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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALLIANZ ASSET ACCUMULATION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1950

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)
AZOA SERVICES CORPORATION

5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 55416

2b Employer Identification Number (EIN) 75-1723041

2c Plan Sponsor's telephone number 888-899-6844

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.	10/14/2022	JENNY GULDSETH
	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 ☐ Same as Plan Sponsor

EMPLOYEE BENEFITS ADMINISTRATION COMMITTEE

5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 55416

3b Administrator's EIN
94-2339268

3c Administrator's telephone number
888-899-6844

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**	8633
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)**	4759
a(2) Total number of active participants at the end of the plan year	**6a(2)**	4848
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	3767
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	8615
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	33
f Total. Add lines **6d** and **6e**	**6f**	8648
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	8559
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	361
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

(1)	☒	**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)	☒		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	☐	0	**A** (Insurance Information)
(4)	☒		**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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
ALLIANZ ASSET ACCUMULATION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AZOA SERVICES CORPORATION

D Employer Identification Number (EIN)
75-1723041

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

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

DIMENSIONAL FUND ADVISORS INC

30-0447847

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

DODGE AND COX

94-1441976

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

FIDELITY INSTL ASSET MGMT

04-3532603

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

GALLIARD CAPITAL MANAGEMENT, LLC

41-1813702

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

JPMORGAN CHASE BANK, N.A.

270 PARK AVE, 22ND FLOOR
NEW YORK, NY 10017

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

OAKMARK EQUITY AND INCOME FUND

330 WEST 9TH STREET
KANSAS CITY, MO 64105-1514

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

PACIFIC INVESTMENT MGT COMPANY

33-0629048

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

T ROWE PRICE ASSOCIATES INC

52-0556948

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

THE VANGUARD GROUP

23-1945930

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

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

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

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

ALIGHT FINANCIAL ADVISORS, LLC

82-1061233

(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 50	NONE	957714	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 99	NONE	464403	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

THE BANK OF NEW YORK MELLON

13-5160382

(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?
19 21 28 50 51 52 62	TRUSTEE	209407	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

QUANTITATIVE MANAGEMENT ASSOCIATES

33-1077887

(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?
28 50 51	NONE	115281	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

(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?
33 50 61 63	NONE	22401	Yes [X] No [ ]	Yes [X] No [ ]	23432	Yes [ ] No [X]

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

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	45400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PERSHING LLC

13-2741729

(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?
59 61 71 99	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	31968	Yes [ ] No [X]

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

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	28675	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON CONSULTING

36-3051915

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	24000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CURCIO WEBB LLC

36-4171366

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	13700	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
PERSHING LLC	61	8345

(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.
MULTIPLE MUTUAL FUND COMPANIES 13-2741729	FINDER'S FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PERSHING LLC	71	19853

(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.
ALIGHT FINANCIAL SOLUTIONS, LLC 82-1061233	CLEARING AGENT SERVICES PROVIDED TO ALIGHT FINANCIAL SOLUTIONS, LLC FOR THE SELF-DIRECTED BROKERAGE WINDOW.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALIGHT FINANCIAL SOLUTIONS, LLC	61	20534

(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.
PERSHING LLC 13-2741729	FINDER'S FEES

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
PERSHING LLC	99	2935

(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.
MLTPL M.F. COMPANIES & PERSHING LLC 13-2741729	OTHER FEES RELATED TO CLEARING AGENT SERVICES PROVIDED TO ALIGHT FINANCIAL SOLUTIONS, LLC FOR THE SELF-DIRECTED BROKERAGE WINDOW.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALIGHT FINANCIAL SOLUTIONS, LLC	63	2898

(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.
MULTIPLE MUTUAL FUND COMPANIES 82-1061233	AGGREGATED INVESTMENT MANAGER FUND FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PERSHING LLC	59	835

(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.
MULTIPLE MUTUAL FUND COMPANIES 13-2741729	SHAREHOLDER SERVICING FEES

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
ALLIANZ ASSET ACCUMULATION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AZOA SERVICES CORPORATION

D Employer Identification Number (EIN)
75-1723041

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

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

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-023	C	3472000

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRETIREMENT DRE INCOME

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-3063490-001	C	34107000

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/BLACKROCK ST INV FUND

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-6292499-001	C	7858000

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRETIREMENT DRE 2020 FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-3063359-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRETIREMENT DRE 2025 FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5819098-001	C	43781000

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRETIREMENT DRE 2030 FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-3063387-001	C	40268000

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRETIREMENT DRE 2035 FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5819181-001	C	39722000

a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB SMARTRETIREMENT DRE 2040 FUND		
b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.		
c EIN-PN 20-3063440-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	34028000
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB SMARTRETIREMENT DRE 2045 FUND		
b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.		
c EIN-PN 20-5819388-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	36595000
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB SMARTRETIREMENT DRE 2050 FUND		
b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.		
c EIN-PN 20-5819476-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30708000
a Name of MTIA, CCT, PSA, or 103-12 IE:	T.ROWE PRICE GRWTH STOCK TRUST		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE TRUST COMPANY		
c EIN-PN 52-6559833-013	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	144017000
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB SMARTRET DRE 2055 FUND		
b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.		
c EIN-PN 45-5595944-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15525000
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIAM BROAD MARKET DURATION		
b Name of sponsor of entity listed in (a):	FIDELITY INSTL ASSET MGMT TRUST COMPANY		
c EIN-PN 20-4659714-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	93935000
a Name of MTIA, CCT, PSA, or 103-12 IE:	WELLS FARGO FIXED INCOME FUND A		
b Name of sponsor of entity listed in (a):	WELLS FARGO BANK, N.A.		
c EIN-PN 52-2250963-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	50553000
a Name of MTIA, CCT, PSA, or 103-12 IE:	WELLS FARGO FIXED INCOME FUND F		
b Name of sponsor of entity listed in (a):	WELLS FARGO BANK, N.A.		
c EIN-PN 52-2252204-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	66763000
a Name of MTIA, CCT, PSA, or 103-12 IE:	WELLS FARGO FIXED INCOME FUND L		
b Name of sponsor of entity listed in (a):	WELLS FARGO BANK, N.A.		
c EIN-PN 27-6635237-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	50549000
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMORGAN CHASE BK NA CMNGLD TR 2060		
b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.		
c EIN-PN 81-3221155-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1765000

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
ALLIANZ ASSET ACCUMULATION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AZOA SERVICES CORPORATION

D Employer Identification Number (EIN)
75-1723041

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9302000	8261000
(2) Participant contributions	1b(2)	1680000	0
(3) Other	1b(3)	361000	572000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	175000	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	73965000	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	10931000	9700000
(9) Value of interest in common/collective trusts	1c(9)	660725000	693646000
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1013350000	1275587000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	72880000	75521000

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1843369000	2063287000
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	880000	862000
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	241000	80000
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1121000	942000
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1842248000	2062345000

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)	38285000	
	(B) Participants	2a(1)(B)	61945000	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		100230000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	392000	
	(F) Other	2b(1)(F)	352000	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		744000
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	205000	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	21499000	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		21704000
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	107413000	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	91908000	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		15505000
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		18728000
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		200379000
c Other income	2c		40588000
d Total income. Add all **income** amounts in column (b) and enter total	2d		397878000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	175964000	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		175964000
f Corrective distributions (see instructions)	2f		23000
g Certain deemed distributions of participant loans (see instructions)	2g		22000
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	1285000	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	487000	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1772000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		177781000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		220097000
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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: CROWE LLP **(2)** EIN: 35-0921680

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		38000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
ALLIANZ ASSET ACCUMULATION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AZOA SERVICES CORPORATION

D Employer Identification Number (EIN)
75-1723041

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** | 0

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): 25-1904625

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 _____

ALLIANZ ASSET ACCUMULATION PLAN

FINANCIAL STATEMENTS

December 31, 2021 and 2020

Confidential

ALLIANZ ASSET ACCUMULATION PLAN

FINANCIAL STATEMENTS

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

To the AZSC Employee Benefits Administration Committee
Allianz Asset Accumulation Plan
Petaluma, California

Opinion

We have audited the financial statements of Allianz Asset Accumulation Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of *Schedule H, Line 4i-Schedule of Assets (Held at End of Year)* is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

(Continued)

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Crowe LLP

Crowe LLP

Oak Brook, Illinois
October 13, 2022

ALLIANZ ASSET ACCUMULATION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020
(In thousands)

	2021	2020
ASSETS		
Investments, at fair value	$ 1,869,031	$ 1,627,654
Investments, at contract value	172,288	185,087
Total investments	2,041,319	1,812,741
Receivables:		
Employer contributions	8,261	9,302
Member contributions	-	1,680
Accrued interest and dividends	175	277
Notes receivable from members	9,977	11,186
Total receivables	18,413	22,445
Due from broker for securities sold	397	84
Total assets	2,060,129	1,835,270
LIABILITIES		
Accrued expenses	862	880
Due to broker for securities purchased	80	241
Total liabilities	942	1,121
Net assets available for benefits	$ 2,059,187	$ 1,834,149

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

ALLIANZ ASSET ACCUMULATION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2021 and 2020
(In thousands)

	2021	2020
ADDITIONS		
Contributions:		
Employer	$ 38,285	$ 39,831
Members	61,945	59,378
Total contributions	100,230	99,209
Investment income (Note 3):		
Interest income	352	122
Dividend income	21,704	19,615
Net appreciation in fair value of investments	280,096	165,349
Net investment income	302,152	185,086
Interest on notes receivable from members	392	506
Net additions	402,774	284,801
DEDUCTIONS		
Distributions to members	175,964	136,599
Administrative expenses	1,772	2,615
Miscellaneous expenses	-	57
Total deductions	177,736	139,271
Net increase before plan merger	225,038	145,530
Plan merger	0	7,465
Net increase	225,038	152,995
Net assets available for benefits:		
Beginning of year	1,834,149	1,681,154
End of year	$ 2,059,187	$ 1,834,149

The accompanying notes are an integral
part of these financial statements

1. DESCRIPTION OF PLAN

(a) General

The Allianz Asset Accumulation Plan (the Plan or the AAAP) is a defined contribution plan in which employees of the following companies (collectively, the Participating Companies) are eligible to participate as of December 31, 2021 and 2020:

Allianz of America, Inc.
AZOA Services Corporation (AZSC)
Allianz Global Risks US Insurance Company (AGCS)
AGCS Marine Insurance Company
AGA Service Company (AGA)
Allianz Life Insurance Company of North America
Allianz Life Insurance Company of New York
Fusion Company, LLC – no longer participating as of 5/1/2020
Allianz Real Estate of America LLC
Allianz Technology of America, Inc. (formerly AMOS of America, Inc.)
Inforce Solutions, LLC
Allianz Reinsurance America, Inc. (formerly San Francisco Reinsurance Company)
TruChoice Financial Group, LLC

All full-time and part-time employees are eligible to join the Plan on the first day of employment. Union employees, leased employees, temporary employees, full-time life insurance sales people, brokers, and limited case agents are not eligible to participate in the Plan, nor are nonresident aliens with no U.S. source of income from a Participating Company and certain specified highly compensated employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Participants in the Plan (Members) should refer to the Plan document for a more complete description of the Plan's provisions.

AZSC is the Plan sponsor. Bank of New York Mellon is the Plan trustee; Alight Solutions is the Plan recordkeeper.

(b) Contributions

A Member can contribute up to 80% of his or her eligible compensation each payroll period on a before-tax, Roth, and/or after-tax basis. Before-tax and Roth contributions are subject to the Internal Revenue Service (IRS) limit of $19.5 in 2021 and 2020, which may be subject to increases in future years. Members who are age 50 or older can make additional before-tax or Roth contributions as catch-up contributions. The IRS catch-up contribution limit for eligible Members was $6.5 in 2021 and 2020. Members' contributions are made through payroll deductions from eligible compensation. Under the terms of the Plan, new Members are deemed to have elected to contribute 3% of eligible compensation to the Plan on a before-tax basis. The employee has the right to opt out or adjust this automatic contribution rate.

The Plan provides for automatic annual contribution rate escalations. In January of each year, Members whose combined before-tax and Roth contribution rate is at least 1% but less than 10%

will automatically have their contribution rate increased by 1%. Members can opt out of the automatic contribution rate increase.

Members who are active employees of a Participating Company may convert that portion of their Plan balance that is available for an in-service withdrawal to a Roth balance by paying taxes on the taxable portion in the year of conversion.

Basic company matching contributions from the Participating Companies are made each pay period, and the Plan provides for a "true-up" basic company matching contribution for certain Members following the end of each Plan year. Eligible compensation for determining Member contributions and employer matching contributions differs among Participating Companies. For employees of Participating Companies (except AGCS), Members may elect to defer their sign-on bonus to the Plan in the year in which it is paid. In the case of certain Participating Companies, deferrals from sign-on bonuses are not matched. Company matching contribution rates differ among Participating Companies. For employees of Participating Companies (except AGA and Fusion Company, LLC), the Company matching contribution is 100% of employee before-tax and Roth contributions up to 7.5% of eligible compensation. For employees of AGA and Fusion Company, the Company match is 50% of employee before-tax and Roth contributions up to 8% of eligible compensation (Company matching contribution maximum of 4% of eligible compensation). The basic company matching contribution for employees of AGA was discontinued between June 6, 2020 and June 19, 2021.

A Participating Company may declare an additional year-end discretionary matching contribution for Members of that Participating Company based on individual company performance. In 2021 and 2020 AGCS declared a 4.5% discretionary matching contribution.

Additionally, profit sharing contributions may be made if declared by the Participating Company's board of directors. Members who (i) were employees of a Participating Company on or before the first business day of the Plan year for which the profit sharing contribution is made and (ii) are either employees of a Participating Company as of the last business day of the Plan year for which the profit sharing contribution is made or had a severance of employment from a participating company on account of retirement, death or disability during that year, are eligible. In 2021 and 2020, no Participating Company made such profit sharing contributions.

A Participating Company may declare a Qualified Non-Elective Contribution with respect to any Plan Year in a discretionary amount to be determined by the Participating Company. In 2020, Qualified Non-Elective Contributions were made in the amount of $2 to certain non-highly paid employees with respect to the 2019 plan year.

The Plan accepts Members' rollover contributions from certain tax-qualified plans and IRAs. These may generally be either direct rollovers or distributions to a Member followed by contribution to the Plan within 60 days following receipt.
Effective January 1, 2020, the employees of Allianz Risk Transfer, Inc. became employees of AGCS. In addition, the Allianz Risk Transfer, Inc. 401(k) Plan was merged into the Allianz Asset Accumulation Plan. The merger increased net assets of the Plan by approximately $7,465.

Effective July 1, 2020, Participating Companies (except AGCS, AGCS Marine Insurance Company, AGA, and Allianz of America, Inc.) will make Student Loan Retirement Program Contributions to the Plan with respect to eligible student loan payments of a non-highly

compensated employee. The Student Loan Retirement Program Contributions are equal to 100% of the eligible Member's eligible student loan payments, not to exceed 7.5% of such individual's compensation earned while they are enrolled in the Student Loan Retirement Program. While receiving Student Loan Retirement Program Contributions, a Member will not be eligible to receive basic company matching contributions on any before-tax and Roth contributions they may continue to make.

Loan and distribution provisions were added to the Plan in 2020 due to the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Plan participants who self-certify they have been impacted by COVID-19 were eligible to take an "emergency relief" distribution of up to $100,000 of their vested account balance in 2020. The distribution can be repaid to the Plan within three years after the date the distribution was received. Eligible participants could also have elected to delay repayment of existing loans until December 31, 2020.

(c) Investment of Contributions

Members may generally direct the investment of their accounts. The Benefit Plans Investment Committee (BPIC), as appointed by the board of directors of AZSC, selects the investment options available for Member direction.

During the years ended December 31, 2021 and 2020, the following investment options were available for investments of Member and employer contributions for all or a portion of the year:

- Wells Fargo Stable Value Portfolio (effective September 1, 2021 name changed to Galliard Stable Value Portfolio*
- DFA International Value Fund Institutional Class
- Dodge & Cox Stock Fund
- JPMCB SmartRetirement DRE CIT – CF Class (Income, 2020, 2025, 2030, 2035, 2040, 2045, 2050, 2055, 2060) **
- Oakmark Equity & Income Fund Investor Class
- PIMCO Total Return Fund Institutional Class
- PIMCO Income Fund Institutional Class
- QMA Small Cap Equity Portfolio * (removed in 2021)
- T. Rowe Price Growth Stock Trust – Class A** (removed in 2021)
- T.Rowe Price Growth Stock Trust – Class B**
- Vanguard Institutional Index Fund Institutional Plus Shares
- Vanguard Mid-Cap Index Fund Institutional Shares
- Vanguard Total International Stock Index Fund Institutional Shares
- FIAM Broad Market Duration Commingled Pool Class D**
- Blackrock Adv S/C Core- K

* Investment option is a separate account and the Plan owns the underlying investments.
** Investment option is a collective investment trust.

The Plan also offers a self-directed brokerage account through Alight Financial Services.

(d) Interfund Transfers

Members may transfer account balances among the available investment options daily, subject to the investment options' short-term trading policies, if any.

(e) Notes Receivable from Members

The Plan allows certain Members to borrow from their AAAP account. A Member may have only one outstanding loan at any time. The minimum Member loan permitted under the terms of the Plan is $1, and the maximum allowable Member loan under applicable law is the lesser of $50, or one-half the vested balance of the Member's account. An administrative fee is deducted from the Member's account before the loan proceeds are distributed. All Member loans bear an interest rate equal to the Prime Rate at the time the loan is originated, and must be adequately secured by the Member's account in the AAAP, be paid in level installments made not less frequently than quarterly, and be for a term not to exceed five years, except for loans in connection with the purchase of a primary residence for which the term may not exceed 15 years. Loan repayments for all active employees are made consistent with Participating Companies' payroll deductions; loan repayments for employees on leave and certain employees terminated from service are made via monthly coupon payments. Interest rates on loans as of December 31, 2021 and 2020 ranged from 3.25% to 8.25%. Member loans are measured at their unpaid principal balance plus accrued interest and are classified as receivables on the Plan balance sheet.

If the Member is no longer an active employee of the Participating Companies and becomes entitled to a total distribution from the AAAP prior to the repayment in full of all principal and interest due on his/her Member loan, the total unpaid principal balance of the loan plus interest becomes immediately due and payable. If the loan is not repaid before any distributions are made to the Member, the loan is defaulted and reported as a taxable distribution. However, Members who have severance of employment for any reason and who leave their account balance in the Plan following severance of employment may continue to make monthly loan repayments directly to the Plan for up to 18 months (but not beyond the original maturity date), at which time the total unpaid balance of the loan plus accrued interest becomes immediately due and payable.

(f) Vesting

Participating Companies' matching contributions, profit sharing contributions, and student loan retirement contributions credited to a Member's account generally become fully vested upon the Member's completion of three years of vesting service with an affiliated company. Prior to three years of vesting service, Members are not vested in matching contributions, profit sharing, and student loan retirement contributions, except as described below.

A Member's account is immediately vested and not subject to the three-year rule if while employed by an affiliated company, the Member attains age 65, becomes disabled, or dies. In addition, any Member who has a severance of employment on or after June 1, 2008, and who is determined to be entitled to benefits under either the Severance Allowance Plan or the Executive Severance Allowance Plan is fully vested.

Matching and profit sharing contributions not vested at the time of termination of employment are forfeited and applied to pay Plan administration expenses, reduce future Participating Companies' contributions, and restore forfeitures of returning Members. At December 31, 2021 and 2020,

forfeited non-vested accounts totaled approximately $553 and $475, respectively. Company matching contribution forfeitures applied in the years ended December 31, 2021 and 2020 were approximately $2,341 and $1,329, respectively.

(g) Payment of Benefits

Upon severance from employment, disability, or death, the vested balance in a Member's account is payable to the Member or such Member's designated beneficiary (in the case of death) in a lump sum, as soon as practicable after the later of severance, disability, death or the administrator's receipt of a completed Distribution Form. Certain Members who had account balances in predecessor plans that transferred into the Plan will automatically receive their benefit in the form of a Single Life Annuity if they are single or a Qualified Joint & Survivor Annuity if they are married at the time of benefit commencement, unless they elect a lump sum distribution or another annuity payment form. However, if the Member's vested account balance is more than $1, the Member can elect to maintain his or her account in the Plan until reaching required beginning date.

Members have the option to roll eligible distributions over to a traditional or Roth Individual Retirement Account (IRA) or to transfer the distribution directly to another employer's qualified plan. A mandatory 20% federal income tax withholding is imposed on any eligible distribution that the Member does not elect to roll over.

Active Members are allowed to take in-service withdrawals from certain vested accounts in the Plan. Members younger than age 59 ½ may only take one withdrawal per calendar quarter, excluding hardship withdrawals, Plan loans, and non-taxable withdrawal types. Effective January 1, 2015, future Company matching and profit-sharing contributions are no longer available for withdrawal under the Plan's in-service withdrawal provision.

2. SUMMARY OF ACCOUNTING POLICIES

(a) Basis of Accounting

The accompanying financial statements and notes are prepared on the accrual basis of accounting.

(b) Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make certain estimates and assumptions that affect the reported amounts and disclosure, and actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

The Plan's investments (except for fully benefit-responsive investment contracts) are stated at fair value. Contract value represents contributions made to a contract, plus earnings, less member withdrawals and administrative expenses. Members in fully benefit-responsive contracts may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Risks and Uncertainties

The Plan may invest in various types of investments. Investments are exposed to various risks, such as interest rate, market, liquidity and credit risks as well as the risks associated with the ongoing Coronavirus pandemic. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect members' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

Included in investments as of December 31, 2021, are shares of the Vanguard Institutional Index Fund (Institutional Fund) amounting to $471,203. This investment represents 22.9% of total investments as of December 31, 2021. A significant decline in the market value of the Institutional Fund would significantly affect the net assets available for benefits of the Plan. The Institutional Fund prospectus and annual report can be obtained by contacting Vanguard Trust Company.

(f) Recent Accounting Pronouncements

There were no recent accounting pronouncements that impacted the Plan in 2021 or that are expected to impact the Plan in the future.

3. FAIR VALUE MEASUREMENTS

Fair Value Hierarchy

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market members on the measurement date in the most advantageous market for the asset or liability. The effect of a change in valuation technique or its application on a fair value estimate is accounted for prospectively as a change in accounting estimate. When evaluating indications of fair value resulting from the use of multiple valuation techniques, the point within the resulting range of reasonable estimates of fair value that is most representative of fair value under current market conditions is selected. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market members would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

Assets Recorded at Fair Value

Collective investment fund: The Plan invests in several collective investment funds managed by outside entities. First, the Plan's largest such investment is in various JPMCB SmartRetirement DRE CIT – CF Class that are managed by JPMorgan Chase Bank, N.A and that invest in other JPMorgan collective funds. The JPMCB SmartRetirement Funds use an asset allocation strategy that becomes more conservative as the Fund nears its target retirement date, investing in a mix of underlying strategies which change over time with the goal of maintaining an appropriate mix of asset classes and underlying investments. The JPMCB funds are valued based upon the allocated share of the net asset value per unit of each invested collective fund. Second, the Plan invests in a short-term collective investment fund which in turn invests in high quality, short –term money market instruments. Certain purchases and redemptions in this fund are at the direction of the trustee. The fund may also invest in other collective funds maintained by the trustee or affiliates provided that both funds have consistent investment policies. This fund is valued based upon the net assets value of the individual short term investments in the fund as of the Plan's financial statement date. Third, the Plan invests in the FIAM Broad Market Duration Commingled Pool - Class D managed by Fidelity Institutional Asset Management which emphasizes sector allocation and individual security selection, while managing duration in line with the portfolio's benchmark. The fund is valued based upon the net asset value of the fund. Finally, the Plan invests in the T. Rowe Price Growth Stock Trust – Class A managed by T. Rowe Price which normally invest in common stocks of a diversified group of growth companies. The fund is value based upon the net asset value of the fund.

The Plan's collective investment funds include the following redemption restrictions:

FIAM	None
JPMCB	90-day if 2 round trips in 60 days
T. Rowe Price	None

Corporate common stock: Valued at the closing price reported in the active market in which the individual funds are traded (Level 1 inputs).

U.S. government securities: Certain government securities are valued at the closing price reported in the active market in which the individual securities are traded (Level 1 inputs).

Mutual funds: Valued at the closing price reported in the active market in which the individual funds are traded (Level 1 inputs).

Self Directed Brokerage Accounts: The Self Directed Brokerage Accounts hold mutual funds, equity securities and short-term investment funds valued at the quoted net asset value ("NAV") of shares held by the Plan at the valuation date. These financial instruments are generally categorized as Level 1 instruments in the fair value hierarchy. Other short-term investments are generally categorized as Level 2 instruments in the fair value hierarchy.

Other Plan investments consist of futures contracts, which are valued at the closing price reported in the active market in which the securities are traded (Level 1 inputs).

The following tables present information about the Plan's assets measured by major categories at fair value on a recurring basis and their corresponding level in the fair value hierarchy as of December 31, 2021 and 2020, respectively.

	Investments at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
		(In Thousands)		
Assets				
Mutual funds	$ 1,275,588	$ -	$ -	$ 1,275,588
Self directed brokerage accounts	67,475	8,046	-	75,521
Collective investment Funds*	-	-	-	517,922
Total	$ 1,343,063	$ 8,046	$ -	$ 1,869,031

	Investments at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
		(In Thousands)		
Assets				
Corporate common stock	$ 73,965	$ -	$ -	$ 73,965
U.S. government securities	175	-	-	175
Mutual funds	1,013,350	-	-	1,013,350
Self directed brokerage accounts	63,923	8,942	-	72,865
Other	15	-	-	15
Collective investment Funds*	-	-	-	467,284
Total	$ 1,151,428	$ 8,942	$ -	$ 1,627,654

*Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

The Plan did not have any assets or liabilities measured at fair value on a non-recurring basis at December 31, 2021 or 2020.

4. INVESTMENT CONTRACTS

The Plan holds a fully benefit-responsive synthetic investment contract that is reported at contract value, which is generally the amount a member would receive if he or she would initiate a withdrawal or transfer from the contract under the provisions of the Plan. Contract value represents contributions made to the contract, plus earnings, less member withdrawals and administrative expenses. The contract value of the Plan's fully benefit-responsive synthetic investment contract is approximately $172,288 and $185,087 at December 31, 2021 and 2020, respectively.

The synthetic investment contract held by the Plan includes wrap contracts that provide a guarantee that the credit rate will not fall below 0%. Cash flow volatility (for example, timing of benefit payments) as well as asset underperformance can be passed through to the Plan through adjustments to future crediting rates. Formulas are provided in each contract that adjusts renewal crediting rates to recognize the difference between the fair value and the book value of the underlying assets.

Each contract issuer specifies the events which limit the ability of the Plan to transact at contract value with the wrap contract issuer or which would allow the issuer to terminate the contract for an amount other than contract value. Such events may include all or a portion of the following:

- Material amendments to the Fund's structure or administration;
- Changes to the participating plans' competing investment options including the elimination of equity wash provisions;
- Complete or partial termination of the Fund, including a merger with another fund;
- The failure of the Fund to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA;
- The redemption of all or a portion of the interests in the Fund held by a participating plan at the direction of the participating plan sponsor, including withdrawals due to the removal of a specifically identifiable group of employees from coverage under the participating plan (such as a group layoff or early retirement incentive program), the closing or sale of a subsidiary, employing unit, or affiliate, the bankruptcy or insolvency of a plan sponsor, the merger of the plan with another plan, or the plan sponsor's establishment of another tax qualified defined contribution plan;
- Any change in law, regulation, ruling, administrative or judicial position, or accounting requirement, applicable to the Fund or participating plans; and/or
- The delivery of any communication to plan members designed to influence a member not to invest in the Fund.

As of the most recent Plan year end, Plan management does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with members, is probable.

5. ADMINISTRATIVE EXPENSE

Plan administrative expenses, trustee fees, and investment management fees are charged to the investment options within the Plan and reduce their rates of return, or are otherwise paid by Members within the Plan. The Plan incurred such expenses for the trustee, record keeper, and third-party investment managers in the amounts of approximately $1,772 and $2,615 for services rendered during 2021 and 2020, respectively.

6. PLAN TERMINATION

AZSC has the right to terminate the Plan at any time. Upon termination, a Member's interest in the Plan becomes fully vested and non-forfeitable and, after provision for the payment of all liabilities and expenses, may be distributed in accordance with one of the specified methods of payment allowed under the Plan subject to the limitations imposed by Federal tax law and the provisions of ERISA.

7. TAX STATUS

The IRS has determined and informed the Plan sponsor by letter dated October 6, 2017 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although there were amendments subsequent to the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in material compliance with the applicable provisions of the IRC.

U.S. GAAP accounting principles require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain 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 2018.

8. PARTY-IN-INTEREST TRANSACTIONS

A Party-in-interest is defined under ERISA as any fiduciary of the Plan, any party providing service to the Plan, the employer, and certain others. The Plan invests in short-term investments managed by The Bank of New York Mellon, the trustee of the Plan and, therefore, these transactions qualify as party-in-interest. Certain Plan investment options are managed by affiliates of AZSC and, therefore, these transactions qualify as party-in-interest. Notes receivable from members also reflect party-in-interest transactions. The party-in-interest transactions are exempt from ERISA's prohibited transaction rules.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2021 and 2020 to Form 5500:

	2021	2020
	(In Thousands)	
Net assets available for benefits per the financial statements	$2,059,187	$ 1,834,149
Adjustments from contract value to fair value for fully benefit-responsive contracts	3,435	8,354
Less amounts allocated to deemed distributions	(277)	(255)
Net assets available for benefits per the Form 5500	$2,062,345	$ 1,842,248

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the year ended December 31, 2021 to Form 5500:

	2021
	(In Thousands)
Total net increase per the financial statements	$ 225,038
Adjustment from contract value of fair value for fully benefit-responsive contracts at December 2021	3,435
Adjustment from contract value of fair value for fully benefit-responsive contracts at December 2020	(8,354)
Change in amounts allocated to deemed distribution	(22)
Total net increase per the Form 5500	$ 220,097

10. SUBSEQUENT EVENTS

Management has evaluated subsequent events for recognition and disclosure through October 13, 2022, the date on which the financial statements were available to be issued. Management is not aware of any additional subsequent events that would require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULE

ALLIANZ ASSET ACCUMULATION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EMPLOYER IDENTIFICATION NUMBER: 75-1723041
PLAN NUMBER: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of asset, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Market value (input)
COLLECTIVE TRUSTS				
	JPM SMARTRETIREMENT INC	JPM SMARTRETIREMENT INC	**	$ 34,107,201
	JPM SMARTRETIREMENT 2025	JPM SMARTRETIREMENT 2025	**	43,780,603
	JPM SMARTRETIREMENT 2030	JPM SMARTRETIREMENT 2030	**	40,268,266
	JPM SMARTRETIREMENT 2035	JPM SMARTRETIREMENT 2035	**	39,721,771
	JPM SMARTRETIREMENT 2040	JPM SMARTRETIREMENT 2040	**	34,027,983
	JPM SMARTRETIREMENT 2045	JPM SMARTRETIREMENT 2045	**	36,595,432
	JPM SMARTRETIREMENT 2050	JPM SMARTRETIREMENT 2050	**	30,707,525
	JPM SMARTRETIREMENT 2055	JPM SMARTRETIREMENT 2055	**	15,525,011
	JPM SMARTRETIREMENT 2060	JPM SMARTRETIREMENT 2060	**	1,764,722
	FIAM BROAD MARKET DURATION	FIAM BROAD MARKET DURATION	**	93,935,066
	EB TEMP IVN FD	VAR RT 12/31/49 FEE CL 12	**	3,471,877
	T ROWE PRICE GROWTH STOCK TRUS - CLASS B		**	144,016,808
		Total Collective Trusts		**517,922,265**
MUTUAL FUNDS				
	DFA INTERNATIONAL VALUE		**	69,745,591
	DODGE & COX STOCK		**	127,512,691
	OAKMARK EQUITY & INCOME-INV		**	146,026,016
	PIMCO TOTAL RETURN FUND-INST		**	72,321,456
	PIMCO INCOME FUND-INS		**	16,518,465
	VANGUARD TOT INT ST IDX-INST		**	147,787,217
	VANGUARD INST INDEX-INST+		**	471,202,861
	VANGUARD MID CAP INDEX-INST		**	135,197,449
	BLACKROCK ADV S/ C CORE- K		**	89,275,945
		Total Mutual Funds		**1,275,587,691**
STABLE VALUE FUNDS				
	WELLS FARGO BANK, N.A.	Wells Fargo Fixed Income Fund A	**	50,553,270
	WELLS FARGO BANK, N.A.	Wells Fargo Fixed Income Fund L	**	50,548,608
	WELLS FARGO BANK, N.A.	Wells Fargo Fixed Income Fund F	**	66,763,323
	WELLS FARGO BANK, N.A.	Wells Fargo/Blackrock Short Term Investment Fund S	**	7,857,022
		Total Stable Value Funds		**175,722,223**
Other Investments				
SELF DIRECTED BROKERAGE ACCOUNTS				
	SDA ASSETS CUSTODIED AT CSFB		**	75,520,530
		Total Self Directed Brokerage Accounts		**75,520,530**
NOTES RECEIVABLE FROM MEMBERS				
*	LOANS TO PLAN PARTICIPANTS	MATURING AT VARIOUS DATES THROUGH JUNE 2036 AT INTEREST RATES RANGING FROM 3.25% TO 8.25%.	**	9,700,164
		Total Notes Receivable from Members		**9,700,164**
		TOTAL INVESTMENTS		**2,054,452,873**

* Party-in-interest to the Plan.
** Cost information is not required as all investments are participant directed.

ALLIANZ ASSET ACCUMULATION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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