Bond	$ 5110224.22	.000000	$ 0.00
John Hancock Ret Income 2040	$ 6557.88	.000000	$ 0.00
JH Short Duration Credit Opps	$ 447390.66	.000000	$ 0.00
JPMorgan Core Bond Fund	$ 61988156.14	.000000	$ 0.00
JPMorgan Global Bond Opps	$ 5928292.73	.000000	$ 0.00
Loomis Sayles Core Plus Bond	$ 4549167.09	.000000	$ 0.00
Lord Abbett Bond Debenture	$ 17969485.61	.000000	$ 0.00
Lord Abbett Core Bond Fund	$ 8225676.20	.000000	$ 0.00
Lord Abbett Core Fixed Income	$ 7800428.44	.000000	$ 0.00
Lord Abbett High Yield Fund	$ 12120117.04	.000000	$ 0.00
MainStay MacKay HY Corp Bond	$ 1677002.03	.000000	$ 0.00
Metropolitan West Ttl Rtn Bond	$ 10737698.37	.000000	$ 0.00
Nuveen Strategic Income Fund	$ 2144465.94	.000000	$ 0.00
Payden/Kravitz Cash Balance	$ 65920071.41	.000000	$ 0.00
PGIM Total Return Bond Fund	$ 104944479.33	.000000	$ 0.00
PIMCO Income Fund	$ 89103197.37	.000000	$ 0.00
PIMCO Invt Grade Credit Bond	$ 5384846.77	.000000	$ 0.00
PIMCO Real Return	$ 182377530.14	.000000	$ 0.00
Strategic Income Opp Fund	$ 279224431.14	.000000	$ 0.00
T. Rowe Price Spectrum Inc	$ 145938492.69	.000000	$ 0.00
Templeton Global Bond Fund	$ 83580996.26	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
TIAA-CREF Core Impact Bond	$ 4498414.44	.000000	$ 0.00
Total Bond Market Fund	$ 359980426.69	.000000	$ 0.00
US Government Securities	$ 123250459.34	.000000	$ 0.00
U.S. High Yield Bond Fund	$ 61597780.34	.000000	$ 0.00
Vanguard Interm-Term Bond Idx	$ 32115971.47	.000000	$ 0.00
Vanguard Total Bond Market Idx	$ 94573853.89	.000000	$ 0.00
Virtus Seix Floating Rate HInc	$ 6572253.60	.000000	$ 0.00
Wells Fargo Core Bond Fund	$ 6990745.01	.000000	$ 0.00
Wells Fargo Govt Securities	$ 5293893.87	.000000	$ 0.00
Western Asset Core Bond Fund	$ 56409315.52	.000000	$ 0.00
Western Asset Core Plus Bond	$ 47039729.09	.000000	$ 0.00
Calvert Short Duration Income	$ 4335409.02	.000000	$ 0.00
DoubleLine Low Duration Bond	$ 2882839.85	.000000	$ 0.00
Federated Capital Preservation	$ 34995048.11	.000000	$ 0.00
Guggenheim Limited Duration	$ 1526582.33	.000000	$ 0.00
Invesco Premier US Govt Money	$ 42552687.76	.000000	$ 0.00
John Hancock Stable Val	$ 2614744317.35	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1007.68	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1007.47	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1007.26	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1006.83	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1006.41	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1005.98	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1005.56	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1005.13	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1004.70	.000000	$ 0.00

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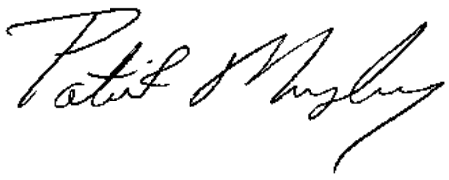
John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 145450 THE TRUSTEES OF AMIRIAN MANAGEMENT
COMPANY 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2020

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AMIRIAN MANAGEMENT COMPANY 401(K) PLAN Total No of Units	Total Value
JH Stable Val Gntd Income Fund	$ 109049253.79	.000000	$ 0.00
JH Stable Val Gntd Income Fund	$ 1008.11	.000000	$ 0.00
Lord Abbett Short Duration Inc	$ 44012885.15	.000000	$ 0.00
Money Market Fund	$ 1650783459.66	.000000	$ 0.00
NY Life Ins. Co. Anchor Acct	$ 46586407.62	.000000	$ 0.00
PGIM Short-Term Corporate Bond	$ 8758781.98	.000000	$ 0.00
PIMCO Short-Term Fund	$ 3419070.98	.000000	$ 0.00
Reliance MetLife Stable Value	$ 354836623.55	.000000	$ 0.00
T. Rowe Price Short Term Bond	$ 47411764.48	.000000	$ 0.00
Thornburg Limited Term Income	$ 2432928.01	.000000	$ 0.00
Vanguard Short-Term Bond Index	$ 30184496.95	.000000	$ 0.00
Vanguard Short-Term Federal	$ 393538869.95	.000000	$ 0.00
Vanguard ST Investment-Grade	$ 22780610.65	.000000	$ 0.00
International Value Fund	$ 0.00	.000000	$ 0.00
American Century 2020	$ 0.00	.000000	$ 0.00
JH Multi-Index 2020 Preserv	$ 0.00	.000000	$ 0.00

*Assets = Liabilities

I hereby certify that this statement, given pursuant to 29 CFR 2520.103-5(c), is complete and accurate.



Patrick Murphy
CEO, John Hancock Retirement

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