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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

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

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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/2001

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)

BEAUMONT HEALTH

BEAUMONT HEALTH - BSC 433

BSC 433, HUMAN RESOURCES/RETIREMENT
26901 BEAUMONT BLVD, FLOOR 3C
SOUTHFIELD, MI 48033

2b Employer Identification Number (EIN)
38-1459362

2c Plan Sponsor's telephone number
248-213-3300

2d Business code (see instructions)
622000

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	LINDA MACDONALD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	46598
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)**	33826
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	33585
b	Retired or separated participants receiving benefits	**6b**	293
c	Other retired or separated participants entitled to future benefits	**6c**	13776
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	47654
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	66
f	Total. Add lines **6d** and **6e**	**6f**	47720
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	38668
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	539
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:

2L 2M 2R 2S 2T 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 9 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BEAUMONT HEALTH

D Employer Identification Number (EIN)
38-1459362

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	519121/711525	0	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED INTEREST BALANCE CONTRACT

b	Balance at the end of the previous year			7b	97500450
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1684870		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	19625102		
	▶ PURCHASES/DEPOSITS				
	(6) Total additions			7c(6)	21309972
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	118810422
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	19245933		
	▶ WITHDRAWALS/REDEMPTIONS				
	(5) Total deductions			7e(5)	19245933
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	99564489

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BEAUMONT HEALTH

D Employer Identification Number (EIN)
38-1459362

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65678	746000678001	1201	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
104275	0

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

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

LINCOLN FINANCIAL ADVISORS
1330 S CLINTON ST
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
104275			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	30550375
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY WITH GUARANTEED FUND

b	Balance at the end of the previous year			7b	30609386
c	Additions: (1) Contributions deposited during the year	7c(1)	413419		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1124364		
	(4) Transferred from separate account	7c(4)	1468318		
	(5) Other (specify below)	7c(5)	246055		
	▶ MISC				
	(6) Total additions			7c(6)	3252156
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	33861542
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2673676		
	(2) Administration charge made by carrier	7e(2)	6288		
	(3) Transferred to separate account	7e(3)	600600		
	(4) Other (specify below)	7e(4)	30603		
	▶ MISC				
	(5) Total deductions			7e(5)	3311167
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	30550375

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BEAUMONT HEALTH

D Employer Identification Number (EIN)
38-1459362

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF7170	184	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1903	0

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

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

CADARET GRANT & CO INC
100 MADISON ST STE 1400
SYRACUSE, NY 13202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
828			3

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

JOHN GILBERT
3409 TIGRIS LANE
NAPLES, FL 34119

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
622			3

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

SECURITES AMERICA, INC.

12325 PORT GRACE BLVD
LA VISTA, NE 68128

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
392			3

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

JEFFREY TOMLINSON

PO BOX 87766
CANTON, MI 48187

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
61			3

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	143031
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	1956509

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	143389
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	5275		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	5275
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	148664
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	5633		
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	5633
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	143031

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BEAUMONT HEALTH

D Employer Identification Number (EIN)
38-1459362

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VALIC ANNUITY LIFE INSURANCE CO

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
74-1625348	70238	44985	0	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	3645982
c	Additions: (1) Contributions deposited during the year	**7c(1)**	216883		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	987		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	217870
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	3863852
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	1646		
	(2) Administration charge made by carrier	**7e(2)**	372		
	(3) Transferred to separate account	**7e(3)**	3861834		
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	3863852
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BEAUMONT HEALTH

D Employer Identification Number (EIN)
38-1459362

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	VC0402	94	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
3423	0

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

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

MICHAEL MCCLINTOCK
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
3334			3

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

JUSTIN A DIESBOURG
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
89			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1148568
5	Current value of plan's interest under this contract in separate accounts at year end	5	2164324

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	1293055
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	48808		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	48808
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1341863
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	193295		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	193295
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1148568

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BEAUMONT HEALTH

D Employer Identification Number (EIN)
38-1459362

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	VF6120	61	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
810	0

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

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

MICHAEL MCCLINTOCK
41000 WOODWARD AVE STE 350E
BLOOMFLD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
662			3

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

JUSTIN DIESBOURG
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
148			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	21449
5	Current value of plan's interest under this contract in separate accounts at year end	5	885960

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	21131
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	625		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	9105		
	▶ OTHER				
	(6) Total additions			7c(6)	9730
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	30861
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9105		
	(2) Administration charge made by carrier	7e(2)	307		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	9412
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	21449

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BEAUMONT HEALTH

D Employer Identification Number (EIN)
38-1459362

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	VC4129	91	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
1576	0

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

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

JUSTIN DIESBOURG
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
1239			3

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

MICHAEL MCCLINTOCK
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
240			3

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

JEFFREY TOMLINSON
PO BOX 87766
CANTON, MI 48187

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
63			3

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

TOBIAS CARDONE
2760 CENTENNIAL RD
TOLEDO, OH 43617

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
34			3

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	541762
5	Current value of plan's interest under this contract in separate accounts at year end	5	1112580

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	618432
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	21759		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	1613		
	▶ OTHER				
	(6)Total additions			7c(6)	23372
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	641804
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	99301		
	(2) Administration charge made by carrier	7e(2)	741		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	100042
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	541762

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BEAUMONT HEALTH

D Employer Identification Number (EIN)
38-1459362

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	VF5464	29	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
473	0

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

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

JUSTIN DIESBOURG
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
370			3

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

MICHAEL MCCLINTOCK
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
103			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	74270
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	439347

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	86124
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	2255		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6)Total additions			**7c(6)**	2255
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	88379
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	14109		
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	14109
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	74270

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

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

A Name of plan
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BEAUMONT HEALTH

D Employer Identification Number (EIN)
38-1459362

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF6124	2	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
9	0

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

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

JUSTIN DIESBOURG
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
7			3

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

MICAHEL MCCLINTOCK
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
2			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	7543
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	2823

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	7323
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	220		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	220
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	7543
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	7543

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BEAUMONT HEALTH

D Employer Identification Number (EIN)
38-1459362

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

THE PRUDENTIAL INSURANCE CO

22-1211670

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

LINCOLN FINANCIAL

35-1140070

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71 99	RECORDKEEPER	2063378	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

FINANCIAL ENGINES

77-0473565

(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?
27	ADVISOR	1193545	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GEORGE JOHNSON & COMPANY

38-2029668

(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	AUDITOR	27950	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)

LINCOLN FINANCIAL

35-1140070

(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?
13 50	RECORDKEEPER	15650	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
FID INV INSTL OPS CO	60	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MULTIPLE MUTUAL FUND COMPANIES 04-2647786	SUB-TRANSFER AGENCY FEES; SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BEAUMONT HEALTH

D Employer Identification Number (EIN)
38-1459362

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	68280	688
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	26170100	25252035
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1894072	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8529751	7131532
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	21518333	20830615
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2163756591	2458553915
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	133925272	132051487
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2355862399	2643820272
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	1118078	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1118078	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2354744321	2643820272

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)	41729488	
	(B) Participants	2a(1)(B)	135303702	
	(C) Others (including rollovers)	2a(1)(C)	27685491	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		204718681
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)	1102225	
	(F) Other	2b(1)(F)	2546458	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3648683
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	48000107	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		48000107
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		272904381
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		529271852
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	236901540	
(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)		236901540
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3294361	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3294361
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		240195901
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		289075951
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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: GEORGE JOHNSON & COMPANY **(2)** EIN: 38-2029668

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		30000000
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
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BEAUMONT HEALTH

D Employer Identification Number (EIN)
38-1459362

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): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS
(With Supplementary Information)

December 31, 2021 and 2020

GJC GEORGE JOHNSON & COMPANY
CPAs | ADVISORS

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN

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GJC
CPAs | ADVISORS

1200 Buhl Building
535 Griswold Street
Detroit, Michigan 48226-3689

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INDEPENDENT AUDITOR'S REPORT

October 3, 2022

To the Board of Directors
Beaumont Health

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the Beaumont Health 403(b) Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements 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, as well as the related notes to the financial statements.

The Plan's management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C), pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

The Plan's management has obtained certifications from qualified institutions as of, and for the years ended, December 31, 2021 and 2020, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section:

- The amounts and disclosures in the financial statements, other than those agreed to, or derived from, the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Opinion (continued)

- The information in the accompanying financial statements related to assets held by, and certified to by, qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that the Plan's management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("U.S. 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

The Plan's management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 after the date that the financial statements are available to be issued.

The Plan's 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.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the "Scope and Nature of the ERISA Section 103(a)(3)(C) Audit" section of our report, 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 U.S. 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.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

In performing an audit in accordance with U.S. GAAS:

- We exercise professional judgment and maintain professional skepticism throughout the audit.

- We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and we 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.

- We 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.

- We evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, and we evaluate the overall presentation of the financial statements.

- We 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for the purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the DOL'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.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Supplemental Schedules Required by ERISA (continued)

The information included in the supplemental schedule, other than that agreed to, or derived from, the certified investment information, has been subjected to 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 U.S. GAAS. For information included in the supplemental schedule that agreed to, or is derived from, the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to, or derived from, the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to, or is derived from, the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by, and certified to by, qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

George Johnson & Company

CERTIFIED PUBLIC ACCOUNTANTS
Detroit, Michigan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2021 and 2020

	2021	2020
Assets:		
Participant-directed investments (Notes B and C):		
Investments at fair value:		
Registered investment companies	$ 2,352,245,049	$ 2,063,822,602
BrokerageLink fund	106,216,687	99,894,585
Money market funds	92,179	39,404
Insurance company general accounts	132,051,487	133,925,272
Interest-bearing cash	7,131,532	8,529,751
Total Investments	**2,597,736,934**	**2,306,211,614**
Notes receivable from participants	20,830,615	21,518,333
Non-interest-bearing cash	688	68,280
Employer contributions receivable	25,252,035	26,170,100
Other receivables	-0-	1,894,072
Total Assets	**2,643,820,272**	**2,355,862,399**
Liabilities:		
Miscellaneous payables	-0-	1,118,078
Net Assets Available for Benefits	**$ 2,643,820,272**	**$ 2,354,744,321**

See notes to financial statements.

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2021 and 2020

	2021	2020
Additions:		
Contributions:		
Participant contributions	$ 135,303,702	$ 132,712,839
Participant rollovers	27,685,491	16,462,001
Employer contributions	41,729,488	40,041,977
Total Contributions	**204,718,681**	**189,216,817**
Interest and dividend income	51,648,790	43,421,986
Net realized and unrealized appreciation in fair value of investments	272,904,381	242,898,407
Total Additions	**529,271,852**	**475,537,210**
Deductions:		
Distributions to participants	236,901,540	216,358,259
Administrative expenses	3,294,361	2,795,147
Total Deductions	**240,195,901**	**219,153,406**
Change in Net Assets Available for Benefits	**289,075,951**	**256,383,804**
Net Assets Available for Benefits, Beginning of Year	2,354,744,321	2,098,360,517
Net Assets Available for Benefits, End of Year	**$ 2,643,820,272**	**$ 2,354,744,321**

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

NOTE A — DESCRIPTION OF THE PLAN

The following brief description of the Beaumont Health 403(b) Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information, including information regarding vesting and benefit provisions. Copies of this document are available from the Human Resources Department of Beaumont Health.

General

The Plan, which was adopted July 1, 2001 and restated January 1, 2017, is a defined contribution tax-sheltered annuity pension plan established under section 403(b) of the Internal Revenue Code (the "IRC") to provide retirement benefits for all employees of Beaumont Health who have satisfied the Plan's eligibility and entry date requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Fidelity Management Trust Company, Lincoln Financial Group, and Voya Life Insurance and Annuity Company serve as the custodians and recordkeepers of the Plan. Beaumont Health serves as the Plan sponsor and the Plan administrator.

On January 31, 2022, Beaumont Health and Spectrum Health System announced they were moving forward with the formation of a newly created health system, effective February 1, 2022. The new health system will temporarily be known as BHSH System.

Eligibility

An employee of Beaumont Health is eligible to become a participant of the Plan upon hire.

Contributions

Each year, participants may contribute a percentage of "eligible compensation" (as defined in the Plan document) into the Plan after they have satisfied the Plan's eligibility requirements. Participants may contribute up to a maximum of the lesser of 65 percent of eligible compensation or $19,500 per year in 2021 and 2020. In addition, Beaumont Health may make annual discretionary contributions to the Plan in an amount to be determined by Beaumont Health's management.

NOTE A — DESCRIPTION OF THE PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contributions, Beaumont Health's contributions, and an allocation of Plan earnings. Allocations are based on each participant's account balance, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants who are employees of Beaumont Health have no vested interest in employer contributions until they have completed three years of service, at which time participants become 100 percent vested.

Participants are fully vested immediately with respect to participant contributions, rollovers, and the earnings thereon.

Distributions

Each participant's account is credited with an allocation of employer contributions, the participant's contributions, and the investment funds' earnings or losses, net of plan expenses. The distribution to which a participant is entitled is limited to the benefit that can be provided from the participant's vested account. Distributions are allowed upon retirement, disability, death, termination of service, attaining age 59½, and meeting Internal Revenue Service (the "IRS") qualifications for hardship withdrawals. Early distributions (upon attaining age 59½) and hardship withdrawals are limited to the balance of the participant's voluntary contributions.

Investment Options

Upon enrollment in the Plan, participants may direct contributions in any of several investment options.

Notes Receivable from Participants

Participants may borrow from the Plan a minimum of $1,000. The maximum amount which may be borrowed is 50 percent of their vested account balance, up to $50,000. Loans are secured by the participant's account and incur an interest rate based on prevailing interest rates for similar loans. Repayment of any loan is made over a period of five years or less (10 years or less for loans used to acquire a participant's principal residence).

NOTE A — DESCRIPTION OF THE PLAN (CONTINUED)

Forfeitures

Forfeitures are applied against future employer contributions and any administrative expenses of the Plan. As of December 31, 2021 and 2020, total forfeitures equal $1,337,494 and $539,806, respectively, which will be applied against future employer contributions or administrative expenses.

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

Investments

The Plan's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price).

The Plan's investments are valued as follows:

- Shares of registered investment companies and units of the BrokerageLink fund and money market funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan as of the end of the year.

- Units of insurance company general accounts are valued at fair value; the underlying investments consist primarily of securities that are valued at quoted market prices.

Purchases and sales of investments are reflected on a trade-date basis. Gains and losses on sales of investments are based on average costs. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation include gains and losses on investments bought and sold, as well as held, during the year.

Notes Receivable from Participants

Notes receivable from participants are recorded at cost plus accrued interest. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be a distribution, the participant note receivable balance is reduced and a benefit payment is recorded. A valuation allowance for credit losses is not considered necessary as of December 31, 2021 or 2020.

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements

The Plan uses fair value measurements in the preparation of its financial statements, which utilize various inputs, including those that can be readily observable, corroborated, or are generally unobservable. The Plan utilizes market-based data and valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Additionally, the Plan applies assumptions that market participants would use in pricing an asset or liability, including assumptions about risk.

The measurement of fair value includes a hierarchy based on the quality of inputs used to measure fair value. Financial assets and liabilities are categorized into this three-level fair value hierarchy based on the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets and liabilities and the lowest priority to unobservable inputs.

The various levels of the fair value hierarchy are described as follows:

- Level 1 — Financial assets and liabilities whose values are based on unadjusted quoted market prices for identical assets and liabilities in an active market that the Plan has the ability to access

- Level 2 — Financial assets and liabilities whose values are based on quoted prices in markets that are not active or model inputs that are observable for substantially the full term of the asset or liability

- Level 3 — Financial assets and liabilities whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement

The use of observable market data, when available, is required in making fair value measurements. When inputs used to measure fair value fall within different levels of the hierarchy, the level within which the fair value measurement is categorized is based on the lowest level input that is significant to the fair value measurement.

Contributions

Participant contributions are recorded in the period that payroll deductions are made from participants. Employer contributions are recorded in the period to which they relate, as designated by Beaumont Health's management.

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Payment of Distributions

Distributions to Plan participants are recorded when paid.

Administrative Expenses

All administrative expenses, professional fees, and costs and expenses incurred in connection with investment transactions and other assets used in the operation of the Plan are paid or accrued for by the Plan, with the exception of certain expenses paid by Beaumont Health.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, as well as disclosure of contingent assets and liabilities, at the date of the financial statements, and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan invests in various securities, including registered investment companies, money market funds, insurance company general accounts, and pooled separate accounts. Investment securities in general are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

Subsequent Events

The Plan's management has evaluated subsequent events through October 3, 2022, the date that the accompanying financial statements were available to be issued.

NOTE C — INVESTMENTS AND FAIR VALUE

The following is a summary of information regarding the Plan, included in the Plan's financial statements, that was obtained or derived from information provided to the Plan administrator, and was certified as complete and accurate, by the custodians. Information included in the supplemental schedule of assets (held at end of year) was also obtained from, and certified as complete and accurate by, the custodians.

NOTE C — INVESTMENTS AND FAIR VALUE (CONTINUED)

Assets and liabilities certified by the custodians, as well as the Plan's fair value hierarchy for those assets that are measured at fair value on a recurring basis, as of December 31, 2021 and 2020 are summarized as follows:

	Fair Value Measurements			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
2021				
Certified Assets:				
Investments at fair value:				
Registered investment companies	$ 2,352,245,049	$ -0-	$ -0-	$ 2,352,245,049
BrokerageLink fund	106,216,687			106,216,687
Money market funds	92,179			92,179
Insurance company general accounts		132,051,487		132,051,487
Interest-bearing cash	7,131,532			7,131,532
Total Investments	**$ 2,465,685,447**	**$ 132,051,487**	**$ -0-**	**2,597,736,934**
Notes receivable from participants				20,830,615
Non-interest bearing cash				688
Total Certified Assets				**$ 2,618,568,237**
2020				
Certified Assets:				
Investments at fair value:				
Registered investment companies	$ 2,063,822,602	$ -0-	$ -0-	$ 2,063,822,602
BrokerageLink fund	99,894,585			99,894,585
Money market funds	39,404			39,404
Insurance company general accounts		133,925,272		133,925,272
Interest-bearing cash	8,529,751			8,529,751
Total Investments	**$ 2,172,286,342**	**$ 133,925,272**	**$ -0-**	**2,306,211,614**
Notes receivable from participants				21,518,333
Non-interest-bearing cash				68,280
Other receivables				1,894,072
Total Certified Assets				**$ 2,329,692,299**
Certified Liabilities:				
Miscellaneous payables				$ 1,118,078

NOTE C — INVESTMENTS AND FAIR VALUE (CONTINUED)

Net investment income certified by the custodians for the years ended December 31, 2021 and 2020 is as follows:

	2021	2020
Interest and dividend income	$ 51,648,790	$ 43,421,986
Net realized and unrealized appreciation in fair value of investments	272,904,381	242,898,407
Net Certified Investment Income	**$ 324,553,171**	**$ 286,320,393**

NOTE D — PLAN TERMINATION

Although it has expressed no intention to do so, Beaumont Health has the right to discontinue its contributions at any time and to terminate the Plan, subject to the requirements of ERISA. In the event the Plan is terminated, participants will become fully vested in their accounts, and the assets of the Plan will be distributed to the participants in an order of priority determined in accordance with ERISA and its applicable regulations, and in accordance with the Plan document.

NOTE E — INCOME TAX STATUS

The Plan has not applied for a determination letter from the IRS that would state that the Plan's design was in compliance with the applicable requirements of the IRC since the IRS does not issue determination letters for pension plans established under section 403(b) of the IRC. However, Beaumont Health and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. In addition, the Plan administrator is not aware of any uncertain tax positions or unrecognized tax benefits as of December 31, 2021 or 2020. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE F — PARTY-IN-INTEREST TRANSACTIONS

Certain investments are shares of registered investment companies, units of money market funds, and units of insurance company general accounts managed by the Plan's custodians or entities related to the Plan's custodians. Therefore, these transactions qualify as party-in-interest transactions.

NOTE G — CONTINGENCIES

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency because of a new strain of coronavirus (the "COVID-19 outbreak") and the risks to the international community as the virus spread globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date that the accompanying financial statements were available to be issued. This pandemic affected global economic activity and contributed to volatility in financial markets. Because the values of the Plan's individual investments have fluctuated, and will fluctuate, in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and the related impact on the Plan's liquidity cannot be determined at this time. As of the date of issuance of the financial statements, the Plan's operations have not been significantly impacted, but the Plan's management continues to monitor the situation.

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BROKERAGE LINK*3	SEE NOTE *2	SEE NOTE *3
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	INVESCO BALANCED RISK ALLOCATION	11 GREENWAY PLAZA SUITE 100 HOUSTON TX US 77046	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	INVESCO DEVELOPING MARKETS Y	11 GREENWAY PLAZA SUITE 100 HOUSTON TX US 77046	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMG YACKTMAN FOCUSED N	600 STEAMBOAT ROAD SUITE 300 GREENWICH CT US 06830	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMG TIMESSQUARE INTERNL SMALLCAP N	600 STEAMBOAT ROAD SUITE 300 GREENWICH CT US 06830	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMG GW&K ESG BOND FUND N	600 STEAMBOAT ROAD SUITE 300 GREENWICH CT US 06830	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AQR LARGE CAP DEFENSIVE STYLE CL N	1 GREENWICH PLAZA GREENWICH CT US 06830	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AQR MULTI ASSET FUNDCLASS N	1 GREENWICH PLAZA GREENWICH CT US 06830	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AQR MANAGED FUTURES FUND CL N	1 GREENWICH PLAZA GREENWICH CT US 06830	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CAMBIAR INTL EQUITY INVESTOR CL	1 FREEDOM VALLEY DRIVE OAKS PA US 19456	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ACADIAN EMERGING MARKETS PORT INVST	1 FREEDOM VALLEY DRIVE OAKS PA US 19456	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	EDGEWOOD GROWTH FUND RETAIL CLASS	1 FREEDOM VALLEY DRIVE OAKS PA US 19456	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ADVISORONE CLS GLOBLDIVERFIED EQUIT	17605 WRIGHT STREET OMAHA NE US 68130	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ADVISORONE CLS GROWTH AND INC CL N	17605 WRIGHT STREET OMAHA NE US 68130	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ADVISORONE CLS SHELTER CL N	17605 WRIGHT STREET OMAHA NE US 68130	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ADVISORONE CLS GLOBLAGGRESSIVE EQUI	17605 WRIGHT STREET OMAHA NE US 68130	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ADVISORONE CLS FLEXIBLE INC CL N	17605 WRIGHT STREET OMAHA NE US 68130	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	RIVER CANYON TOTAL RETURN BOND INST	2000 AVENUE OF THE STARS 11TH FLOOR LOS ANGELES CA US 90067	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	SEMPER MBS TOTAL RETURN INVESTOR	52 VANDERBILT AVE. SUITE 401 NEW YORK NY US 10017	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ADV PREFERRED GOLD BULLION STRAT IN	1445 RESEARCH BLVD SUITE 530 ROCKVILLE MD US 20850	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ADVISORS PRFD QUANFDMANAGED INCOME	1445 RESEARCH BLVD SUITE 530 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	QUANTIFIED RISING DIV TACTICAL INVS	1445 RESEARCH BLVD SUITE 530 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	QUANTIFIED GOVT'T INC TACTICAL INVS	1445 RESEARCH BLVD SUITE 530 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	KENSINGTON DYNAMIC GROWTH INSTL	1445 RESEARCH BLVD SUITE 530 ROCKVILLE MD US 20850	$12.00
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ADVISORS PRFD QUANFDMARKET LEADERS	1445 RESEARCH BLVD SUITE 530 ROCKVILLE MD US 20850	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	QUANTIFIED COMMON GROUND FD INVST	1445 RESEARCH BLVD SUITE 530 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	QUANTIFIED TACTICAL FIXED INC INVST	1445 RESEARCH BLVD SUITE 530 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	KENSINGTON MANAGED INCOME FD INSTL	1445 RESEARCH BLVD SUITE 530 ROCKVILLE MD US 20850	$12.00
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ADVISORS PREFERRED QUANTIFIED STF I	1445 RESEARCH BLVD SUITE 530 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	HUBER CAPITAL EQUITYINCOME FUND INV	2321 ROSECRANS AVE. SUITE 3245 EL SEGUNDO CA US 90245	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	INVESCO INTL SMALL MID COMPANY A	11 GREENWAY PLAZA SUITE 100 HOUSTON TX US 77046	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AB GLOBAL BOND ADVISOR CLASS	8000 IH 10 WEST SUITE 1400 14TH F SAN ANTONIO TX US 78230	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AB LARGE CAP GROWTH CLASS A	8000 IH 10 WEST SUITE 1400 14TH F SAN ANTONIO TX US 78230	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AB LARGE CAP GROWTH ADVISOR CLASS	8000 IH 10 WEST SUITE 1400 14TH F SAN ANTONIO TX US 78230	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	IMAN FUND RETAIL SHARES	721 ENTERPRISE DRIVE OAKBROOK IL US 60523	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	SEVEN CANYONS STRATEGIC INC INVSTR	505 WAKARA WAY SUITE 300 SALT LAKE CITY UT US 84108	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CLARKSTON FOUNDERS FUND CLASS I	1290 BROADWAY STREET SUITE 1100 DENVER CO US 80203	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CLARKSTON FUND CL I	1290 BROADWAY STREET SUITE 1100 DENVER CO US 80203	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CLARKSTON PARTNERS FUND CL I	1290 BROADWAY STREET SUITE 1100 DENVER CO US 80203	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMANA MUTUAL FUND TRUST INCOME	1300 NORTH STATE STREET BELLINGHAM WA US 98225	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMANA MUTUAL FUND TRUST GROWTH	1300 NORTH STATE STREET BELLINGHAM WA US 98225	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMANA DEVELOPING WORLD FUND	1300 NORTH STATE STREET BELLINGHAM WA US 98225	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMANA PARTICIPATION FD INVESTOR CLA	1300 NORTH STATE STREET BELLINGHAM WA US 98225	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMANA PARTICIPATION FD INSTITUTIONA	1300 NORTH STATE STREET BELLINGHAM WA US 98225	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN BALANCED CLASS F1	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMER BEACON BRDGWAY LARGE CAP VAL I	220 EAST LAS COLINAS BLVD SUITE 12 IRVING TX US 75039	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN CENTURY CORE PLUS INVT CL	4400 MAIN ST 1ST FLOOR KANSAS CITY MO US 64111	0.25%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN CENTURY EQUITY INCOME INV	4400 MAIN ST 1ST FLOOR KANSAS CITY MO US 64111	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN CENTURY MIDCAP VALUE INV S	4400 MAIN ST 1ST FLOOR KANSAS CITY MO US 64111	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN CENTURY REAL ESTATE INV CL	4400 MAIN ST 1ST FLOOR KANSAS CITY MO US 64111	0.35%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN CEN FOCUSEDDYNAMIC GROWTH	4400 MAIN ST 1ST FLOOR KANSAS CITY MO US 64111	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN CENTURY ULTRA INVESTOR CLA	4400 MAIN ST 1ST FLOOR KANSAS CITY MO US 64111	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN FUNDS INFLT LINKED BOND CL	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN FDS DEVELOPWORLD GRWTH & I	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN FUNDS MULTISECTOR INCOME F	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN MUTUAL FUNDCLASS F1	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ARTISAN SMALL CAP FUND INVESTOR CL	875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE WI US 53202	0.39%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ARTISAN INTL SMALL MID FUND ADVISOR	875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE WI US 53202	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ARTISAN DEVELOPING WORLD FD INVESTO	875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE WI US 53202	0.39%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ARTISAN INTL SMALL MID CAP INV	875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE WI US 53202	0.39%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	ARTISAN GLOBAL OPPORTUNITIES INV	875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE WI US 53202	0.39%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AZZAD ETHICHAL MID CAP FUND CL A	8000 TOWN CENTRE DR STE 400 BROADVIEW HEIGHTS OH US 441474031	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	WISE CAPITAL FUND	8000 TOWN CENTRE DR STE 400 BROADVIEW HEIGHTS OH US 441474031	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BNY MELLON OPPORT SMALL CAP INVESTO	144 GLENN CURTISS BLVD 8TH FLOOR UNIONDALE NY US 11556	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BAILLIE GIFFORD LONG TERM GLBL GR I	780 THIRD AVENUE NEW YORK NY US 10017	0.12%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BAIRD AGGREGATE BOND FUND INSTL	777 E. WISCONSIN AVE 18TH FL MILWAUKEE WI US 53202	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BARON ASSET	767 5TH AVENUE 49TH FLOOR NEW YORK NY US 10153	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BARON OPPORTUNITY FUND	767 5TH AVENUE 49TH FLOOR NEW YORK NY US 10153	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BARON OPPORTUNITY FUND INSTL CLASS	767 5TH AVENUE 49TH FLOOR NEW YORK NY US 10153	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BARON PARTNERS FUND	767 5TH AVENUE 49TH FLOOR NEW YORK NY US 10153	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BARON HEALTH CARE FDRETAIL	767 5TH AVENUE 49TH FLOOR NEW YORK NY US 10153	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BARON REAL ESTATE FUND RETAIL	767 5TH AVENUE 49TH FLOOR NEW YORK NY US 10153	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BARON REAL ESTATE INCOME FUND INSTL	767 5TH AVENUE 49TH FLOOR NEW YORK NY US 10153	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BARON GLOBAL ADVANTAGE FD RETAIL	767 5TH AVENUE 49TH FLOOR NEW YORK NY US 10153	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BARON EMERGING MARKETS FUND RETAIL	767 5TH AVENUE 49TH FLOOR NEW YORK NY US 10153	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BERKSHIRE FOCUS FUND	475 MILAN DRIVE SUITE 103 SAN JOSE CA US 95134	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK MID CAP GROWTH EQUITY CL	40 EAST 52ND STREET NEW YORK NY US 10022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK TECHNOLOGYOPPORTUNITIES C	40 EAST 52ND STREET NEW YORK NY US 10022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK COMMODITY STRATEGIES FUND	40 EAST 52ND STREET NEW YORK NY US 10022	0.08%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK HEALTH SCIENCES OPP PRT I	40 EAST 52ND STREET NEW YORK NY US 10022	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK HEALTH SCIENCES OPP PRT A	40 EAST 52ND STREET NEW YORK NY US 10022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK TOTAL RETURN INSTITUTIONA	40 EAST 52ND STREET NEW YORK NY US 10022	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK MID CAP GROWTH EQUITY CL	40 EAST 52ND STREET NEW YORK NY US 10022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK STRATEGIC INC OPP PORT CL	40 EAST 52ND STREET NEW YORK NY US 10022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BLACKROCK SYSTEMATICMULTI STRATEGY	40 EAST 52ND STREET NEW YORK NY US 10022	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	WILLIAM BLAIR SMALL MID CAP GROWTH	222 WEST ADAMS STREET 12TH FLOOR CHICAGO IL US 60606	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN BOND FUND OF AMERICA CLASS	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	AMERICAN BOND FUND OF AMERICA CL F2	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BOSTON TRUST WALDEN EQUITY FUND	1 BEACON ST. 33RD FLOOR BOSTON MA US 02108	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DESTINATIONS LARGE CAP EQUITY INSTL	1055 WESTLAKES DRIVE SUITE 250 BERWYN PA US 19312	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DESTINATIONS SMALL MID CAP EQ INSTL	1055 WESTLAKES DRIVE SUITE 250 BERWYN PA US 19312	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DESTINATIONS INTL EQUITY FD INSTL	1055 WESTLAKES DRIVE SUITE 250 BERWYN PA US 19312	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DESTINATIONS EQUITY INCOME FD INSTL	1055 WESTLAKES DRIVE SUITE 250 BERWYN PA US 19312	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DESTINATIONS CORE FIXED INCOME INST	1055 WESTLAKES DRIVE SUITE 250 BERWYN PA US 19312	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DESTINATIONS LOW DURFIXED INC INSTL	1055 WESTLAKES DRIVE SUITE 250 BERWYN PA US 19312	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DESTINATIONS GLOBAL FIXD INC OPPOR	1055 WESTLAKES DRIVE SUITE 250 BERWYN PA US 19312	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DESTINATIONS MULTI STRGY ALT INSTL	1055 WESTLAKES DRIVE SUITE 250 BERWYN PA US 19312	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BROWN ADVISORY SUSTAIN GROWTH INST	777 E. WISCONSIN AVE 4TH FLOOR MILWAUKEE WI US 53202	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BROWN ADVISORY SUSTAIN GROWTH INV	777 E. WISCONSIN AVE 4TH FLOOR MILWAUKEE WI US 53202	0.08%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BUFFALO DISCOVERY FUND	615 E. MICHIGAN STREET MILWAUKEE WI US 53202	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	BUFFALO SMALL CAP GROWTH	615 E. MICHIGAN STREET MILWAUKEE WI US 53202	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CALAMOS INTL GROWTH FUND CLASS A	2020 CALAMOS COURT NAPERVILLE IL US 60563	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CALVERT INTERNTL RESPONSIBLE INDEX	4550 MONTGOMERY AVENUESUITE 1000 N BETHESDA MD US 20814	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CALVERT US LRG CAP VAL RESPONS INDE	4550 MONTGOMERY AVENUESUITE 1000 N BETHESDA MD US 20814	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CALVERT EMERGING MARKETS EQUITY CL	4550 MONTGOMERY AVENUESUITE 1000 N BETHESDA MD US 20814	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CARILLON SCOUT MID CAP FUND CL I	P. O. BOX 33022 ST PETERSBURG FL US 337338022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	COHEN & STEERS REAL ESTATE SECURITI	280 PARK AVENUE 10TH FLOOR NEW YORK NY US 10017	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	COHEN & STEERS PREF SECURITIES INC	280 PARK AVENUE 10TH FLOOR NEW YORK NY US 10017	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	COLUMBIA MORTGAGE OPPORTUNITIES ADV	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	COLUMBIA DIVIDEND INCOME CL A	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	COLUMBIA TOTAL RETURN BOND CL A	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	COLUMBIA BALANCED FUND CL A	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	COLUMBIA INCOME BUILDER FUND CL A	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	COLUMBIA SELIGMAN TECH AND INFO CL	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	COLUMBIA DIVIDEND INCOME FUND ADV	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.10%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	COLUMBIA OVERSEAS VALUE CL I2	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	CONESTOGA SMALL CAP INVESTOR CLASS	225 PICTORIA DRIVE SUITE 450 CINCINNATI OH US 45246	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DWS GNMA FUND A	280 PARK AVE FINANCE PCAM CTRL 9T NEW YORK NY US 10026	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DIAMOND HILL ALL CAPSELECT INVESTOR	325 JOHN H. MCCONNELL BLVD. SUITE COLUMBUS OH US 43215	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DOUBLELINE TOTAL RETURN BOND FD CL	777 EAST WISCONSIN AVENUE MILWAUKEE WI US 53202	0.06%

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b) Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DOUBLELINE TOTAL RT BOND FD CL N	777 EAST WISCONSIN AVENUE MILWAUKEE WI US 53202	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	DRIEHAUS SMALL CAP GROWTH INVESTOR	25 EAST ERIE STREET CHICAGO IL US 60611	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	EV FOCUSED VALUE OPPORTUNITIES CL A	TWO INTERNATIONAL PLACE BOSTON MA US 02110	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	EATON VANCE ATLANTA CAP FOCUSED GRW	TWO INTERNATIONAL PLACE BOSTON MA US 02110	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	$0	PARAMETRIC COMMODITYSTRATEGIC INV C	TWO INTERNATIONAL PLACE BOSTON MA US 02110	0.40%

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN
(Federal Employer Identification Number: 38-1459362; Plan Number: 002)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Form 5500, Schedule H, Item 4i)

December 31, 2021

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies:			
	AB Variable Products Serials Fund	59,871 shares	(a)	$ 96,975
	American Funds Global Growth Fund	6,469 shares	(a)	372,207
	American Funds Growth Fund	978,791 shares	(a)	5,797,771
	American Growth-Income Fund	5,341 shares	(a)	236,968
	American Funds International Fund	197,118 shares	(a)	437,361
	American Funds EuroPacific Fund, Class R-4	12 shares	(a)	403
	American Funds Growth Fund of America, Class R-4	2,943 shares	(a)	164,191
	American Funds New Perspective Fund, Class R-4	2,959 shares	(a)	156,052
	American Funds Washington Mutual Investors Fund, Class R-4	470 shares	(a)	18,957
	Ariel Fund, Investor Class	11 shares	(a)	361
	Artisan International Fund, Investor Class	1,220 shares	(a)	18,902
	BlackRock Global Allocation Fund	1,420 shares	(a)	33,408
	Calvert VP SRI Balanced Portfolio	1,211 shares	(a)	69,047
	Columbia Large Cap Value Fund, Advisor Class	16 shares	(a)	241
	Delaware VIP Diversified Income Fund	20,697 shares	(a)	437,564
	Delaware VIP High Yield Fund	5,548 shares	(a)	136,553
	Delaware VIP REIT Series Fund	61,737 shares	(a)	421,141
	Delaware VIP Small Cap Value Fund	99,612 shares	(a)	578,436
	Delaware VIP Small Mid-Cap Fund, Core Series	105,031 shares	(a)	1,003,527
	Delaware VIP Value Fund	143,891 shares	(a)	956,580
	BNY Mellon Stock Index Fund	478 shares	(a)	77,487
*	Fidelity VIP Contrafund	198,245 shares	(a)	1,253,027
*	Fidelity VIP Freedom Target Date 2025 Fund	565 shares	(a)	8,103
*	Fidelity VIP Freedom Target Date 2030 Fund	14,694 shares	(a)	217,748
*	Fidelity VIP Freedom Target Date 2045 Fund	200 shares	(a)	3,214
*	Fidelity VIP Growth Fund	423,897 shares	(a)	2,033,930
*	Fidelity 500 Index Premium Fund	2,565,349 shares	(a)	424,103,462
*	Fidelity International Index Premium Fund	3,647,049 shares	(a)	179,763,044
*	Fidelity U.S. Bond Index Premium Fund	15,370,833 shares	(a)	184,142,585
*	Fidelity Government Money Market Fund	3,222,741 shares	(a)	3,222,741
*	Fidelity Equity Income Fund	173 shares	(a)	13,991
*	Fidelity VIP Contrafund Portfolio, Initial Class	6,596 shares	(a)	847,649
*	Fidelity VIP Equity Income Portfolio, Initial Class	3,806 shares	(a)	240,864
*	Fidelity VIP Growth Portfolio, Initial Class	2,928 shares	(a)	297,499
*	Fidelity VIP Overseas Portfolio, Initial Class	422 shares	(a)	13,909
	Franklin Small Cap Value VIP Fund, Class 2	129 shares	(a)	6,393
*	Lincoln VIP Baron Growth Opportunities Fund	75,525 shares	(a)	709,416
*	Lincoln VIP BlackRock Advantage Allocation Fund	374 shares	(a)	9,225
*	Lincoln VIP BlackRock Dividend Value Managed Volatility Fund	168,338 shares	(a)	1,094,426

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

December 31, 2021

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies (continued):			
*	Lincoln VIP BlackRock Global Real Estate Fund	116 shares	(a)	$ 1,677
*	Lincoln VIP BlackRock Inflation-Protected Bond Fund	8,188 shares	(a)	87,386
*	Lincoln VIP Blended Large Cap Growth Managed Volatility Fund	379,371 shares	(a)	3,063,294
*	Lincoln VIP Blended Mid-Cap Growth Managed Volatility Fund	1,516 shares	(a)	31,986
*	Lincoln VIP Delaware Bond Fund	65,624 shares	(a)	808,875
*	Lincoln VIP Delaware Diversified Floating Rate Fund	4,526 shares	(a)	45,772
*	Lincoln VIP Delaware Social Awareness Fund	96,637 shares	(a)	2,709,761
*	Lincoln VIP Delaware Mid Cap Value Fund	27,680 shares	(a)	1,558,782
*	Lincoln VIP Delaware Wealth Builder Fund	22,818 shares	(a)	176,369
*	Lincoln VIP Dimensional U.S. Core Equity Fund 1	132,644 shares	(a)	6,287,145
*	Lincoln VIP Franklin Templeton Global Equity Managed Volatility Fund	3,323 shares	(a)	45,582
*	Lincoln VIP Global Conservative Allocation Managed Risk Fund	153 shares	(a)	3,397
*	Lincoln VIP Global Income Fund	2,709 shares	(a)	34,921
*	Lincoln VIP Government Money Market Fund	19,977 shares	(a)	57,396
*	Lincoln VIP JPMorgan Retirement Income Fund	54,277 shares	(a)	642,137
*	Lincoln VIP Mondrian International Value Fund	90,018 shares	(a)	440,041
*	Lincoln VIP SSgA Bond Index Fund	4,532 shares	(a)	60,685
*	Lincoln VIP SSgA Emerging Markets 100 Fund	2,256 shares	(a)	40,995
*	Lincoln VIP SSgA International Index Fund	868 shares	(a)	18,918
*	Lincoln VIP SSgA International Managed Volatility Fund	1,487 shares	(a)	20,406
*	Lincoln VIP SSgA S&P 500 Index Fund	69,160 shares	(a)	2,427,245
*	Lincoln VIP SSgA Small-Cap Index Fund	3,820 shares	(a)	101,702
*	Lincoln VIP T. Rowe Price 2020 Fund	2,412 shares	(a)	45,079
*	Lincoln VIP T. Rowe Price 2040 Fund	59 shares	(a)	1,153
*	Lincoln VIP T. Rowe Price Mid Cap Growth Fund	40 shares	(a)	2,412
*	Lincoln VIP T. Rowe Price Structured Mid-Cap Growth Fund	191,112 shares	(a)	1,558,660
*	Lincoln VIP Vanguard Domestic Equity ETF	4,524 shares	(a)	158,430
*	Lincoln VIP Vanguard International Equity ETF	4,123 shares	(a)	64,219
	Lord Abbett Series Fund Mid Cap Stock Portfolio	704 shares	(a)	22,103
	Lord Abbett Short Duration Income Fund, Class R4	1,056 shares	(a)	11,467

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

December 31, 2021

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies (continued):			
	Invesco V.I. Core Equity Fund, Series I	592 shares	(a)	$ 16,478
	Invesco V.I. American Franchise Fund, Series I	30 shares	(a)	4,554
	Janus Henderson Global Research Fund	253 shares	(a)	9,785
	MFS Utilities Fund	165,557 shares	(a)	742,705
	Invesco Developing Markets Fund, Class A	18 shares	(a)	1,754
	Pax Balanced Fund, Individual Investor Class	439 shares	(a)	10,988
	PIMCO Variable Insurance Trust Total Return Portfolio	8,103 shares	(a)	103,041
	Pioneer Equity Income VCT Portfolio, Class I	2 shares	(a)	68
	Templeton Global Bond Fund, Class A	627 shares	(a)	6,122
	Vanguard Value Index Fund, Institutional Class	343,656 shares	(a)	19,715,547
	Vanguard Small Value Index Fund, Institutional Class	194,834 shares	(a)	8,366,175
	Vanguard Mid-Cap Index Fund, Institutional Plus Shares	396,247 shares	(a)	136,182,014
	Vanguard Small-Cap Index Fund, Institutional Class	366,754 shares	(a)	39,741,491
	Vanguard Growth Index Fund, Institutional Class	455,475 shares	(a)	75,226,189
	Vanguard Real Estate Index Fund, Investor Class	575,828 shares	(a)	14,643,317
	Vanguard Small Grade Index Fund, Institutional Class	124,306 shares	(a)	9,856,249
	Vanguard Inflation-Protected Securities Fund, Institutional Class	998,101 shares	(a)	11,567,995
	Vanguard Mid-Cap Growth Index Fund, Admiral Class	115,875 shares	(a)	12,694,149
	Vanguard Institutional Target Retirement Income Fund	610,334 shares	(a)	15,087,456
	Vanguard Institutional Target Retirement 2015 Fund	1,500,523 shares	(a)	37,002,905
	Vanguard Institutional Target Retirement 2020 Fund	3,730,099 shares	(a)	101,869,012
	Vanguard Institutional Target Retirement 2025 Fund	6,619,077 shares	(a)	194,336,102
	Vanguard Institutional Target Retirement 2030 Fund	6,082,062 shares	(a)	186,476,025
	Vanguard Institutional Target Retirement 2035 Fund	4,664,591 shares	(a)	148,287,339
	Vanguard Institutional Target Retirement 2040 Fund	3,483,360 shares	(a)	114,916,061
	Vanguard Institutional Target Retirement 2045 Fund	2,691,016 shares	(a)	91,682,919
	Vanguard Institutional Target Retirement 2050 Fund	2,564,581 shares	(a)	87,862,539

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

December 31, 2021

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies (continued):			
	Vanguard Institutional Target Retirement 2055 Fund	2,385,262 shares	(a)	$ 81,933,751
	Vanguard Institutional Target Retirement 2060 Fund	1,219,170 shares	(a)	42,049,182
	Vanguard Institutional Target Retirement 2065 Fund	69,674 shares	(a)	2,203,079
	Vanguard Total International Bond Index Fund, Institutional Class	362,401 shares	(a)	11,995,458
	Vanguard Emerging Markets Stock Index Fund, Institutional Class	1,869,129 shares	(a)	58,279,451
	Vanguard Short-Term Bond Index Fund, Investor Class	804,587 shares	(a)	8,536,673
	Vanguard Mid-Cap Value Index Fund, Admiral Class	86,842 shares	(a)	6,759,814
*	Voya Balanced Portfolio, Class I	4,257 shares	(a)	249,558
*	Voya Global Bond Portfolio, Initial Class	2,199 shares	(a)	33,467
*	Voya Global High Dividend Low Volatility Portfolio, Class I	517 shares	(a)	7,801
*	Voya Growth and Income Portfolio, Class I	12,802 shares	(a)	1,049,783
*	Voya Index Plus LargeCap Portfolio, Class I	497 shares	(a)	36,305
*	Voya Index Plus MidCap Portfolio, Class I	1,739 shares	(a)	138,184
*	Voya Index Plus SmallCap Portfolio, Class I	2,057 shares	(a)	93,964
*	Voya Index Solution 2025 Portfolio, Service Class	27 shares	(a)	766
*	Voya Index Solution 2035 Portfolio, Service Class	249 shares	(a)	8,341
*	Voya Index Solution 2045 Portfolio, Service Class	1 share	(a)	44
*	Voya Intermediate Bond Portfolio, Class I	1,304 shares	(a)	40,695
*	Voya International Index Portfolio, Class I	439 shares	(a)	6,282
*	Voya Large Cap Growth Portfolio, Institutional Class	16,358 shares	(a)	766,870
*	Voya Large Cap Value Portfolio, Institutional Class	2,641 shares	(a)	123,816
*	Voya MidCap Opportunities Portfolio, Class I	2,234 shares	(a)	133,066
*	Voya Russell Small Cap Index Portfolio, Class I	363 shares	(a)	11,484
*	Voya Russell Mid Cap Index Portfolio, Class I	127 shares	(a)	4,357
*	Voya Russell Large Cap Index Portfolio, Class I	361 shares	(a)	14,026
*	Voya Small Cap Opportunities Portfolio, Class I	538 shares	(a)	15,791
*	Voya Small Company Portfolio, Class I	409 shares	(a)	33,744
*	Voya Solution 2035 Portfolio, Service Class	129 shares	(a)	3,340
*	Voya Solution 2045 Portfolio, Service Class	289 shares	(a)	8,104

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

December 31, 2021

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies (continued):			
*	Voya Strategic Allocation Conservative Portfolio, Class I	105 shares	(a)	$ 3,495
*	Voya Strategic Allocation Growth Portfolio, Class I	555 shares	(a)	25,041
*	Voya Strategic Allocation Moderate Portfolio, Class I	14 shares	(a)	460
*	Voya American Century Small-Mid Cap Value Portfolio, Service Class	39 shares	(a)	165
*	Voya Baron Growth Portfolio, Service Class	6 shares	(a)	454
*	Voya Clarion Global Real Estate Portfolio, Institutional Class	52 shares	(a)	1,056
*	Voya Invesco Comstock Portfolio, Service Class	117 shares	(a)	4,148
*	Voya Invesco Equity and Income Portfolio, Initial Class	12,986 shares	(a)	378,300
*	Voya JPMorgan Emerging Markets Equity Portfolio, Service Class	316 shares	(a)	11,251
*	Voya Oppenheimer Global Portfolio, Initial Class	11,830 shares	(a)	479,287
*	Voya T. Rowe Price Capital Appreciation Portfolio, Service Class	970 shares	(a)	42,206
*	Voya T. Rowe Price Diversified Mid Cap Growth Portfolio, Initial Class	9,122 shares	(a)	504,945
*	Voya T. Rowe Price Growth Equity Portfolio, Initial Class	759 shares	(a)	90,940
*	Voya T. Rowe Price Equity Income Portfolio, Service Class	414 shares	(a)	17,474
*	Voya International High Dividend Low Volatility Portfolio, Initial Class	6,200 shares	(a)	74,540
	Wanger International Fund	74 shares	(a)	1,543
	Wanger Select Fund	958 shares	(a)	40,518
	Wells Fargo Special Small Cap Value Fund, Administrative Class	1,578 shares	(a)	99,698
				2,352,245,049
	BrokerageLink Fund:			
*	BrokerageLink Fund	106,216,687 shares	(a)	106,216,687
	Money Market Funds:			
*	Voya Government Money Market Portfolio I	6,668 units	(a)	92,179

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

December 31, 2021

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Insurance Company General Accounts:			
*	Lincoln Guaranteed Interest Account	30,550,375 units	(a)	$ 30,550,375
	Principal Guaranteed Interest Account	99,564,489 units	(a)	99,564,489
*	Voya Fixed Account	1,775,561 units	(a)	1,775,561
*	Voya Fixed Plus Account	156,739 units	(a)	156,739
*	Voya Long-Term Guaranteed Asset Account	3,042 units	(a)	3,042
*	Voya Short-Term Guaranteed Asset Account	1,281 units	(a)	1,281
				132,051,487
	Interest-Bearing Cash:			
*	BrokerageLink Fund	Interest-bearing cash	(a)	7,131,532
	Notes Receivable from Participants:			
*	Participant loans	Notes receivable; interest rates ranged from 4.25 percent to 9.25 percent during 2021	$ -0-	20,830,615
				$ 2,618,567,549

* – Represents party-in-interest

(a) – These are participant-directed investments; therefore, the cost is not required to be reported.

There were no investment assets reportable as acquired and disposed of during the year ended December 31, 2021.