Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ICW GROUP HOLDINGS, INC. SALARY SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1983

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)
ICW GROUP HOLDINGS, INC.

15025 INNOVATION DRIVE
SAN DIEGO, CA 92128

2b Employer Identification Number (EIN) 95-2890041

2c Plan Sponsor's telephone number 858-350-2424

2d Business code (see instructions) 524150

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.	10/15/2021	MICHAEL MOLINA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1190
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)**	935
a(2) Total number of active participants at the end of the plan year	**6a(2)**	949
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	261
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1211
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	1211
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1189
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	24
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
ICW GROUP HOLDINGS, INC. SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ICW GROUP HOLDINGS, INC.

D Employer Identification Number (EIN)
95-2890041

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
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
35-0472300	65676	895203087	120	01/01/2020	12/31/2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
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	2697764
c	Additions: (1) Contributions deposited during the year	7c(1)	285426		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	56435		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	466299		
	▶ OTHER INCOME				
	(6) Total additions			7c(6)	808160
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	3505924
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	772117		
	(2) Administration charge made by carrier	7e(2)	5116		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	298318		
	▶ OTHER EXPENSES				
	(5) Total deductions			7e(5)	1075551
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2430373

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)**	0
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)**	0
(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)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶
ICW GROUP HOLDINGS, INC. SALARY SAVINGS PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
ICW GROUP HOLDINGS, INC.	95-2890041

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	85874	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MORGAN STANLEY GLOBAL BANKING OPER

1300 THAMES STREET WHARF
4TH FLOOR
BALTIMORE, MD 21231

(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?
26	INVESTMENT ADVISOR	50000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALZGI INTL SM CP IS - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.10%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GS LG CP VAL INS I - GOLDMAN SACHS 13-5108880	0.12%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP BLUE CHIP GRTH - T. ROWE PRICE 52-2269240	0.15%

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
ICW GROUP HOLDINGS, INC. SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ICW GROUP HOLDINGS, INC.

D Employer Identification Number (EIN)
95-2890041

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	852
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2611252	3100568
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	295304	986118
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1200557	1332706
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	68974772	83526193
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2697756	2430373
(15) Other	1c(15)	1357626	2225576

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	77137267	93602386
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
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**	77137267	93602386

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)**	3100568	
	(B) Participants	**2a(1)(B)**	7635365	
	(C) Others (including rollovers)	**2a(1)(C)**	1639390	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		12375323
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	1503	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	80870	
	(F) Other	**2b(1)(F)**	56458	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		138831
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	1931679	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		1931679
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	0	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(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)**	0	
	(B) Other	**2b(5)(B)**	0	
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		8631392
c Other income	2c		439862
d Total income. Add all **income** amounts in column (b) and enter total	2d		23517087
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6876876	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		6876876
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		38141
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	136951	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		136951
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7051968
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		16465119
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: LAVINE, LOFGREN, MORRIS & ENGELBER **(2)** EIN: 33-0690020

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		2000000
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 01/01/2020 and ending 12/31/2020

A Name of plan
ICW GROUP HOLDINGS, INC. SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ICW GROUP HOLDINGS, INC.

D Employer Identification Number (EIN)
95-2890041

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): 04-6568107

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_____

ICW GROUP HOLDINGS, INC.
SALARY SAVINGS PLAN

INDEPENDENT AUDITORS' REPORT, FINANCIAL STATEMENTS, AND SUPPLEMENTAL SCHEDULE

For the Year Ended December 31, 2020

ICW GROUP HOLDINGS, INC. SALARY SAVINGS PLAN

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LAVINE, LOFGREN, MORRIS & ENGELBERG, LLP
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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee
ICW Group Holdings, Inc. Salary Savings Plan
San Diego, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the ICW Group Holdings, Inc. Salary Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (“DOL”) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (“ERISA”), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company (“Fidelity”) the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedule

The supplemental schedule (Schedule H, Part IV, Line 4i) as of December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Lavine, Lofgren, Morin & Engelberg, LLP

La Jolla, California
October 13, 2021

ICW GROUP HOLDINGS, INC. SALARY SAVINGS PLAN

Statements of Net Assets Available for Benefits
As of December 31, 2020 and 2019

	2020	2019
ASSETS		
Noninterest bearing cash	$ 852	$ -
Investments at fair value:		
Interest-bearing cash	986,118	295,304
Mutual funds	83,526,193	68,974,772
Self-directed brokerage accounts	2,225,576	1,357,626
Total investments at fair value	86,737,887	70,627,702
Investments at contract value:		
Guaranteed investment accounts	2,430,373	2,697,756
Total investments	89,168,260	73,325,458
Receivables:		
Notes receivable from participants	1,332,706	1,200,557
Employer contributions receivable	3,100,568	2,611,252
Total receivables	4,433,274	3,811,809
Total assets	93,602,386	77,137,267
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 93,602,386	$ 77,137,267

See accompanying notes to financial statements.

ICW GROUP HOLDINGS, INC. SALARY SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2020

Additions to net assets attributed to:		
Investment income:		
Dividend income from mutual funds	$	1,931,679
Net realized and unrealized appreciation in fair value of mutual funds		8,631,392
Net realized and unrealized appreciation in fair value of self-directed brokerage accounts		439,862
Interest income from guaranteed investment account		56,458
Interest income from interest-bearing cash		1,503
Net investment income		11,060,894
Interest income on notes receivable from participants		80,870
Contributions:		
Participants - current		7,635,365
Participants - rollovers		1,639,390
Employer - matching contributions		3,100,568
Total contributions		12,375,323
Total additions		23,517,087
Deductions from net assets attributed to:		
Benefits paid to participants		6,876,876
Deemed distributions of notes receivable from participants		38,141
Administrative expenses		136,951
Total deductions		7,051,968
Net increase		16,465,119
Net assets available for benefits:		
Beginning of year		77,137,267
End of year	$	93,602,386

See accompanying notes to financial statements.

NOTE 1. DESCRIPTION OF PLAN

The following description of the ICW Group Holdings, Inc. (the "Company") Salary Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan includes employees of ICW Group Holdings, Inc., including its wholly-owned subsidiaries, Insurance Company of the West, Risk Insurance Brokers of the West, VerTerra Insurance Company, and On Point Risk Solutions, Inc. The Plan is a combined 401(k) plan and profit sharing plan whereby the Company may contribute cash to the Plan.

Eligibility

Eligible participants in the Plan are employees of the Company and its wholly-owned subsidiaries who are 21 years of age and have completed three months of service. The Plan excludes leased employees, collectively bargained employees, and nonresident aliens with no U.S. source income.

Participant Contributions

Eligible participants may elect to contribute up to 100% of pretax and/or after tax (Roth contributions) annual compensation, as defined by the Plan. In addition, employees who are age 50 or older can elect to defer additional amounts (called “catch-up contributions”) to the Plan. Participants may also contribute amounts representing rollover distributions from other qualified sources. All participant contributions are subject to limitations imposed by the Internal Revenue Code (“IRC”).

Any eligible employee hired on or after January 1, 2013, except those who made an affirmative election otherwise, are to be automatically enrolled in the Plan with an automatic contribution rate set at the maximum match percentage for the Plan year in which they become eligible, which will be contributed to the Plan on their behalf as a pretax savings contribution. The maximum match base for 2020 was 6%.

The Plan also has an automatic increase program for participant contributions. Each participant’s affirmative or deemed election of pretax savings contributions will automatically be increased by 1% each Plan year unless or until the participant is making pretax and/or Roth contributions, in the aggregate, at a rate equal to at least 10% of compensation, or the participant has made an affirmative election to contribute 0% of their compensation to the Plan. Participants may opt out of the automatic increase program at any time. Once a participant opts out, the participant will not be subject to further automatic increases unless they affirmatively elect to participate in the automatic increase program.

Contributions by participants with no investment selection in place are deposited into a qualified default investment alternative.

NOTE 1. DESCRIPTION OF PLAN (Continued)

Employer Contributions

The Plan allows for a discretionary matching contribution from the Company in a manner that distributes the match among eligible participants as an equal percent of participant deferral contributions. In addition, the Company has the option of making a discretionary profit sharing contribution to the Plan. The matching and profit sharing contributions are made only to participants in the Plan as of the last day of the Plan year, or the last day of the applicable eligibility period. For 2020, the discretionary matching contribution is equal to 75% of a participant's deferral (excluding catch-up contributions) up to 6% of eligible compensation. The Plan sponsor did not make a discretionary profit sharing contribution for 2020.

Participant Accounts

Each participant's account is credited with the participant's contributions, and an allocation of (a) the employer's discretionary matching contributions, if applicable, (b) the employer's discretionary profit sharing contributions, if applicable, (c) Plan earnings and losses, and (d) Plan expenses. Allocations to participant accounts of discretionary profit sharing contributions are based on the ratio between the participant's base salary and total base salaries of all participants as defined in the Plan document. Allocations of earnings and losses are based upon the ratio between the participant's account balance invested in a particular fund and the total account balances invested in that particular fund. Certain plan expenses are allocated to the accounts of Participants either proportionally based on the value of account balances or as an equal dollar amount based on the number of participants in the Plan. Other expenses are charged directly to accounts of transacting participants.

Vesting

Participants are immediately vested in their own contributions plus actual earnings thereon. Vesting in employer contributions is 100% upon the completion of three years of credited service by participants. A year of credited service is based on a twelve consecutive month period beginning on the participant's date of hire. Any period of service less than twelve consecutive months is disregarded.

Investment Options

Upon enrollment in the Plan, participants direct their contributions to any of the investment options offered by the Plan. Subsequently, participants may change their allocation and transfer account balances between the investment options in accordance with the Plan.

Notes Receivable from Participants

Participants may borrow against their accounts a minimum of $1,000 up to a maximum generally equal to the lesser of $50,000 or 50% of their vested account balances. The notes receivable are secured by the vested balance in the participant's account and bear interest rates determined by the Plan administrator. As of December 31, 2020, the interest rates ranged from 5.25% to 7.50%. Note terms range from one to five years unless used to purchase a primary residence, which may allow for repayment up to ten years. Principal and interest is paid regularly through payroll deductions. Outstanding notes receivable become due and payable upon a participant's termination of employment.

NOTE 1. DESCRIPTION OF PLAN (Continued)

In April 2020, the Plan operationally implemented the provisions of the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") (Note 10). Participants requesting relief under the CARES Act were permitted (i) an increased loan limit to the lesser of $100,000 or 100% of the nonforfeitable account balance (available until September 23, 2020), and (ii) a delay in loan repayments due through December 31, 2020 for up to one year.

Payment of Benefits

Upon retirement, death, disability, attaining age 59½, or hardship, a participant may elect to receive: 1) a lump sum amount equal to the value of his or her vested account balance; 2) periodic payments by selecting a predetermined number of payments or a fixed dollar payment of a selected frequency assuming specific requirements are met; or 3) elect to leave such funds on deposit in the Plan.

Pursuant to the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "SECURE" Act), which became law on December 20, 2019, participants may defer taking distributions as follows:

- If a participant reached the age of 70½ in 2019, the participant may defer receiving distributions until the later of April 1, 2020, or the April following the calendar year in which the participant retires;
- If a participant reaches the age of 70½ in 2020 or later, the participant may defer receiving distributions until the later of the April following the calendar year in which the participant reaches age 72 or retires.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance at the time of distribution.

Upon employee termination, the Plan may roll over a participant's vested account balance greater than $1,000 and less than $5,000 into an individual retirement account ("IRA") selected by the Plan sponsor, if the participant has not elected to receive a cash distribution or have the balance rolled over into an IRA of his/her choosing. Also at its discretion, the Plan sponsor may elect to distribute accounts with vested balances of less than $1,000 in the form of a lump sum payment.

The Plan allows for hardship distributions from a participant's vested account balance, in accordance with Plan and IRC provisions regarding qualifying expenses. Effective January 1, 2020, the Plan no longer suspends elective deferrals after participants take hardship distributions.

Participants requesting relief under the CARES Act were permitted (i) CARES Act related withdrawals up to $100,000 without a 10% early distribution penalty, (ii) such distributions can be repaid within three years of the date of distribution, and (iii) required minimum distributions were temporarily suspended for 2020.

NOTE 1. DESCRIPTION OF PLAN (Continued)

Forfeitures

Forfeitures of Company contributions may be used to reduce employer matching contributions or pay for Plan expenses. Forfeitures that were unallocated to participants totaled $88,641 and $27,628 as of December 31, 2020 and 2019, respectively. During 2020, $43,338 of forfeitures were used to reduce 2019 employer matching contributions, $105,937 in forfeitures were credited to the forfeiture account due to distributions, and there were $1,586 in expenses and other miscellaneous items, net. For the 2020 Plan year, employer matching contributions were $3,100,568 which is net of $115,245 applied from the forfeiture balance in April 2021.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Estimates and Assumptions

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes in net assets available for benefits. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value with the exception of fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net realized and unrealized appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

Certain costs and expenses related to the administration of the Plan are paid by the Plan sponsor. Other costs and expenses such as distribution expenses, loan expenses, and participant direction expenses, including brokerage fees are charged to the accounts of the applicable Plan participants.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2020 or 2019. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Recently Issued Accounting Standard

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2018-13, *Fair Value Measurement (Topic 820) Disclosure Framework Changes to the Disclosure Requirements for Fair Value Measurement*. ASU 2018-13 improves the disclosure requirements for fair value measurements. The Plan adopted this guidance beginning on January 1, 2020. Its adoption did not have a material impact on the Plan's financial statements.

Subsequent Events

The Plan has evaluated events through the date of the independent auditors' report, which is the date these financial statements were available to be issued.

NOTE 3. INFORMATION CERTIFIED BY THE CUSTODIAN

Fidelity Management Trust Company ("Fidelity"), the Plan's custodian, held the Plan's investment assets and executed investment transactions as of December 31, 2020 and 2019. All investments are participant-directed. All investment information disclosed in the accompanying financial statements and supplemental schedule (Schedule H, Part IV, Line 4i) as of December 31, 2020 and 2019, and the net realized and unrealized appreciation/depreciation in fair value of investments, and dividend and interest income for the year ended December 31, 2020, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by Fidelity.

NOTE 4. FAIR VALUE MEASUREMENTS

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

Level 1

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

NOTE 4. FAIR VALUE MEASUREMENT (Continued)

Level 2

Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement for the asset or liability at the measurement date. These inputs reflect Plan management's best estimate of what market participants would use in pricing the asset or liability at the measurement date. Consideration is given to the risk inherent in the valuation technique and in the inputs to the model.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2020 and 2019. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Cash, interest-bearing: Interest bearing deposits are valued at carrying value, which approximates fair value.

Self-directed brokerage accounts: Accounts consist primarily of common stocks, cash, exchange traded funds, and publicly-traded stocks for which identical securities are observable in active markets.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 4. FAIR VALUE MEASUREMENT (Continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020 and 2019:

	December 31, 2020			
	Level 1	Level 2	Level 3	Total
Cash, interest-bearing	$ 986,118	$ -	$ -	$ 986,118
Mutual funds	83,526,193	-	-	83,526,193
Self-directed brokerage accounts	2,225,576	-	-	2,225,576
Total investments at fair value	$ 86,737,887	$ -	$ -	$ 86,737,887

	December 31, 2019			
	Level 1	Level 2	Level 3	Total
Cash, interest-bearing	$ 295,304	$ -	$ -	$ 295,304
Mutual funds	68,974,772	-	-	68,974,772
Self-directed brokerage accounts	1,357,626	-	-	1,357,626
Total investments at fair value	$ 70,627,702	$ -	$ -	$ 70,627,702

NOTE 5. FULLY BENEFIT-RESPONSIVE INVESTMENT ACCOUNTS

The Lincoln National Life Insurance Company

The Plan has a group annuity insurance contract with Lincoln National Life Insurance Company ("Lincoln"). This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount which would be received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus interest credited and less participant withdrawals.

The Plan owns a promise to pay interest at crediting rates which are announced in advance and guaranteed for a specified period of time as outlined in the group annuity contract. This product is a guaranteed investment contract. The contract defines the circumstances and amounts for which the contract may be terminated by the Plan.

The Plan's ability to receive amounts due in accordance with the Lincoln contract is dependent on Lincoln's ability to meet its financial obligations which may be affected by future economic and regulatory developments. Certain events may limit the ability of the Plan to transact at contract value. Such events include but may not be limited to the complete or partial termination of the Plan or the establishment or activation of, or material change in, an investment fund, or an amendment to the Plan or a change in the administration or operation of the Plan, including the removal of a group of employees from Plan coverage as a result of the sale or liquidation of a subsidiary or division or as a result of group layoffs or early retirement programs. Plan management does not believe these events are probable of occurring.

NOTE 6. PLAN TERMINATION

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

NOTE 7. TAX STATUS

The Plan has adopted a volume submitter plan with Fidelity. The volume submitter plan received an opinion letter dated May 31, 2014 stating that the Plan is qualified and the trust established under the Plan is tax-exempt, under applicable sections of the IRC. The Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the accompanying financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

NOTE 8. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain of the Plan's operating expenses are paid by the Plan sponsor. The Plan sponsor provides administrative services for the Plan at no cost to the Plan. In addition, certain investments are managed by the Custodian of the Plan's assets. These transactions qualify as exempt party-in-interest transactions.

NOTE 9. RISKS AND UNCERTAINTIES

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

NOTE 10. COVID-19 AND CARES ACT

In December 2019, a novel strain of coronavirus was reported to have surfaced in China. On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. The spread of this virus beyond China and within the United States of America ("U.S.") caused business disruption throughout 2020 as well as significant economic uncertainty and volatility in financial markets. The effects of the pandemic are ongoing, and considerable uncertainty remains, including the continuing necessity for restrictions and the long-term effectiveness of vaccines. As such, Plan management is unable to estimate the impacts of the pandemic on the Plan's future operations, if any. The financial statements contain no adjustments relating to the potential future effects of the pandemic.

In response to the effects of the coronavirus on the economy, in March 2020, Congress passed the CARES Act. The CARES Act provides temporary relief for retirement plan sponsors and their participants with respect to employer contributions, distributions, and participant loans. The provisions of the CARES Act may be effective prior to formally amending the Plan document. The Plan has implemented certain relief provisions included in the CARES Act as disclosed in the preceding notes to the financial statements. Plan management expects to formally amend the Plan by December 31, 2022.

SUPPLEMENTAL SCHEDULE

ICW GROUP HOLDINGS, INC. SALARY SAVINGS PLAN

Attachment for Form 5500 – Schedule H, Part IV, Line 4i – Schedule of Assets Held for Investment Purposes at End of Year

EIN: 95-2890041
As of December 31, 2020
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost [1]	(e) Current Value
*	FID Gvt MMkt	Money Market Account	-	$ 986,118
	Mutual Funds:			
	AF EuroPac Growth R6	Mutual Fund	-	2,154,374
	Alzgi Intl Sm Cp IS	Mutual Fund	-	584,683
	AM Cent MD CP Val R6	Mutual Fund	-	446,031
	Blkrk Infl Pro Bd K	Mutual Fund	-	472,546
	DFA US Target Val I	Mutual Fund	-	28,586
*	FID 500 Index	Mutual Fund	-	7,010,046
*	FID Mid Cap Idx	Mutual Fund	-	2,118,044
*	FID Real Estate Idx	Mutual Fund	-	288,692
*	FID Sm Cap Idx	Mutual Fund	-	2,020,733
*	FID Small Cap Gr K6	Mutual Fund	-	406,287
*	FID Total Intl Idx	Mutual Fund	-	831,956
*	FID US Bond Idx	Mutual Fund	-	787,360
	GS LG Cap Val Ins I	Mutual Fund	-	1,883,983
	Invs Intl Bond R6	Mutual Fund	-	65,122
	Ivy Emrg Mkts Eq N	Mutual Fund	-	384,493
	J H Enterprise N	Mutual Fund	-	1,823,981
	JPM SR Blend 2020 R6	Mutual Fund	-	2,978,545
	JPM SR Blend 2025 R6	Mutual Fund	-	5,294,960
	JPM SR Blend 2030 R6	Mutual Fund	-	7,525,104
	JPM SR Blend 2035 R6	Mutual Fund	-	4,524,862
	JPM SR Blend 2040 R6	Mutual Fund	-	4,600,616
	JPM SR Blend 2045 R6	Mutual Fund	-	4,284,414
	JPM SR Blend 2050 R6	Mutual Fund	-	2,904,810
	JPM SR Blend 2055 R6	Mutual Fund	-	2,705,636
	JPM SR Blend 2060 R6	Mutual Fund	-	534,766
	JPM SR Blend Inc R6	Mutual Fund	-	756,973
	Pimco Income Inst	Mutual Fund	-	1,808,515
	Pioneer Bond K	Mutual Fund	-	1,930,657
	Putn Dyn AA Bal R6	Mutual Fund	-	7,492,112
	Putn Dyn AA Cnsrv R6	Mutual Fund	-	5,104,444
	Putn Dyn AA Grth R6	Mutual Fund	-	3,796,272
	TRP Blue Chip Grth	Mutual Fund	-	5,750,361
	VG TL Intl BD Idx AD	Mutual Fund	-	226,229
		Subtotal - Mutual Funds		83,526,193
*	Brokerage Link	Self-directed brokerage accounts	-	2,225,576
	Lincoln Stable Value	Guaranteed investment contract	-	2,430,373
*	Participant Loans	Interest rates range from 5.25% to 7.50%; varying maturity dates	- 0 -	1,332,706
		Total		$ 90,500,966

* Represents a party-in-interest.

[1] In accordance with Form 5500 instructions, cost information with respect to participant or beneficiary directed investments under an individual account plan may be omitted.

See accompanying independent auditors' report.

ICW GROUP HOLDINGS, INC.
SALARY SAVINGS PLAN

INDEPENDENT AUDITORS' REPORT, FINANCIAL STATEMENTS, AND SUPPLEMENTAL SCHEDULE

For the Year Ended December 31, 2020

ICW GROUP HOLDINGS, INC. SALARY SAVINGS PLAN

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee
ICW Group Holdings, Inc. Salary Savings Plan
San Diego, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the ICW Group Holdings, Inc. Salary Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (“DOL”) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (“ERISA”), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company (“Fidelity”) the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedule

The supplemental schedule (Schedule H, Part IV, Line 4i) as of December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Lavine, Lofgren, Morin & Engelberg, LLP

La Jolla, California
October 13, 2021

ICW GROUP HOLDINGS, INC. SALARY SAVINGS PLAN

Statements of Net Assets Available for Benefits
As of December 31, 2020 and 2019

	2020	2019
ASSETS		
Noninterest bearing cash	$ 852	$ -
Investments at fair value:		
Interest-bearing cash	986,118	295,304
Mutual funds	83,526,193	68,974,772
Self-directed brokerage accounts	2,225,576	1,357,626
Total investments at fair value	86,737,887	70,627,702
Investments at contract value:		
Guaranteed investment accounts	2,430,373	2,697,756
Total investments	89,168,260	73,325,458
Receivables:		
Notes receivable from participants	1,332,706	1,200,557
Employer contributions receivable	3,100,568	2,611,252
Total receivables	4,433,274	3,811,809
Total assets	93,602,386	77,137,267
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 93,602,386	$ 77,137,267

See accompanying notes to financial statements.

ICW GROUP HOLDINGS, INC. SALARY SAVINGS PLAN

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The Plan is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan includes employees of ICW Group Holdings, Inc., including its wholly-owned subsidiaries, Insurance Company of the West, Risk Insurance Brokers of the West, VerTerra Insurance Company, and On Point Risk Solutions, Inc. The Plan is a combined 401(k) plan and profit sharing plan whereby the Company may contribute cash to the Plan.

Eligibility

Eligible participants in the Plan are employees of the Company and its wholly-owned subsidiaries who are 21 years of age and have completed three months of service. The Plan excludes leased employees, collectively bargained employees, and nonresident aliens with no U.S. source income.

Participant Contributions

Eligible participants may elect to contribute up to 100% of pretax and/or after tax (Roth contributions) annual compensation, as defined by the Plan. In addition, employees who are age 50 or older can elect to defer additional amounts (called “catch-up contributions”) to the Plan. Participants may also contribute amounts representing rollover distributions from other qualified sources. All participant contributions are subject to limitations imposed by the Internal Revenue Code (“IRC”).

Any eligible employee hired on or after January 1, 2013, except those who made an affirmative election otherwise, are to be automatically enrolled in the Plan with an automatic contribution rate set at the maximum match percentage for the Plan year in which they become eligible, which will be contributed to the Plan on their behalf as a pretax savings contribution. The maximum match base for 2020 was 6%.

The Plan also has an automatic increase program for participant contributions. Each participant’s affirmative or deemed election of pretax savings contributions will automatically be increased by 1% each Plan year unless or until the participant is making pretax and/or Roth contributions, in the aggregate, at a rate equal to at least 10% of compensation, or the participant has made an affirmative election to contribute 0% of their compensation to the Plan. Participants may opt out of the automatic increase program at any time. Once a participant opts out, the participant will not be subject to further automatic increases unless they affirmatively elect to participate in the automatic increase program.

Contributions by participants with no investment selection in place are deposited into a qualified default investment alternative.

NOTE 1. DESCRIPTION OF PLAN (Continued)

Employer Contributions

The Plan allows for a discretionary matching contribution from the Company in a manner that distributes the match among eligible participants as an equal percent of participant deferral contributions. In addition, the Company has the option of making a discretionary profit sharing contribution to the Plan. The matching and profit sharing contributions are made only to participants in the Plan as of the last day of the Plan year, or the last day of the applicable eligibility period. For 2020, the discretionary matching contribution is equal to 75% of a participant's deferral (excluding catch-up contributions) up to 6% of eligible compensation. The Plan sponsor did not make a discretionary profit sharing contribution for 2020.

Participant Accounts

Each participant's account is credited with the participant's contributions, and an allocation of (a) the employer's discretionary matching contributions, if applicable, (b) the employer's discretionary profit sharing contributions, if applicable, (c) Plan earnings and losses, and (d) Plan expenses. Allocations to participant accounts of discretionary profit sharing contributions are based on the ratio between the participant's base salary and total base salaries of all participants as defined in the Plan document. Allocations of earnings and losses are based upon the ratio between the participant's account balance invested in a particular fund and the total account balances invested in that particular fund. Certain plan expenses are allocated to the accounts of Participants either proportionally based on the value of account balances or as an equal dollar amount based on the number of participants in the Plan. Other expenses are charged directly to accounts of transacting participants.

Vesting

Participants are immediately vested in their own contributions plus actual earnings thereon. Vesting in employer contributions is 100% upon the completion of three years of credited service by participants. A year of credited service is based on a twelve consecutive month period beginning on the participant's date of hire. Any period of service less than twelve consecutive months is disregarded.

Investment Options

Upon enrollment in the Plan, participants direct their contributions to any of the investment options offered by the Plan. Subsequently, participants may change their allocation and transfer account balances between the investment options in accordance with the Plan.

Notes Receivable from Participants

Participants may borrow against their accounts a minimum of $1,000 up to a maximum generally equal to the lesser of $50,000 or 50% of their vested account balances. The notes receivable are secured by the vested balance in the participant's account and bear interest rates determined by the Plan administrator. As of December 31, 2020, the interest rates ranged from 5.25% to 7.50%. Note terms range from one to five years unless used to purchase a primary residence, which may allow for repayment up to ten years. Principal and interest is paid regularly through payroll deductions. Outstanding notes receivable become due and payable upon a participant's termination of employment.

NOTE 1. DESCRIPTION OF PLAN (Continued)

In April 2020, the Plan operationally implemented the provisions of the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") (Note 10). Participants requesting relief under the CARES Act were permitted (i) an increased loan limit to the lesser of $100,000 or 100% of the nonforfeitable account balance (available until September 23, 2020), and (ii) a delay in loan repayments due through December 31, 2020 for up to one year.

Payment of Benefits

Upon retirement, death, disability, attaining age 59½, or hardship, a participant may elect to receive: 1) a lump sum amount equal to the value of his or her vested account balance; 2) periodic payments by selecting a predetermined number of payments or a fixed dollar payment of a selected frequency assuming specific requirements are met; or 3) elect to leave such funds on deposit in the Plan.

Pursuant to the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "SECURE" Act), which became law on December 20, 2019, participants may defer taking distributions as follows:

- If a participant reached the age of 70½ in 2019, the participant may defer receiving distributions until the later of April 1, 2020, or the April following the calendar year in which the participant retires;
- If a participant reaches the age of 70½ in 2020 or later, the participant may defer receiving distributions until the later of the April following the calendar year in which the participant reaches age 72 or retires.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance at the time of distribution.

Upon employee termination, the Plan may roll over a participant's vested account balance greater than $1,000 and less than $5,000 into an individual retirement account ("IRA") selected by the Plan sponsor, if the participant has not elected to receive a cash distribution or have the balance rolled over into an IRA of his/her choosing. Also at its discretion, the Plan sponsor may elect to distribute accounts with vested balances of less than $1,000 in the form of a lump sum payment.

The Plan allows for hardship distributions from a participant's vested account balance, in accordance with Plan and IRC provisions regarding qualifying expenses. Effective January 1, 2020, the Plan no longer suspends elective deferrals after participants take hardship distributions.

Participants requesting relief under the CARES Act were permitted (i) CARES Act related withdrawals up to $100,000 without a 10% early distribution penalty, (ii) such distributions can be repaid within three years of the date of distribution, and (iii) required minimum distributions were temporarily suspended for 2020.

NOTE 1. DESCRIPTION OF PLAN (Continued)

Forfeitures

Forfeitures of Company contributions may be used to reduce employer matching contributions or pay for Plan expenses. Forfeitures that were unallocated to participants totaled $88,641 and $27,628 as of December 31, 2020 and 2019, respectively. During 2020, $43,338 of forfeitures were used to reduce 2019 employer matching contributions, $105,937 in forfeitures were credited to the forfeiture account due to distributions, and there were $1,586 in expenses and other miscellaneous items, net. For the 2020 Plan year, employer matching contributions were $3,100,568 which is net of $115,245 applied from the forfeiture balance in April 2021.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Estimates and Assumptions

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes in net assets available for benefits. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value with the exception of fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net realized and unrealized appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

Certain costs and expenses related to the administration of the Plan are paid by the Plan sponsor. Other costs and expenses such as distribution expenses, loan expenses, and participant direction expenses, including brokerage fees are charged to the accounts of the applicable Plan participants.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2020 or 2019. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Recently Issued Accounting Standard

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2018-13, *Fair Value Measurement (Topic 820) Disclosure Framework Changes to the Disclosure Requirements for Fair Value Measurement*. ASU 2018-13 improves the disclosure requirements for fair value measurements. The Plan adopted this guidance beginning on January 1, 2020. Its adoption did not have a material impact on the Plan's financial statements.

Subsequent Events

The Plan has evaluated events through the date of the independent auditors' report, which is the date these financial statements were available to be issued.

NOTE 3. INFORMATION CERTIFIED BY THE CUSTODIAN

Fidelity Management Trust Company ("Fidelity"), the Plan's custodian, held the Plan's investment assets and executed investment transactions as of December 31, 2020 and 2019. All investments are participant-directed. All investment information disclosed in the accompanying financial statements and supplemental schedule (Schedule H, Part IV, Line 4i) as of December 31, 2020 and 2019, and the net realized and unrealized appreciation/depreciation in fair value of investments, and dividend and interest income for the year ended December 31, 2020, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by Fidelity.

NOTE 4. FAIR VALUE MEASUREMENTS

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

Level 1

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

NOTE 4. FAIR VALUE MEASUREMENT (Continued)

Level 2

Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement for the asset or liability at the measurement date. These inputs reflect Plan management's best estimate of what market participants would use in pricing the asset or liability at the measurement date. Consideration is given to the risk inherent in the valuation technique and in the inputs to the model.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2020 and 2019. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Cash, interest-bearing: Interest bearing deposits are valued at carrying value, which approximates fair value.

Self-directed brokerage accounts: Accounts consist primarily of common stocks, cash, exchange traded funds, and publicly-traded stocks for which identical securities are observable in active markets.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 4. FAIR VALUE MEASUREMENT (Continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020 and 2019:

	December 31, 2020			
	Level 1	Level 2	Level 3	Total
Cash, interest-bearing	$ 986,118	$ -	$ -	$ 986,118
Mutual funds	83,526,193	-	-	83,526,193
Self-directed brokerage accounts	2,225,576	-	-	2,225,576
Total investments at fair value	$ 86,737,887	$ -	$ -	$ 86,737,887

	December 31, 2019			
	Level 1	Level 2	Level 3	Total
Cash, interest-bearing	$ 295,304	$ -	$ -	$ 295,304
Mutual funds	68,974,772	-	-	68,974,772
Self-directed brokerage accounts	1,357,626	-	-	1,357,626
Total investments at fair value	$ 70,627,702	$ -	$ -	$ 70,627,702

NOTE 5. FULLY BENEFIT-RESPONSIVE INVESTMENT ACCOUNTS

The Lincoln National Life Insurance Company

The Plan has a group annuity insurance contract with Lincoln National Life Insurance Company ("Lincoln"). This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount which would be received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus interest credited and less participant withdrawals.

The Plan owns a promise to pay interest at crediting rates which are announced in advance and guaranteed for a specified period of time as outlined in the group annuity contract. This product is a guaranteed investment contract. The contract defines the circumstances and amounts for which the contract may be terminated by the Plan.

The Plan's ability to receive amounts due in accordance with the Lincoln contract is dependent on Lincoln's ability to meet its financial obligations which may be affected by future economic and regulatory developments. Certain events may limit the ability of the Plan to transact at contract value. Such events include but may not be limited to the complete or partial termination of the Plan or the establishment or activation of, or material change in, an investment fund, or an amendment to the Plan or a change in the administration or operation of the Plan, including the removal of a group of employees from Plan coverage as a result of the sale or liquidation of a subsidiary or division or as a result of group layoffs or early retirement programs. Plan management does not believe these events are probable of occurring.

NOTE 6. PLAN TERMINATION

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

NOTE 7. TAX STATUS

The Plan has adopted a volume submitter plan with Fidelity. The volume submitter plan received an opinion letter dated May 31, 2014 stating that the Plan is qualified and the trust established under the Plan is tax-exempt, under applicable sections of the IRC. The Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the accompanying financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

NOTE 8. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain of the Plan's operating expenses are paid by the Plan sponsor. The Plan sponsor provides administrative services for the Plan at no cost to the Plan. In addition, certain investments are managed by the Custodian of the Plan's assets. These transactions qualify as exempt party-in-interest transactions.

NOTE 9. RISKS AND UNCERTAINTIES

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

NOTE 10. COVID-19 AND CARES ACT

In December 2019, a novel strain of coronavirus was reported to have surfaced in China. On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. The spread of this virus beyond China and within the United States of America ("U.S.") caused business disruption throughout 2020 as well as significant economic uncertainty and volatility in financial markets. The effects of the pandemic are ongoing, and considerable uncertainty remains, including the continuing necessity for restrictions and the long-term effectiveness of vaccines. As such, Plan management is unable to estimate the impacts of the pandemic on the Plan's future operations, if any. The financial statements contain no adjustments relating to the potential future effects of the pandemic.

In response to the effects of the coronavirus on the economy, in March 2020, Congress passed the CARES Act. The CARES Act provides temporary relief for retirement plan sponsors and their participants with respect to employer contributions, distributions, and participant loans. The provisions of the CARES Act may be effective prior to formally amending the Plan document. The Plan has implemented certain relief provisions included in the CARES Act as disclosed in the preceding notes to the financial statements. Plan management expects to formally amend the Plan by December 31, 2022.

SUPPLEMENTAL SCHEDULE

ICW GROUP HOLDINGS, INC. SALARY SAVINGS PLAN

Attachment for Form 5500 – Schedule H, Part IV, Line 4i – Schedule of Assets Held for Investment Purposes at End of Year

EIN: 95-2890041
As of December 31, 2020
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost [1]	(e) Current Value
*	FID Gvt MMkt	Money Market Account	-	$ 986,118
	Mutual Funds:			
	AF EuroPac Growth R6	Mutual Fund	-	2,154,374
	Alzgi Intl Sm Cp IS	Mutual Fund	-	584,683
	AM Cent MD CP Val R6	Mutual Fund	-	446,031
	Blkrk Infl Pro Bd K	Mutual Fund	-	472,546
	DFA US Target Val I	Mutual Fund	-	28,586
*	FID 500 Index	Mutual Fund	-	7,010,046
*	FID Mid Cap Idx	Mutual Fund	-	2,118,044
*	FID Real Estate Idx	Mutual Fund	-	288,692
*	FID Sm Cap Idx	Mutual Fund	-	2,020,733
*	FID Small Cap Gr K6	Mutual Fund	-	406,287
*	FID Total Intl Idx	Mutual Fund	-	831,956
*	FID US Bond Idx	Mutual Fund	-	787,360
	GS LG Cap Val Ins I	Mutual Fund	-	1,883,983
	Invs Intl Bond R6	Mutual Fund	-	65,122
	Ivy Emrg Mkts Eq N	Mutual Fund	-	384,493
	J H Enterprise N	Mutual Fund	-	1,823,981
	JPM SR Blend 2020 R6	Mutual Fund	-	2,978,545
	JPM SR Blend 2025 R6	Mutual Fund	-	5,294,960
	JPM SR Blend 2030 R6	Mutual Fund	-	7,525,104
	JPM SR Blend 2035 R6	Mutual Fund	-	4,524,862
	JPM SR Blend 2040 R6	Mutual Fund	-	4,600,616
	JPM SR Blend 2045 R6	Mutual Fund	-	4,284,414
	JPM SR Blend 2050 R6	Mutual Fund	-	2,904,810
	JPM SR Blend 2055 R6	Mutual Fund	-	2,705,636
	JPM SR Blend 2060 R6	Mutual Fund	-	534,766
	JPM SR Blend Inc R6	Mutual Fund	-	756,973
	Pimco Income Inst	Mutual Fund	-	1,808,515
	Pioneer Bond K	Mutual Fund	-	1,930,657
	Putn Dyn AA Bal R6	Mutual Fund	-	7,492,112
	Putn Dyn AA Cnsrv R6	Mutual Fund	-	5,104,444
	Putn Dyn AA Grth R6	Mutual Fund	-	3,796,272
	TRP Blue Chip Grth	Mutual Fund	-	5,750,361
	VG TL Intl BD Idx AD	Mutual Fund	-	226,229
		Subtotal - Mutual Funds		83,526,193
*	Brokerage Link	Self-directed brokerage accounts	-	2,225,576
	Lincoln Stable Value	Guaranteed investment contract	-	2,430,373
*	Participant Loans	Interest rates range from 5.25% to 7.50%; varying maturity dates	- 0 -	1,332,706
		Total		$ 90,500,966

* Represents a party-in-interest.

[1] In accordance with Form 5500 instructions, cost information with respect to participant or beneficiary directed investments under an individual account plan may be omitted.

See accompanying independent auditors' report.